



Pioneer Valley Performing Arts Charter Public School

Board of Trustee Meeting January 2025

Published on January 10, 2025 at 5:32 PM EST

Amended on January 10, 2025 at 5:37 PM EST

Date and Time

Tuesday January 14, 2025 at 6:00 PM EST

Agenda

	Purpose	Presenter	Time
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I.	Opening Items		6:00 PM
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A.	Record Attendance	Vanessa Ford	1 m
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B.	Call the Meeting to Order	LATRINA DENSON	1 m
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C.	Read the Mission Statement	A member of the Board	1 m
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PVPA offers its students intensive exposure to the performing arts within the context of an excellent college preparatory curriculum.

D.	D. Approve Minutes	Approve Minutes Vanessa Ford	2 m
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Please read minutes and prepare concerns or questions prior to the meeting.

Approve minutes for Board of Trustee Meeting December 2024 on December 10, 2024

	Purpose	Presenter	Time
II. Public Comments			6:05 PM
A. Public Comment			10 m
III. Head of School Report			6:15 PM
A. Brent's Report	Discuss	Brent Nielsen	15 m
B. New Medical Administration	Vote	Brent Nielsen	5 m
C. Medical and Behavior Health Emergency Response Plan	Vote	Brent Nielsen	5 m
D. Enrollment Lottery Process Presentation	Discuss	Sandy Courtney	10 m
Sandy Courtney, Enrollment and Communications Coordinator will explain the enrollment lottery process			
IV. Board Committee Reports			6:50 PM
A. Finance Committee	Discuss	Sasha Viands	10 m
B. Governance Committee	Discuss	Azizah Yasin	10 m
V. Internal Stakeholders			7:10 PM
A. Staff Report	Discuss		5 m
B. Student Reports			10 m
VI. President's Business			7:25 PM
A. President's Report	Discuss	LATRINA DENSON	5 m
VII. Executive Session			7:30 PM
To hear complaints and allegations involving an employee.			
A. Pursuit to G.L. c. 30A, §§ 21	Discuss	LATRINA DENSON	60 m
Purpose 1: To hear complaints and allegations involving an employee.			
VIII. Closing Items			8:30 PM

	Purpose	Presenter	Time
A. Adjourn Meeting	Vote	Vanessa Ford	1 m

Coversheet

D. Approve Minutes

Section: I. Opening Items
Item: D. D. Approve Minutes
Purpose: Approve Minutes
Submitted by:
Related Material:
Minutes for Board of Trustee Meeting December 2024 on December 10, 2024
Minutes.pdf

APPROVED



Pioneer Valley Performing Arts Charter Public School

Minutes

Board of Trustee Meeting December 2024

Date and Time

Tuesday December 10, 2024 at 6:00 PM

Location

Pioneer Valley Performing Arts or via zoom

Trustees Present

Azizah Yasin, Craig Santos (remote), Kiara Badillo (remote), LATRINA DENSON, Neil Hede (remote), Sasha Viands (remote), Tim Cable (remote), Vanessa Ford (remote)

Trustees Absent

David Cavallin, Grace Bannasch

I. Opening Items

A. Record Attendance

B. Call the Meeting to Order

LATRINA DENSON called a meeting of the board of trustees of Pioneer Valley Performing Arts Charter Public School to order on Tuesday Dec 10, 2024 at 6:07 PM.

C. Reading of the PVPA Mission

D. Approve Minutes

Motion to approve the minutes from Azizah Board of Trustee Meeting November 2024 on 11-12-24.

Kiara Badillo seconded the motion.

The board **VOTED** unanimously to approve the motion.

Roll Call

Azizah Yasin	Aye
Neil Hede	Aye
Tim Cable	Aye
Craig Santos	Aye
Kiara Badillo	Aye
LATRINA DENSON	Aye
Vanessa Ford	Aye
Grace Bannasch	Absent
David Cavallin	Absent
Sasha Viands	Aye

II. Head of School

A. Update from Dean of Students

Head of School Brent spoke about fair access to attend charter schools, Bill signed by Gov. Healey recently should open up funding for PVPA. Dance showcase was a huge success. More than 25% of the student body participated and audience was overflowing. This upcoming Tuesday, the board of trustees is invited to mingle with the staff, invite emailed from Brent.

Emily was introduced to share re: her new role as Dean of Students: Her focus is Student engagement & involvement. School culture & wellness teams involve a lot of interactions. Proactive ways to engage and communicate more with staff. Interventions are also being implemented to empower students to resolve issues and problem solve. Hearings are used to troubleshoot higher level issues. Phones and students being out of class for various reasons are issues that are a concern as well as addressing inappropriate language. A school culture PD was developed to learn and make changes were needed including what referrals are needed based on results. Brent stated that they're working with teachers on a system to look at data and analyze behavior and understand the rate of referrals.

Latrina asked how can the board support the efforts to navigate new and healthy paths, particularly around the referral system.

III. Finance

A. Report

Sasha reported that finance committee met on December 3rd. They discussed the cost for transportation with purchase of the new bus. Marcy also presented what the cost would look like if the amendment to the charter to run 12 buses is approved.

IV. Governance

A. By laws, Board Recruitment, Board Norms

Azizah stated that the by laws are being presented to DESE by the end of this year. We are being careful to review and fine tune before this submission. The next Governance meeting will be Dec. 18th. We would like to be able to publish our board expectations and norms and how we interact with one another. We are actively seeking new board members. There are a few potential candidates that we will continue to interview potential members and ways that we can connect with the school at events and be present at school events to promote being interested in the work of the board of trustees.

V. President's Report

A. Latrina

Latrina will be meeting with Robert Carpenter to get training for the board. She will evaluate the best time to meet the most members. New members are connecting with Latrina to share. Next week's gathering with staff to mingle is encouraged. She welcomes ideas for board members to share ways board members can show appreciation for staff. Kiara and Sasha will be making & presenting cookies on behalf of the board.

VI. Other Business

A. Student Report

Danielle reported: Constellations was a huge success! There are disparities among the students of color & teachers. The student representatives would like to see more cultural awareness and appreciation. College acceptances are coming in. Moving along toward fundraising goals. A great place to create comfortable and courageous conversations around cultural awareness is the affinity groups. Giving space to start culturally responsive teaching and talking about what it looks like to support the students' interaction with teachers.

Brent suggested that students write non-judgemental experiences in the classroom.

Eva 11th grade - Planning 2nd Jazz Cafe on January 3rd. Students are working on Civics Assignment to make systemic change, for example the banned book issue is being supported.

B. Staff Report

Tim reported: Visual Arts gallery on next Thursday. 11th & 12th grade Field trip to Holyoke to Palante for a survival literature class.
Kiara reported that she is going to be more present on the Friend's.

VII. Closing Items

A. Adjourn Meeting

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 7:42 PM.

Respectfully Submitted,
Vanessa Ford

DRAFT



Pioneer Valley Performing Arts Charter Public School

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Roll Call

Neil Hede	Aye
Sasha Viands	Aye
Kiara Badillo	Aye
LATRINA DENSON	Aye
Vanessa Ford	Aye
Tim Cable	Aye
Grace Bannasch	Absent
Azizah Yasin	Aye
David Cavallin	Absent
Craig Santos	Aye

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Respectfully Submitted,
Vanessa Ford

Coversheet

New Medical Administration

Section: III. Head of School Report

Item: B. New Medical Administration

Purpose: Vote

Submitted by:

Related Material:

105 CMR 210.000 THE ADMINISTRATION OF PRESCRIPTION MEDICATIONS IN PUBLIC AND PRIVATE SCHOOLS (1).pdf

Drafted 12_20_24 ADMINISTRATION OF MEDICATIONS POLICY 2024-2025.pdf

ADMINISTRATION OF MEDICATIONS POLICY- 5_8_23.pdf

105 CMR: DEPARTMENT OF PUBLIC HEALTH

105 CMR 210.000: THE ADMINISTRATION OF PRESCRIPTION MEDICATIONS IN PUBLIC AND PRIVATE SCHOOLS

Section

- 210.001: Purpose
- 210.002: Definitions
- 210.003: Policies Governing the Administration of Prescription Medications in Schools
- 210.004: Policies Regarding Delegation of Prescription Medication Administration
- 210.005: Responsibilities of the School Nurse Regarding Prescription Medication Administration
- 210.006: Self Administration of Prescription Medications
- 210.007: Training of School Personnel Responsible for Administering Prescription Medications
- 210.008: Handling, Storage and Disposal of Prescription Medications
- 210.009: Documentation and Record-Keeping
- 210.100: Administration of Epinephrine

210.001: Purpose

The purpose of 105 CMR 210.000 is to provide minimum standards for the safe and proper administration of prescription medications to students in the Commonwealth's public and private primary and secondary schools. 105 CMR 210.000 permit school nurses to delegate responsibility for administration of prescription medications to trained, nursing-supervised school personnel, provided the school district or private school registers with the Department of Public Health. The aim of 105 CMR 210.000 is to ensure that students requiring prescription medication administration during the school day will be able to attend school and to ensure that prescription medications are safely administered in schools. 105 CMR 210.000 encourages collaboration between parents or guardians and the school in this effort.

210.002: Definitions

As used in 105 CMR 210.000, the following words, unless the context clearly requires otherwise, shall have the following meanings:

Administration of Medication means the direct application of a prescription medication by inhalation, ingestion, or by any other means to the body of a person.

Prescription Medication means any medication which by federal law may be obtained only by prescription.

Cumulative Health Record means the cumulative health record of a pupil as specified under M.G.L. c. 71.

Department means the Massachusetts Department of Public Health.

Investigational New Drug means any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA) which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval.

Licensed Practical Nurse means an individual who is a graduate of an approved practical nursing program, and who is currently licensed as a practical nurse pursuant to M.G.L. c. 112.

Licensed Prescriber means a health care provider who is legally authorized to prescribe medication pursuant to M.G.L. c. 94C and applicable federal laws and regulations.

Parenteral Medication means any medication administered in a manner other than by the digestive tract or topical application, as by intravenous, intramuscular, subcutaneous, or intradermal injection.

105 CMR: DEPARTMENT OF PUBLIC HEALTH

210.002: continued

Physician means a doctor of medicine or osteopathy licensed to practice medicine in Massachusetts or in another state.

School Nurse means a nurse practicing in a school setting, who is:

- (1) a graduate of an approved school for professional nursing;
- (2) currently licensed as a Registered Nurse pursuant to M.G.L. c. 112; and
- (3) appointed by a School Committee or a Board of Health in accordance with M.G.L. c. 71, §§ 53, 53A, and 53B or, in the case of a private school, by the Board of Trustees.

School Physician means a physician appointed by a School Committee or Board of Health in accordance with M.G.L. c. 71, §§ 53, 53A, and 53B or, in the case of a private school, by the Board of Trustees.

Supervision means guidance by a qualified school nurse to accomplish a task, with initial direction and instruction concerning the task and periodic inspection and oversight of activities related to the task.

Teacher for the purpose of 105 CMR 210.000, means a professional school employee who:

- (1) instructs students or serves in the role of administrator below the rank of superintendent; and
- (2) is employed by a School Committee or Board of Trustees.

210.003: Policies Governing the Administration of Prescription Medications in Schools

(A) The School Committee or Board of Trustees, consulting with the Board of Health where appropriate, shall adopt policies and procedures governing the administration of prescription medications and self administration of prescription medications within the school system, following development of a proposal by the school nurse, in consultation with the school physician. Review and revision of such policies and procedures shall occur as needed but at least every two years. At a minimum, these policies shall include:

- (1) designation of a school nurse as supervisor of the prescription medication administration program in a school;
- (2) documentation of the administration of prescription medications;
- (3) response to a medication emergency;
- (4) storage of prescription medications;
- (5) reporting and documentation of medication errors;
- (6) dissemination of information to parents or guardians. Such information shall include an outline of a school's medication policies and shall be available to parents and guardians upon request;
- (7) procedures for resolving questions between the school and a parent or guardian regarding administration of medications. Such procedures shall provide for and encourage the participation of the parent or guardian. Existing procedures for resolution of differences may be used whenever appropriate.

(B) The School Committee or Board of Trustees shall submit these policies and procedures to the Department of Public Health upon request.

210.004: Policies Regarding Delegation of Prescription Medication Administration

(A) The School Committee or Board of Trustees, consulting with the Board of Health where appropriate, may approve a proposal, developed by the school nurse and school physician, to permit the administration of prescription medications to be delegated by the school nurse to unlicensed school personnel. Such delegation may occur only if the school district registers with the Department of Public Health pursuant to the applicable provisions of 105 CMR 700.000 and complies with the requirements of 105 CMR 210.000.

105 CMR: DEPARTMENT OF PUBLIC HEALTH

210.004: continued

(B) In accordance with the proposal of the school nurse and school physician, the School Committee or Board of Trustees may approve categories of unlicensed school personnel to whom the school nurse may delegate responsibility for prescription medication administration.

(1) Said categories of personnel may include administrative and teaching staff, licensed health personnel, health aides and secretaries.

(a) For the purposes of 105 CMR 210.000, health aide shall mean an unlicensed employee of the school district who is generally supervised by the school nurse and performs those health-related duties defined by the school nurse, the School Committee, Board of Health or Board of Trustees.

(b) For the purpose of administering emergency prescription medication to an individual child, including parenteral administration of medication pursuant to 105 CMR 210.004(B)(4), the school nurse may identify individual school personnel or additional categories. Said school personnel shall be listed on the medication administration plan developed in accordance with 105 CMR 210.005(E) and receive training in the administration of emergency medication to a specific child.

(2) An individual in an approved category may be authorized to administer prescription medication if he/she meets the following criteria:

- (a) is a high school graduate or its equivalent;
- (b) demonstrates sound judgment;
- (c) is able to read and write English;
- (d) is able to communicate with the student receiving the prescription medication or has ready access to an interpreter when needed;
- (e) is able to meet the requirements of 105 CMR 210.000 and follow nursing supervision;
- (f) is able to respect and protect the student's confidentiality; and
- (g) has completed an approved training program pursuant to 105 CMR 210.007.

(3) A school nurse shall be on duty in the school system while prescription medications are being administered by designated unlicensed school personnel, and available by telephone should consultation be required.

(4) The administration of parenteral medications may not be delegated, with the exception of epinephrine administered in accordance with 105 CMR 210.100.

(5) Prescription medications to be administered pursuant to p.r.n. ("as needed") orders may be administered by authorized school personnel after an assessment by or consultation with the school nurse for each dose.

(6) For each school, an updated list of unlicensed school personnel who have been trained in the administration of prescription medications shall be maintained. Upon request, a parent shall be provided with a list of school personnel authorized to administer prescription medications.

210.005: Responsibilities of the School Nurse Regarding Prescription Medication Administration

(A) The school nurse, in consultation with the school physician and the school health advisory committee, if established, shall develop policies and procedures consistent with 105 CMR 210.000 for approval by the School Committee or Board of Trustees, in consultation with the Board of Health where appropriate.

(B) The school nurse shall have responsibility for the development and management of the prescription medication administration program. Such responsibility shall be delineated in policies and procedures adopted by the School Committee or Board of Trustees, in consultation with the Board of Health where appropriate.

105 CMR: DEPARTMENT OF PUBLIC HEALTH

210.005: continued

(C) The school nurse, in consultation with the school physician, shall have final decision-making authority with respect to delegating administration of prescription medications to unlicensed personnel in school systems registered with the Department of Public Health.

(D) Medication Orders.

(1) The school nurse shall ensure that there is a proper medication order from a licensed prescriber which is renewed as necessary including the beginning of each academic year. A telephone order or an order for any change in prescription medication shall be received only by the school nurse. Any verbal order must be followed by a written order within three school days. Whenever possible, the medication order shall be obtained, and the medication administration plan specified in 105 CMR 210.005(E) shall be developed before the student enters or re-enters school.

(a) In accordance with standard medical practice, a medication order from a licensed prescriber shall contain:

1. the student's name;
2. the name and signature of the licensed prescriber and business and emergency phone numbers;
3. the name, route and dosage of medication;
4. the frequency and time of medication administration;
5. the date of the order;
6. a diagnosis and any other medical condition(s) requiring medication, if not a violation of confidentiality or if not contrary to the request of a parent, guardian or student to keep confidential;
7. specific directions for administration.

(b) Every effort shall be made to obtain from the licensed prescriber the following additional information, as appropriate:

1. any special side effects, contraindications and adverse reactions to be observed;
2. any other medications being taken by the student;
3. the date of return visit, if applicable.

(2) Special Medication Situations

(a) For short-term prescription medications, *i.e.*, those requiring administration for ten school days or fewer, the pharmacy-labelled container may be used in lieu of a licensed prescriber's order. If the nurse has a question, she may request a licensed prescriber's order.

(b) For "over-the-counter" medications, *i.e.*, non-prescription medications, the school nurse shall follow the Board of Registration in Nursing's protocols regarding administration of over-the-counter medications in schools.

(c) Investigational new drugs may be administered in the schools with (1) a written order by a licensed prescriber, (2) written consent of the parent or guardian, and (3) a pharmacy-labelled container for dispensing. If there is a question, the school nurse may seek consultation and/or approval from the school physician to administer the medication in a school setting.

(3) The school nurse shall ensure that there is a written authorization by the parent or guardian which contains:

- (a) the parent or guardian's printed name and signature and a home and emergency phone number;
- (b) a list of all medications the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medication not be documented;
- (c) approval to have the school nurse or school personnel designated by the school nurse administer the prescription medication;
- (d) persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber.

105 CMR: DEPARTMENT OF PUBLIC HEALTH

210.005: continued

(E) Medication Administration Plan: The school nurse, in collaboration with the parent or guardian whenever possible, shall establish a medication administration plan for each student receiving a prescription medication. Whenever possible, a student who understands the issues of medication administration shall be involved in the decision-making process and his/her preferences respected to the maximum extent possible. If appropriate, the medication administration plan shall be referenced in any other health or educational plan developed pursuant to St. 1972, c. 766 the Massachusetts Special Education Law (Individual Education Plan under Chapter 766) or federal laws, such as the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973.

(1) Prior to the initial administration of the prescription medication, the school nurse shall assess the child's health status and develop a medication administration plan which includes:

- (a) the name of the student;
- (b) a medication order from a licensed prescriber, which meets the requirements of 105 CMR 210.005(D)(1);
- (c) the signed authorization of the parent or guardian, which meets the requirements of 105 CMR 210.005(D)(3);
- (d) any known allergies to food or medications;
- (e) the diagnosis, unless a violation of confidentiality or the parent, guardian or student requests that it not be documented;
- (f) any possible side effects, adverse reactions or contraindications;
- (g) the quantity of prescription medication to be received by the school from the parent or guardian;
- (h) the required storage conditions;
- (i) the duration of the prescription;
- (j) the designation of unlicensed school personnel, if any, who will administer the prescription medication to the student in the absence of the nurse, and plans for back-up if the designated personnel are unavailable;
- (k) plans, if any, for teaching self administration of the prescription medication;
- (l) with parental permission, other persons, including teachers, to be notified of medication administration and possible adverse effects of the medication;
- (m) when appropriate, the location where the administration of the prescription medication will take place;
- (n) a plan for monitoring the effects of the medication;
- (o) provision for prescription medication administration in the case of field trips and other short-term special school events. Every effort shall be made to obtain a nurse or school staff member trained in prescription medication administration to accompany students at special school events. When this is not possible, the school nurse may delegate prescription medication administration to another responsible adult. Written consent from the parent or guardian for the named responsible adult to administer the prescription medication shall be obtained. The school nurse shall instruct the responsible adult on how to administer the prescription medication to the child.

(F) Developing Procedures for Administration of Prescription Medications.

(1) The school nurse shall develop procedures for the administration of prescription medications which shall include the following:

- (a) A procedure to ensure the positive identification of the student who receives the medication;
- (b) A system for documentation and record-keeping which meets the requirements of 105 CMR 210.009.

(2) The school nurse shall develop a system of documenting observations by the nurse or school personnel and communicating significant observations relating to prescription medication effectiveness and adverse reactions or other harmful effects to the child's parent or guardian and/or licensed prescriber;

(3) The school nurse shall develop and implement procedures regarding receipt and safe storage of prescription medications;

105 CMR: DEPARTMENT OF PUBLIC HEALTH

210.005: continued

- (4) The school nurse shall develop procedures for responding to medication emergencies, *i.e.*, any reaction or condition related to administration of medication which poses an immediate threat to the health or well-being of the student. This includes maintaining a list of persons, with their phone numbers, to be contacted as appropriate, in addition to the parent/guardian, school nurse, licensed prescriber and other persons designated in the medication administration plan. Such persons may include other school personnel, the school physician, clinic or emergency room staff, ambulance services and the local poison control center;
- (5) The school nurse shall develop procedures and forms for documenting and reporting prescription medication errors. The procedures shall specify persons to be notified in addition to the parent or guardian and nurse, including the licensed prescriber or school physician if there is a question of potential harm to the student. A medication error includes any failure to administer prescription medication as prescribed for a particular student, including failure to administer the prescription medication:
 - (a) within appropriate time frames;
 - (b) in the correct dosage;
 - (c) in accordance with accepted practice;
 - (d) to the correct student.
- (6) The school nurse shall develop procedures to review reports of medication errors and take necessary steps to ensure appropriate prescription medication administration in the future.

(G) Delegation/Supervision. When a School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, has registered with the Department of Public Health and authorized categories of unlicensed school personnel to administer prescription medications, such personnel shall be under the supervision of the school nurse for the purposes of 105 CMR 210.000. The School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, shall provide assurance that sufficient school nurse(s) are available to provide proper supervision of unlicensed school personnel. Responsibilities for supervision, at a minimum, shall include the following:

- (1) After consultation with the principal or administrator responsible for a given school, the school nurse shall select, train and supervise the specific individuals, in those categories of school personnel approved by the School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, who may administer prescription medications. When necessary to protect student health and safety, the school nurse may rescind such selection.
- (2) The number of unlicensed school personnel to whom responsibility for prescription medication administration may be delegated is to be determined by:
 - (a) the number of unlicensed school personnel the school nurse can adequately supervise on a weekly basis, as determined by the school nurse;
 - (b) the number of unlicensed school personnel necessary, in the nurse's judgment, to ensure that the prescription medications are properly administered to each student.
- (3) The school nurse shall support and assist persons who have completed the training specified in 105 CMR 210.007 to prepare for and implement their responsibilities related to the administration of prescription medication.
- (4) The first time that an unlicensed school personnel administers medication, the delegating nurse shall provide supervision at the work site.
- (5) The degree of supervision required for each student shall be determined by the school nurse after an evaluation of the appropriate factors involved in protecting the student's health, including but not limited to the following:
 - (a) health condition and ability of the student;
 - (b) the extent of training and capability of the unlicensed school personnel to whom the prescription medication administration is delegated;
 - (c) the type of prescription medication; and
 - (d) the proximity and availability of the school nurse to the unlicensed person who is performing the prescription medication administration.

105 CMR: DEPARTMENT OF PUBLIC HEALTH

210.005: continued

- (6) For the individual child, the school nurse shall:
 - (a) determine whether or not it is medically safe and appropriate to delegate prescription medication administration;
 - (b) administer the first dose of the prescription medication, if:
 - 1. there is reason to believe there is a risk to the child as indicated by the health assessment, or
 - 2. the student has not previously received this prescription medication in any setting;
 - (c) review the initial orders, possible side effects, adverse reactions and other pertinent information with the person to whom prescription medication administration has been delegated;
 - (d) provide supervision and consultation as needed to ensure that the student is receiving the prescription medication appropriately. Supervision and consultation may include record review, on-site observation and/or assessment;
 - (e) review all documentation pertaining to prescription medication administration on a biweekly basis or more often if necessary.

(H) In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any prescription medication which, based on her/his individual assessment and professional judgment, has the potential to be harmful, dangerous or inappropriate. In these cases, the parent/guardian and licensed prescriber shall be notified immediately by the school nurse.

(I) For the purposes of 105 CMR 210.000, a Licensed Practical Nurse functions under the general supervision of the school nurse who has delegating authority.

(J) The school nurse shall have a current pharmaceutical reference available for her/his use, such as the *Physician's Desk Reference* (P.D.R.) or *U.S.P. DI* (Dispensing Information), *Facts* and *Comparisons*.

210.006: Self Administration of Prescription Medications

(A) Consistent with school policy, students may self administer prescription medication provided that certain conditions are met. For the purposes of 105 CMR 210.000, "self administration" shall mean that the student is able to consume or apply prescription medication in the manner directed by the licensed prescriber, without additional assistance or direction.

(B) The school nurse may permit self medication of prescription medication by a student provided that the following requirements are met:

- (1) the student, school nurse and parent/guardian, where appropriate, enter into an agreement which specifies the conditions under which prescription medication may be self administered;
- (2) the school nurse, as appropriate, develops a medication administration plan (105 CMR 210.005(E) which contains only those elements necessary to ensure safe self administration of prescription medication;
- (3) the school nurse evaluates the student's health status and abilities and deems self administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of the prescription medication;
- (4) the school nurse is reasonably assured that the student is able to identify the appropriate prescription medication, knows the frequency and time of day for which the prescription medication is ordered, and follows the school self administration protocols;
- (5) there is written authorization from the student's parent or guardian that the student may self medicate, unless the student has consented to treatment under M.G.L. c. 112, § 12F or other authority permitting the student to consent to medical treatment without parental permission;

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210.006: continued

- (6) if requested by the school nurse, the licensed prescriber provides a written order for self administration;
- (7) the student follows a procedure for documentation of self-administration of prescription medication;
- (8) the school nurse establishes a policy for the safe storage of self-administered prescription medication and, as necessary, consults with teachers, the student and parent/guardian, if appropriate, to determine a safe place for storing the prescription medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the medication administration plan. In the case of an inhaler or other preventive or emergency medication, whenever possible, a backup supply of the prescription medication shall be kept in the health room or a second readily available location;
- (9) the school nurse develops and implements a plan to monitor the student's self administration, based on the student's abilities and health status. Monitoring may include teaching the student the correct way of taking the prescription medication, reminding the student to take the prescription medication, visual observation to ensure compliance, recording that the prescription medication was taken, and notifying the parent, guardian or licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the prescription medication;
- (10) with parental/guardian and student permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering a prescription medication.

210.007: Training of School Personnel Responsible for Administering Prescription Medications

- (A) All prescription medications shall be administered by properly trained and supervised school personnel under the direction of the school nurse.
- (B) Training shall be provided under the direction of the school nurse.
- (C) At a minimum, the training program shall include content standards and a test of competency developed and approved by the Department of Public Health in consultation with the Board of Registration in Nursing and practicing school nurses.
- (D) Personnel designated to administer prescription medications shall be provided with the names and locations of school personnel who have documented certification in cardiopulmonary resuscitation. Schools should make every effort to have a minimum of two school staff members with documented certification in cardiopulmonary resuscitation present in each school building throughout the day.
- (E) The school nurse shall document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for prescription medication administration.
- (F) The school nurse shall provide a training review and informational update at least annually for those school staff authorized to administer prescription medications.

210.008: Handling, Storage and Disposal of Prescription Medications

- (A) A parent, guardian or parent/guardian-designated responsible adult shall deliver all prescription medications to be administered by school personnel or to be taken by self-medicating students, if required by the self-administration agreement (105 CMR 210.006(B)), to the school nurse or other responsible person designated by the school nurse.
 - (1) The prescription medication must be in a pharmacy or manufacturer labelled container.
 - (2) The school nurse or other responsible person receiving the prescription medication shall document the quantity of the prescription medication delivered.

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- (3) In extenuating circumstances, as determined by the school nurse, the prescription medication may be delivered by other persons; provided, however, that the nurse is notified in advance by the parent or guardian of the arrangement and the quantity of prescription medication being delivered to the school.
- (B) All prescription medications shall be stored in their original pharmacy or manufacturer labelled containers and in such manner as to render them safe and effective.
- (C) All prescription medications to be administered by school personnel shall be kept in a securely locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. The cabinet shall be substantially constructed and anchored securely to a solid surface. Prescription medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38°F to 42°F.
- (D) Access to stored prescription medications shall be limited to persons authorized to administer prescription medications and to self-medicating students, to the extent permitted by school policy developed pursuant to 105 CMR 210.006(B)(8). Access to keys and knowledge of the location of keys shall be restricted to the maximum extent possible. Students who are self-medicating shall not have access to other students' medications.
- (E) Parents or guardians may retrieve the prescription medications from the school at any time.
- (F) No more than a 30 school day supply of the prescription medication for a student shall be stored at the school.
- (G) Where possible, all unused, discontinued or outdated prescription medications shall be returned to the parent or guardian and the return appropriately documented. In extenuating circumstances, with parental consent when possible, such prescription medications may be destroyed by the school nurse in accordance with any applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs.

210.009: Documentation and Record-Keeping

- (A) Each school where prescription medications are administered by school personnel shall maintain a medication administration record for each student who receives prescription medication during school hours.
 - (1) Such record at a minimum shall include a daily log and a medication administration plan, including the medication order and parent/guardian authorization.
 - (2) The medication administration plan shall include the information as described in 105 CMR 210.005(E).
 - (3) The daily log shall contain:
 - (a) the dose or amount of prescription medication administered;
 - (b) the date and time of administration or omission of administration, including the reason for omission;
 - (c) the full signature of the nurse or designated unlicensed school personnel administering the prescription medication. If the prescription medication is given more than once by the same person, he/she may initial the record, subsequent to signing a full signature.
 - (4) The school nurse shall document in the medication administration record significant observations of the prescription medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken.
 - (5) All documentation shall be recorded in ink and shall not be altered.

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(6) With the consent of the parent, guardian, or student where appropriate, the completed prescription medication administration record and records pertinent to self administration shall be filed in the student's cumulative health record. When the parent, guardian or student, where appropriate, objects, these records shall be regarded as confidential medical notes and shall be kept confidential, except as provided in 105 CMR 210.000.

(B) Medication errors, as defined in 105 CMR 210.005(F)(5), shall be documented by the school nurse on an accident/incident report form. These reports shall be retained in a location as determined by school policy and made available to the Department of Public Health upon request. All suspected diversion or tampering of drugs shall be reported to the Department of Public Health, Division of Food and Drugs. All medication errors resulting in serious illness requiring medical care shall be reported to the Department of Public Health, Bureau of Family and Community Health.

(C) The school district shall comply with the Department of Public Health's reporting requirements for prescription medication administration in the schools.

(D) The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of prescription medications without prior notice to ensure compliance with 105 CMR 210.000.

210.100: Administration of Epinephrine

(A) A public school district or non-public school, as defined by the Massachusetts Department of Education, may register with the Department for the limited purpose of permitting properly trained school personnel to administer epinephrine by auto injector in a life-threatening situation during the school day when a school nurse is not immediately available, including field trips, provided that the following conditions are met:

(1) the school committee or, in the case of a non-public school, the chief administrative officer, approves policies developed by the designated school nurse leader or, in the absence of a school nurse leader, a school nurse with designated responsibility for management of the program ("responsible school nurse") governing administration of epinephrine by auto injector. This approval must be renewed every two years;

(2) the school committee or chief administrative officer provides an assurance to the Department that the requirements of 105 CMR 210.000 will be met;

(3) in consultation with the school physician, the designated school nurse leader or responsible school nurse manages and has final decision making authority about the program. This person, or school nurses designated by this person, shall select the individuals authorized to administer epinephrine by auto injector. Persons authorized to administer epinephrine shall meet the requirements of 105 CMR 210.004(B)(2);

(4) the school personnel authorized to administer epinephrine by auto injector are trained and tested for competency by the designated school nurse leader or responsible school nurse, or school nurses designated by this person, in accordance with standards and a curriculum established by the Department.

(a) The designated school nurse leader or responsible school nurse, or school nurses designated by this person, shall document the training and testing of competency.

(b) The designated school nurse leader or responsible school nurse, or a designee, shall provide a training review and informational update at least twice a year.

(c) The training, at a minimum, shall include:

1. procedures for risk reduction.
2. recognition of the symptoms of a severe allergic reaction;
3. the importance of following the medication administration plan;
4. proper use of the auto-injector; and
5. requirements for proper storage and security, notification of appropriate persons following administration, and record keeping.

(d) The school shall maintain and make available upon request by parents or staff a list of those school personnel authorized and trained to administer epinephrine by auto injector in an emergency, when the school nurse is not immediately available;

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(5) epinephrine shall be administered only in accordance with an individualized medication administration plan satisfying the applicable requirements of 105 CMR 210.005(E) and 210.009(A)(6), updated every year, which includes the following:

- (a) a diagnosis by a physician that the child is at risk of a life threatening allergic reaction and a medication order containing proper dosage and indications for administration of epinephrine;
 - (b) written authorization by a parent or legal guardian;
 - (c) home and emergency number for the parent(s) or legal guardian(s), as well as the names(s) and phone number(s) of any other person(s) to be notified if the parent(s) or guardian(s) are unavailable;
 - (d) identification of places where the epinephrine is to be stored, following consideration of the need for storage:
 1. at one or more places where the student may be most at risk;
 2. in such a manner as to allow rapid access by authorized persons, including possession by the student when appropriate; and
 3. in a place accessible only to authorized persons. The storage location(s) should be secure, but not locked during those times when epinephrine is most likely to be administered, as determined by the school nurse;
 - (e) a list of the school personnel who would administer the epinephrine to the student in a life threatening situation when a school nurse is not immediately available;
 - (f) a plan for comprehensive risk reduction for the student, including preventing exposure to specific allergens; and
 - (g) an assessment of the student's readiness for self-administration and training, as appropriate.
- (6) when epinephrine is administered, there shall be immediate notification of the local emergency medical services system (generally 911), followed by notification of the student's parent(s) or guardian(s) or, if the parent(s) or guardian(s) are not available, any other designated person(s), the school nurse, the student's physician, and the school physician, to the extent possible;
- (7) there shall be procedures, in accordance with any standards established by the Department, for:
- (a) developing the medication administration plan;
 - (b) developing general policies for the proper storage of medication, including limiting access to persons authorized to administer the medication and returning unused or outdated medication to a parent or guardian whenever possible;
 - (c) recording receipt and return of medication by the school nurse;
 - (d) documenting the date and time of administration;
 - (e) notifying appropriate parties of administration and documenting such notification;
 - (f) reporting medication errors in accordance with 105 CMR 210.005(F)(5);
 - (g) reviewing any incident involving administration of epinephrine to determine the adequacy of the response and to consider ways of reducing risks for the particular student and the student body in general;
 - (h) planning and working with the emergency medical system to ensure the fastest possible response;
 - (i) disposing properly of used epinephrine injector;
 - (j) submitting a written report to the Department of Public Health each time epinephrine is administered to a student or staff, on a form obtained from the Department;
 - (k) permitting the Department of Public Health to inspect any record related to the administration of epinephrine without prior notice, to ensure compliance with 105 CMR 210.100.

(B) Epinephrine may be administered in accordance with 105 CMR 210.000 in before and after school programs offered or provided by a school, such as athletic programs, special school events and school-sponsored programs on week-ends, provided that the public school district or non-public school is registered with the Department pursuant to 105 CMR 210.100(A) and meets the requirements set forth in 105 CMR 210.100(B).

- (1) Epinephrine may be administered in such before and after school programs and special events, to students attending the school where the epinephrine is to be administered, provided that the following requirements in 105 CMR 210.1000(B)(1)(a) through (d) are met:

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- (a) school committee or chief administrative officer in a non-public school approves, in the policy developed in accordance with 105 CMR 210.100(A)(1), administration of epinephrine in such programs. The policy shall identify the school official(s), along with a school nurse for each school designated by the school nurse leader or responsible nurse, responsible for determining which before and after school programs and special events are to be covered by the policy;
 - (b) the designated school nurse approves administration of epinephrine in that program and selects the properly trained person(s) to administer the epinephrine;
 - (c) the school complies with the requirements of 105 CMR 210.100(A), including immediate notification of emergency medical services following administration of epinephrine, but need not comply with the requirement of 105 CMR 210.004(B)(3); and
 - (d) the program is not licensed by another state agency, in which case the regulations promulgated by that state agency will apply.
- (2) Epinephrine may be administered in such before and after school programs and special events to students from another school or school district if approved in the school policy developed pursuant to 105 CMR 210.100(A)(1) and in accordance with the requirements in 105 CMR 210.00(B)(2)(a) through (d).
- (a) The school complies with the requirements of 105 CMR 210.100(A) and 210.100(B)(1), including immediate notification of emergency medical services following administration of epinephrine, except as provided in 105 CMR 210.100(B)(2)(d).
 - (b) In the event the student is accompanied by school personnel from the sending school, such personnel, whenever possible, shall assume responsibility for ensuring that the epinephrine is brought, properly stored and administered as necessary, in accordance with the medication administration plan developed by the sending school in accordance with 105 CMR 210.100(A)(5).
 - (c) In the event the student is not accompanied by school personnel from the sending school or such personnel are not trained in the administration of epinephrine, the receiving school may, in its discretion, assume responsibility for administering epinephrine, provided that:
 - 1. the designated school nurse in the receiving school is provided with adequate prior notice of the request, which shall be at least one week in advance unless otherwise specified by the designated school nurse;
 - 2. the designated school nurse in the receiving school approves administration of epinephrine for that student;
 - 3. the designated school nurse selects properly trained person(s) to administer the epinephrine; and
 - the student provides the designated school nurse or the person(s) selected by the
 - 4. designated school nurse to administer epinephrine with the medication to be administered.
 - (d) If the receiving school assumes responsibility for administering epinephrine, whenever possible, the student shall provide the designated school nurse in the receiving school with copy of the medication administration plan developed in accordance with 105 CMR 210.005(E). The plan shall be provided to the designated school nurse in timely fashion in accordance with procedures established by the nurse. If no medication administration plan is provided, the student at a minimum shall provide to the designated school nurse in the receiving school:
 - 1. written authorization and emergency phone numbers from a parent or guardian;
 - 2. a copy of a medication order from a licensed provider; and
 - 3. any specific indications or instructions for administration.

(C) Administration of epinephrine shall be governed solely by 105 CMR 210.100. The provisions of 105 CMR 210.004(B)(5) and 210.005(E)(1)(o) shall not be applicable to the administration of epinephrine.

REGULATORY AUTHORITY

105 CMR 210.000: M.G.L. c. 94C, § 7(g); c. 71, § 54B.

ADMINISTRATION OF MEDICATIONS POLICY 2024-2025



This policy applies to the School Year 2024-2025

Approved by the PVPA Board of Trustees:

The School Nurse Leader is the supervisor of the medication administration program in the school. A school nurse is the only staff authorized to administer medication except in two situations: (1) during field trips and (2) in the event of a life-threatening allergic reaction requiring EPI-PEN administration. The School Nurse Leader is responsible for training designated staff in the administration of medication in these two situations.

This policy is in accordance with Massachusetts state regulations for the administration of medication in public schools. The protocol has been approved by the Massachusetts Department of Public Health. For more detailed information, please refer to:

<https://www.mass.gov/doc/105-cmr-210-the-administration-of-prescription-medications-in-public-and-private-schools/download>

PROTOCOL FOR ADMINISTRATION OF MEDICATION

This section is a summary of the medication protocol. The protocol is in the Nurses' Protocol and Procedure Binder and contains the referenced forms.

General:

- The School Nurse Leader shall be the supervisor of the medication administration program in the school.
- All school nurses will have read the complete Administration of Medication Policy annually.
- The school nurse, in collaboration with the parent or guardian and the student if possible, shall establish a medication administration plan for each student receiving medication, in accordance with the details of the full medication policy. This agreement between the Parent, Provider, and School Nurse Leader is documented in the Medication Authorization Form.
- In accordance with standard nursing practice, the school nurse may refuse to administer, or allow to be administered, any medication which, based on their individual assessment and professional judgment, has the potential to be harmful, dangerous, or inappropriate. In these cases, the parent/guardian and licensed prescriber shall be notified immediately by the school nurse, and the reason for refusal explained. The school nurse will document the above in the electronic medical record (EMR).
- Health Services staff is accountable for reviewing all aspects of medication administration and ensuring that the Massachusetts Standards of Nursing Practice are upheld. When inconsistencies are discovered, the School Nurse Leader will be counseled and the head of school/principal informed. When inadequacies continue (despite appropriate counseling and support), the issue and the measures taken will be documented in the nurse's performance evaluation. Auditing will occur as part of routine site visits or as incidents deem necessary.

ADMINISTRATION OF MEDICATIONS POLICY 2024-2025

Handling, Storage, and Disposal of Medications

● **Drop off and pick up of medications must be done by an adult (>18 years old). Both the adult and the school nurse/or unlicensed authorized personnel (authorized by the school nurse) shall sign for medication transactions.**

- All prescription medications shall lie stored in their ***original pharmacy or manufacturer-labeled containers*** and in such a manner as to render them safe and effective.
- All prescription medications to be administered by school personnel shall be kept in a securely double-locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. The cabinet shall be substantially constructed and anchored securely to a solid surface. Prescription medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38°F to 42°F.
- Access to stored prescription medications shall be limited to persons authorized to administer prescription medications and to self-medicating students, to the extent permitted by school policy developed pursuant to 105 CMR 210.006(B)(8). Access to keys and knowledge of the location of keys shall be restricted to the maximum extent possible. Students who are AUTHORIZED to self-medicate shall not have access to other students' medications (self-medication is detailed below).
- Parents or guardians may retrieve the prescription medications from the school at any time.
- No more than a 30-school-day supply of the prescription medication for a student shall be stored at the school.
- Where possible, all unused, discontinued, or outdated prescription medications shall be returned to the parent or guardian and the return appropriately documented. In extenuating circumstances, with parental consent when possible, such prescription medications may be destroyed by the school nurse in accordance with any applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs.
- The school nurse is responsible for maintaining the confidentiality of a student's health record, including medications. Do not discuss or share information about students or medications with other school staff or people outside school unless directed to do so by the school nurse. Refer all questions or comments about students or medications to the school nurse.

Reporting and Documentation of Medication Errors

A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication.

Examples include:

- Medication given more than +/-1 hr. from prescribed time
- Medication given with food when it should be given on an empty stomach
- Medication was not given but there is an order for it.
- Incorrect dosage given (too little, or too much)
- Expired Medication, Wrong Student, or Wrong Med.

ADMINISTRATION OF MEDICATIONS POLICY 2024-2025

In the event of a medication error, the school nurse shall notify the parent or guardian immediately. (The school nurse shall document the effort to reach the parent or guardian.) If there is a question of *potential harm* to the student, the nurse shall also notify the *student's licensed prescriber or school physician*.

Any medication error that did not result in serious illness requiring medical care "shall be documented by the school nurse on an accident/incident report form. These reports shall be retained in the student's EMR and filed in the student's physical chart. This form shall be available to the Department of Public Health upon request.

All medication errors resulting in serious illness requiring medical care shall be reported under 105 CMR 210.009 (B) to the Department of Public Health, Bureau of Family and Community Health, School Health Unit via this form,

<https://redcap.ehs.mass.gov/redcap/surveys/?s=KNXPCRFE7HARHDXF>

All suspected diversion or tampering of drugs shall be reported to the Department of Public Health, Division of Food and Drugs.

The school nurse shall review reports of medication errors and take necessary steps to ensure appropriate medication administration in the future.

Over-the-counter (OTC) Medications, i.e., Non-Prescription Medications

- The school nurse shall follow the Board of Registration in Nursing protocols regarding the administration of over-the-counter medications in schools. (Advisory rulings for the Board of Registration in Nursing | Mass.gov)
- The school physician is responsible for the OTC policy, in consultation with the nursing body, and will sign off on a standing order for the administration of OTC medications (Appendix).
- OTC medication may NOT be administered without parental permission.

Herbal Preparations

- Herbals are to be considered over-the-counter medications and are subject to the same regulations and parental permission.
- The OTC standing orders do not cover herbal medications and require a licensed prescriber's Signature.

Controlled Substances

- Students may require medications that fall under the category of "controlled substances." examples include: Adderall, Methylphenidate, and Diazepam, etc.
- The detailed protocol for the administration of controlled substances is in the Massachusetts School Nurses Medication Administration Manual.

Anaphylaxis

- Nurses, in conjunction with building administrators MUST have a plan in place to ensure the safety of those children with life-threatening allergies requiring the administration of EPI-PENS.
- In the event of a life-threatening, previously undiagnosed anaphylactic reaction, **ONLY** the school nurse may administer epinephrine in the protocol dosages.

ADMINISTRATION OF MEDICATIONS POLICY 2024-2025

- The school physician is responsible for reviewing and renewing the protocol on an annual basis.

Asthma

- If a child with known asthma has a severe exacerbation while at school and there is no order for medications administered via nebulizer from the child's primary care provider, the nurse may give a nebulizer or Metered Dose Inhaler (MDI) treatment, under the school physician's standing order.
- The emergent use of nebulizer/ MDI should occur within the context of the child's primary care management. After the first episode of medication administered via nebulizer or MDI utilizing standing orders, every effort should be made to secure a treatment plan that includes the use of PRN nebulizer with feedback to the family and/or the primary care provider.
- **If there are no subsequent medication treatment orders from the patient's primary care provider, the parent will be notified and 911 will be accessed in the event of an asthma exacerbation.**

Medications During Transport

- Asthma exacerbations may occur while in transport. A self-medication plan addresses this issue and allows for the child to self-carry. The ***student should be advised to report to the school nurse if they require treatment en route to or from school.***
- Emergent medications, other than EPI-PEN, cannot be administered by the bus driver/transportation monitor. The driver is expected to pull over and call 911 EMS if there is an emergent need and there is no licensed personnel accompanying the child.

Delegation/Supervision for Field Trips and Life-Threatening Allergic Reactions

- The school nurse, in consultation with the school physician, shall have final decision-making authority with respect to delegating the administration of medications to unlicensed personnel in the school system. PVPA is registered with the Department of Public Health for training and delegation of Epinephrine autoinjectors.
- When medication administration is delegated by the school nurse to unlicensed school personnel, such personnel shall be under the supervision of the school nurse for the purposes of medication administration.
- After consultation with the principal or administrator responsible for a given school, the school nurse shall select, train, and supervise the specific individuals in those categories of school personnel approved by the School Committee to administer medications on field trips and during life-threatening allergic reactions. When necessary to protect student health and safety, the school nurse may rescind such selection.
- The administration of parenteral (IV) medications may not be delegated, with the exception of epinephrine (in the form of an auto-injector) There must be an order for administration of the medication from a licensed prescriber and written consent of the parent or guardian.
- Medications to be administered pursuant to PRN ("as needed") orders may be administered by authorized school personnel after an assessment by or consultation with the school nurse **for each dose**. (ex: self-assessment)

ADMINISTRATION OF MEDICATIONS POLICY 2024-2025

- An updated list of unlicensed school personnel who have been trained in the administration of EPI-PENS shall be maintained by the school nurse. Upon request, a parent shall be provided with a list of school personnel trained to administer medications on field trips and in life-threatening cases.
- The school nurse and administration are responsible for coordination of the field trip calendar, to ensure the school nurse can identify students requiring medication during the trip and train the appropriate unlicensed personnel in the administration of medication.
- Parents may choose to enable delegation to designated personnel trained in delegation on the medication administration plan. The Nurse medication manager is responsible for training in the administration of emergency medication to a specific child as well as general stock epi-pen and inhaler usage.

Self Administration of Medications

For the purposes of 105 CMR 210.000, "self-administration" shall mean that the student is able to consume or apply prescription medication in the manner directed by the licensed prescriber, without additional assistance or direction.

In order for a child to self-administer, the following must be in place:

- Parent/guardian approval.
- Prescriber's assessment that the child is capable of self-medication administration.
- An individualized plan as outlined and agreed upon by the school nurse and the parent/guardian which includes mechanisms for:
 - Documentation that medication was given
 - Periodic review of the process by the school nurse
 - Secured storage of medication
 - Documentation of teachers and students understanding of medication frequency, dosage and disease process
 - Documentation of side effects, compliance variation from plan
- A medication order from a licensed prescriber and business and emergency phone numbers, the name, route, and dosage of medication, the frequency and time of medication administration, date of order, and diagnosis, as is standard for any medication.
- A response including the student's name, and signature of a prescribable adult must supervise and log the student's self-administration.
- All self-medication plans must be renewed annually.
- The School Nurse Leader is accountable for reviewing all aspects of medication administration and ensuring that the Massachusetts Standards of Nursing Practice are upheld. When inconsistencies are discovered, the school nurse will be counseled and the head of school/principal informed.

MEDICATION ORDERS/PARENTAL CONSENT

- The school nurse shall ensure that there is a proper medication order from a licensed prescriber which is renewed annually and when changes are made to the orders. The parent/guardian must sign the order every time a change is made.
- A new order must be obtained at the beginning of the academic year for all daily

ADMINISTRATION OF MEDICATIONS POLICY 2024-2025

medications/treatments and any PRN medications except epipens, albuterol, and diastat.

- Nurses may accept orders on an annual basis for epipens, albuterol, and diastat if there is an electronic or paper copy of the order and a management plan from the provider. The order will be good for one year from the date it was written unless it is specified otherwise. Any new orders will void the older order.
- All students with medication orders should have a medication administration plan and an IHP.
- Medication orders will be transcribed into the EMR using the date the order was written by the prescriber until the end of the school year. (The official end of the school year is the last day of the Extended School Year (ESY) program. This is usually the 2nd Friday in August. If orders are extended beyond this date, they will be removed from the medication list when the EMR promotes students. This usually happens in the 3rd week of August.) The order will be rewritten to reflect the start of the new school year until it expires per the date the prescriber wrote the order. The nurse is responsible for reminding the parent that a new order/visit is needed.
- Any change in the medication order/prescription will be updated in the EMR.
- A telephone order or an order for any change in medication shall be received only by the school nurse. Any such verbal order must be followed by a written order within three school days.
- The Medication Authorization Form and provider order form should be used. This contains the necessary information about the medication (dosage, route, frequency, time, prescriber, parent, and school nurse authorizations). Orders may be accepted from a prescriber without the PVPA form as long as all necessary information is on the letter or form provided by the prescriber. The parent/guardian must consent to the administration of medication in school.

SUMMARY OF SIGNIFICANT DATES AND DEADLINES

Date Activity

- _____: Updated MRCS
- _____: Updated Epinephrine Delegation License
- _____: Policy approved by Head of School, Brent Nielsen
- _____: Policy approved by the Board of Trustees

For more information about this Policy, Contact:

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ADMINISTRATION OF MEDICATIONS



POLICY

This policy applies to School Years 2022-2024

Approved by the PVPA Board of Trustees: May 8, 2023

The School Nurse Leader is the supervisor of the medication administration program in the school. A school nurse is the only staff authorized to administer medication except in two situations: (1) during field trips and (2) in the event of a life-threatening allergic reaction requiring EPI-PEN administration. The School Nurse Leader is responsible for training designated staff in the administration of medication in these two situations.

This policy is in accordance with Massachusetts state regulations for administration of medication in public schools. The protocol has been approved by the Massachusetts Department of Public Health. For more detailed information, please refer to:

<https://www.mass.gov/files/documents/2017/09/11/105cmr210.pdf>

PROTOCOL FOR ADMINISTRATION OF MEDICATION

This section is a summary of the medication protocol. The protocol is in the Nurses' Protocol and Procedure Binder and contains the referenced forms.

General:

- The School Nurse Leader shall be the supervisor of the medication administration program in the school.
- All school nurses will have read the complete Administration of Medication Policy annually.
- The school nurse, in collaboration with the parent or guardian, shall establish a medication administration plan for each student receiving medication, in accordance with the details of the full medication policy. This agreement between Parent, Provider, and School Nurse Leader is documented in the Medication Authorization Form.
- In accordance with standard nursing practice, the school nurse may refuse to administer, or allow to be administered, any medication which, based on their individual assessment and professional judgment, has the potential to be harmful, dangerous, or inappropriate. In these cases, the parent/guardian and licensed prescriber shall be notified immediately by the school nurse and the reason for refusal explained. The school nurse will document the above in the electronic medical record (EMR).
- Health Services staff is accountable for reviewing all aspects of medication administration and ensuring that the Massachusetts Standards of Nursing Practice are upheld. When inconsistencies are discovered, the School Nurse Leader will be counseled and the head of school/principal informed. When inadequacies continue (despite appropriate counseling and support), the issue and the measures taken will be documented in the nurse's performance evaluation. Auditing will occur as part of routine site visit or as incidents deem necessary.

Handling, Storage, and Disposal of Medications

- All prescription medications shall lie stored in their ***original pharmacy or manufacturer labeled containers*** and in such a manner as to render them safe and effective.
- All prescription medications to be administered by school personnel shall be kept in a securely double-locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. The cabinet shall be substantially constructed and anchored securely to a solid surface. Prescription medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38°F to 42°F.
- Access to stored prescription medications shall be limited to persons authorized to administer prescription medications and to self-medicating students, to the extent permitted by school policy developed pursuant to 105 CMR 210.006(B)(8). Access to keys and knowledge of the location of keys shall be restricted to the maximum extent possible. Students who are AUTHORIZED to self-medicate shall not have access to other students' medications (self-medication is detailed below).
- Parents or guardians may retrieve the prescription medications from the school at any time.
- No more than a 30 school day supply of the prescription medication for a student shall be stored at the school.
- Where possible, all unused, discontinued or outdated prescription medications shall be returned to the parent or guardian and the return appropriately documented. In extenuating circumstances, with parental consent when possible, such prescription medications may be destroyed by the school nurse in accordance with any applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs.
- The school nurse is responsible for maintaining the confidentiality of a students' health record, including medications. Do not discuss or share information about students or medications with other school staff or people outside school unless directed to do so by the school nurse. Refer all questions or comments about students or medications to the school nurse.

Medication Orders/Parental Consent

- The school nurse shall ensure that there is a proper medication order from a licensed prescriber which is renewed annually and when changes are made to the orders. ***The parent/guardian must sign the order every time a change is made.***
- A ***new order must be obtained at the beginning of the academic year*** for all daily medications/treatments and any PRN medications.
- All students with medication orders should have a medication administration plan and an Individualized Health Plan (IHP).
- Medication orders will be transcribed into the EMR using the date the order was written by the prescriber until the end of the school year. If orders are extended beyond this date, they will be removed from the medication list when the EMR promotes students. July 1st.)
- Any change in the medication order/prescription will be updated in the EMR.

- A telephone order or an order for any change in medication shall be received only by the school nurse. Any such **verbal order must be followed by a written order within three school days.**
- The Medication Authorization Form should be used. This contains the necessary information about the medication (dosage, route, frequency, time, prescriber, parent, and school nurse authorizations). Orders may be accepted from a prescriber that has not used the PVPA form as long as all necessary information is on the letter or form. The parent/guardian must consent to the administration of medication in school.

Reporting and Documentation of Medication Errors

A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:

Medication given more than +/-1 hr. from prescribed time

Medication given with food when it should be given on an empty stomach

Medication was not given but there is an order for it.

Incorrect dosage given (too little, or too much)

Expired Medication, Wrong student, or Wrong Med.

In the event of a medication error, the school nurse shall notify the parent or guardian immediately. (The school nurse shall document the effort to reach the parent or guardian.) If there is a question of *potential harm* to the student, the nurse shall also notify the *student's licensed prescriber or school physician*.

Medication errors shall be documented by the school nurse as a "Significant Event" in SNAP which will then generate a printable Event Report which will be retained along side the Students Medication Authorization form in the PRN or Emergency Medication book and the student's paper health record. They shall be made available to the Department of Public Health upon request.

All medication errors resulting in serious illness requiring medical care shall be reported to the Department of Public Health, Bureau of Family and Community Health, School Health Unit.

All suspected diversion or tampering of drugs shall be reported to the Department of Public Health, Division of Food and Drugs.

The school nurse shall review reports of medication errors and take necessary steps to ensure appropriate medication administration in the future.

Over-The-Counter (TC) Medications, i.e., Non-Prescription Medications

- The school nurse shall follow the Board of Registration in Nursing protocols regarding administration of over-the-counter medications in schools.(Advisory rulings for the Board of Registration in Nursing | Mass.gov)
- The school physician is responsible for the OTC policy, in consultation with the nursing body and will sign off on a standing order for administration of OTC medications (Appendix).
- OTC medication may NOT be administered without parental permission.

Herbal Preparations

- Herbals are to be considered over-the-counter medications and are subject to the same regulations and parental permission.
- The OTC standing orders do not cover herbal medications and require a licensed prescriber's Signature.

Controlled Substances

- Students may require medication that fall under the category of “controlled substances.” examples include: Adderall, Methylphenidate, and Diazepam, etc.
- The detailed protocol for administration of controlled substances is in the Massachusetts School Nurses Medication Administration Manual.
- **Drop of and pick up of medications must be done by an adult (>18 yrs old)** Adult shall sign for medication transactions.

Anaphylaxis

- Nurses, in conjunction with building administrators MUST have a plan in place to ensure the safety of those children with life threatening allergies requiring the administration of EPI -PENS.
- In the event of a life-threatening, previously undiagnosed anaphylactic reaction, the school nurse may administer epinephrine in the protocol dosages.
- The school physician is responsible for reviewing and renewing the protocol on an annual basis.

Asthma

- If a child with known asthma has a severe exacerbation while at school and there is no order for medications administered via nebulizer from the child's primary care provider, the nurse may give a nebulizer or Metered Dose Inhaler (MDI) treatment, under the school physician's standing order.
- The emergent use of nebulizer/ MDI should occur within the context of the child's primary care management. After the first episode of medication administered via nebulizer or MDI utilizing standing orders, every effort should be made to secure a treatment plan which includes use of PRN nebulizer with feedback to the family and/or the primary care provider.
- **If there are no subsequent medication treatment orders from the patient's primary care provider, the parent will be notified and 911 will be accessed in the event of an asthma exacerbation.**

Medications During Transport

- Asthma exacerbations may occur while in transport. A self medication plan would address this issue and allow for the child to self-carry. The ***student should be advised to report to the school nurse if they require treatment en route to or from school.***
- Emergent medications, other than EPI-PEN, cannot be administered by the bus driver/transportation monitor. The driver is expected to pull over and call 911 EMS if there is an emergent need and there is no licensed personnel accompanying the child.

Delegation/Supervision for Field Trips and Life Threatening Allergic Reactions

- The school nurse, in consultation with the school physician, shall have final decision-making authority with respect to delegating administration of medications to unlicensed personnel in the school system. PVPA is registered with the Department of Public Health for training and delegation of Epinephrine autoinjectors.
- When medication administration is delegated by the school nurse to unlicensed school personnel, such personnel shall be under the supervision of the school nurse for the purposes of medication administration.
- After consultation with the principal or administrator responsible for a given school, the school nurse shall select, train, and supervise the specific individuals in those categories of school personnel approved by the School Committee to administer medications on field trips and during life threatening allergic reactions. When necessary to protect student health and safety, the school nurse may rescind such selection.
- The administration of parenteral (IV) medications may not be delegated, with the exception of epinephrine (in the form of an auto-injector) There must be an order for administration of the medication from a licensed prescriber and written consent of the parent or guardian.
- Medications to be administered pursuant to PRN (“as needed”) orders may be administered by authorized school personnel after an assessment by or consultation with the school nurse **for each dose**. (ex: self assessment)
- An updated list of unlicensed school personnel who have been trained in the administration of EPI- PENS shall be maintained by the school nurse. Upon request, a parent shall be provided with a list of school personnel trained to administer medications on field trips and in life threatening cases.
- The school nurse and administration are responsible for coordination of the field trip calendar, to ensure the school nurse is able to identify students requiring medication during the trip and train the appropriate unlicensed personnel in the administration of medication.
- Parents may choose to enable delegation to designated personnel trained in delegation on the medication administration plan. The Nurse medication manager is responsible for training in the administration of emergency medication to a specific child as well as general stock epi-pen and inhaler usage.

Self Administration of Medications

For the purposes of 105 CMR 210.000, “self administration” shall mean that the student is able to consume or apply prescription medication in the manner directed by the licensed prescriber, without additional assistance or direction.

In order for a child to self administer, the following must be in place:

- Parent/guardian approval.
- Prescriber's assessment that the child is capable of self-medication administration.
- An individualized plan as outlined and agreed upon by the school nurse and the parent/guardian which includes mechanisms for:
 - Documentation that medication was given
 - Periodic review of process by school nurse
 - Secured storage of medication
 - Documentation of teachers and students understanding of medication frequency, dosage

and disease process

- Documentation of side effects, compliance variation from plan
- A medication order from a licensed prescriber and business and emergency phone numbers, the name, route, and dosage of medication, the frequency and time of medication administration, date of order, and diagnosis, as is standard for any medication.
- A response including the students' name, signature of a prescribable adult must supervise and log the student's self-administration.
- All self medication plans must be renewed annually.
- Health Services administration is accountable for reviewing all aspects of medication administration and ensuring that the Massachusetts Standards of Nursing Practice are upheld. When inconsistencies are discovered, the school nurse will be counseled and the head of school/principal informed.

MEDICATION ORDERS/PARENTAL CONSENT

- The school nurse shall ensure that there is a proper medication order from a licensed prescriber which is renewed annually and when changes are made to the orders. The parent/guardian must sign the order every time a change is made.
- A new order must be obtained at the beginning of the academic year for all daily medications/treatments and any PRN medications except epipens, albuterol, and diastat.
- Nurses may accept orders on an annual basis for epipens, albuterol, and diastat if there is an electronic or paper copy of the order and a management plan from the provider. The order will be good for one year from the date it was written, unless it is specified otherwise. Any new orders will void the older order.
- All students with medication orders should have a medication administration plan and an IHP.
- Medication orders will be transcribed into the EMR using the date the order was written by the prescriber until the end of the school year. (The official end of the school year is the last day of the Extended School Year (ESY) program. This is usually the 2nd Friday in August. If orders are extended beyond this date, they will be removed from the medication list when the EMR promotes students. This usually happens in the 3rd week of August.) The order will be rewritten to reflect the start of the new school year until it expires per the date the prescriber wrote the order. The nurse is responsible for reminding the parent that a new order/visit is needed. Procedures to have reminders will be set up in SNAP.
- A telephone order or an order for any change in medication shall be received only by the school nurse. Any such verbal order must be followed by a written order within three school days.
- The prescriber Medication Order form should be used. This contains the necessary information about the medication. Orders may be accepted from a prescriber that has not used the PVPA Medication Authorization form as long as all necessary information is on the letter or form. The parent/guardian must consent to the administration of medication in school.

SUMMARY OF SIGNIFICANT DATES AND DEADLINES

Date Activity

May 2023: Updated MRCS

May 2023: Updated Epinephrine Delegation License

May 8, 2023 : Policy approved by Head of School, Brent Nielsen

May 8, 2023: Policy approved by Board of Trustees

For more information about this Policy, Contact:

Name: Evelene (Evie) Huguenin Hawley, MS, MEd, BSN, RN, RAC

PVPA Office of Health Services

Mailing Address: 15 Mulligan Drive, South Hadley, MA 01075

Phone (413) 552-1580

Email: ehawley@pvpa.org

Coversheet

Medical and Behavior Health Emergency Response Plan

Section:	III. Head of School Report
Item:	C. Medical and Behavior Health Emergency Response Plan
Purpose:	Vote
Submitted by:	
Related Material:	PVPA Emergency Medical Response Plan - 2024.docx - Google Docs.pdf



Pioneer Valley Performing Arts Charter Public School Medical & Behavioral Emergency Response Plan

Updated December 31, 2024

The Pioneer Valley Performing Arts Charter Public School has developed this Medical & Behavioral Emergency Response Plan in consultation with members of the school community, including the school nurse, school mental health counselor, school physician, coaches, local medical and behavioral health emergency responders, and other community partners. The purpose of the Plan is twofold:

- 1. To reduce the incidence of life-threatening emergencies, and**
- 2. To promote efficient responses to such emergencies.**

The complete plan is posted in each school's main office, the school nurse's office, and the athletic rooms. Protocols that include specific actions to take in case of a medical or behavioral health emergency have been posted in classrooms, studios, and the theater and provided to key staff. The complete Plan will be modified as needed and updated whenever there are physical changes to a school campus, including new construction. The Plan will be submitted to the Department of Elementary and Secondary Education every three years.

Contact Information:

School: Pioneer Valley Performing Arts Charter Public School

School Address: 15 Mulligan Drive, South Hadley, MA, 01075

School Leader: Brent Nielsen

Email: bnielsen@pvpa.org

Phone: (413) 552-1580, Ext. 116

Contact Person for the School Plan: Brooke Chisholm RN, School Nurse

Email: bchisholm@pvpa.org

Phone: (413) 552-1580, Ext. 120

Wellness Team Leader: Karen Canata Boydston, Ed.D., LMHC, School Psychologist

Email: kcanataboydston@pvpa.org

Phone: (413) 552-1580, Ext. 423

Facilities Manager: John P. Kulas

Email: jkulas@pvpa.org

Phone: (413) 552-1580, Ext. 125

Section 1: The Medical & Behavioral Emergency Response Plan

A. Essential Plan Components:

At each school, procedures must be in place to manage injury or illness of faculty, staff, students, and visitors and to respond in a timely and efficient manner to medical emergencies. Under the Medical Emergency law, each school's Plan must include:

- (1) Requirement:** a method for establishing a **rapid communication system** linking all parts of the school campus, including outdoor facilities and practice fields, to the emergency medical services system and protocols to clarify when the emergency medical services system, wellness team, and other emergency contact people shall be called.

School's Response: *Describe the school's method for establishing a rapid communication system.*

The PVPA Charter Public School uses a school-wide PA System that will reach all areas of the school both internal and external. Additionally, The school's senior administrative personnel, wellness team, and school nurse use walkie-talkies and a cell phone app (Voxer) to communicate as needed in case of a medical or behavioral emergency. The school also has an Emergency Preparedness Management Safety Team (EPMT) composed of approximately twenty staff/faculty members who carry Walkie-Talkies with them at all times.

- (2) Requirement:** a determination of **emergency medical service response time** to any location on campus.

School's Response: *Describe the emergency medical service response times to locations on the school campus.*

The response time of our onsite EPMT is immediate once notified of a medical emergency. The response time for local Emergency personnel (EMT, Fire & Police) is 3 – 7 minutes upon receiving a call. PVPA has a dedicated landline that connects directly to 911. EMS has assisted in establishing a rapid communication system linking all parts of the school campus and determining response times to all parts of campus.

- (3) Requirement:** a list of relevant **contacts and telephone numbers** including **behavioral health providers** with a protocol indicating when each person shall be called, including names of professionals to help with post-emergency support. The plan should also include clear guidelines for the roles and responsibilities of behavioral and other health professionals, including, but not limited to, school counselors and community intervention professionals.

School's Response: *Provide a list of relevant contacts and telephone numbers with information indicating when each person should be called. Include names of professionals to help with post-emergency support.*

Contact information:

PVPA maintains an updated list of key faculty and staff, with phone numbers and a call tree that indicates when each individual is to be contacted during a medical or behavioral health emergency and their respective roles, such as directing EMS, providing first aid, supporting students, and providing class coverage. This resource information is available in the school's main office and the school nurse's office.

Important Emergency and Post-Emergency Phone Numbers:

Brooke Chisholm, School Nurse	(413) 265-9317 or (413) 552-1580 Ext. 120	Medical
Karen Canata Boydston, School Psychologist	or (413) 552-1580 Ext 423	Behavioral
Jen Brown, School Social Worker	or (413) 552-1580 Ext 210	Behavioral
Lauralee Sampre-Gagnon, School Adjustment Counselor	or (413) 552-1580 Ext 214	Behavioral
Veronica Underwood, School Counselor (Grades 7,8,9)	or (413) 552-1580 Ext 216	Behavioral
Anthony Rendina, School Counselor (Grades 10,11,12)	or (413) 552-1580 Ext 218	Behavioral
John P. Kulas, Facilities Manager	(413) 588-8476 or (413) 552-1580 Ext. 125	Medical & Behavioral
Brent Nielsen, Head of School	(413) 687-2435 or (413) 552-1580 Ext. 116	Medical
Emily Niemann, Dean of Students	or (413) 552-1580 Ext 118	Medical & Behavioral
All Life-Threatening Emergencies:	(9) 911	

(4) Requirement: a method to efficiently **direct emergency medical services personnel** to any location on campus, including to the location of available rescue equipment.

School's Response: *Describe how emergency medical & behavioral services personnel will be directed to the emergency site(s) and to available rescue equipment.*

The school's medical response will proceed as follows:

The school nurse will assess the condition of the person(s) to determine the category of injury, illness, or condition:

- **Life-threatening or potentially disabling:** Because these medical conditions can cause death or disability within minutes, they require immediate intervention, medical care, and, usually, hospitalization. Examples of this category include airway and breathing difficulties, cardiac arrest, chest pain, and/or cyanosis.
- **Serious or potentially life-threatening or potentially disabling:** Burns, major multiple fractures, and insect bites are examples of this category. These occurrences may result in a life-threatening situation or may produce permanent damage, so they must be treated as soon as possible.
- **Non-life-threatening:** These are defined as any injury or illness that may affect the general health of a person (e.g., mild or moderate fever, stomachache, headache, seizures, fractures, cuts). The school nurse will evaluate the incident and make decisions regarding further treatment. The school nurse may notify the parent/guardian and recommend follow-up medical evaluation or treatment.

When an injury, illness, or condition is determined to be potentially life-threatening or disabling, the school nurse will inform main office personnel to:

- Call EMS (911) using the dedicated emergency phone line and provide the location of the injured or ill person and available rescue equipment.
- Activate the medical emergency contact list to use designated school staff in their respective roles.
- Direct designated school personnel to remain stationed at the specific location on campus where the medical incident occurred and greet emergency responders upon arrival, providing updates on the situation.
- Notify the parent/ legal guardian of the student or the emergency contact for faculty/ staff and inform them that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.

If the school nurse is not in the building at the time of the medical incident, main office personnel will notify the

administrator in charge. The administrator will assess the situation and direct main office personnel to place the 911 call in the event of a potentially life-threatening or potentially disabling injury, illness, or condition. Other steps will be taken as described above.

If the school nurse or other medically trained individual determines that the injury, illness, or condition is non-life-threatening, first aid and/or medical services will be provided onsite, as appropriate. Main office personnel will notify the involved student's parent/guardian.

All faculty and staff must adhere to the following during all medical incidents:

- Standard Precautions must be followed at all times (see Definitions).
- Avoid moving the ill or injured person unless there is more danger if left there.
- Remain with the person until assistance arrives and remain calm.
- Direct other staff to manage bystanders.

The school's behavioral response will proceed as follows:

In case of a behavioral incident, **school staff** will immediately:

- Contact the school counselor, clinical staff, school psychologist, and the main office; and
- Offer to escort the person to the counselor's office or notify the school counselor if the person is unable or refusing to move.

Main office personnel will ensure that designated individuals are directed to remain with the person until additional behavioral health assistance arrives.

The school counselor, clinical staff or school psychologist will assess the condition of the person(s) to determine the category of behavioral need:

- **Life-threatening Situation (Emergent):** There are certain behavioral health conditions that can cause death or harm to self and others, they may require immediate intervention, medical care, and, usually, hospitalization. A behavioral emergency is defined as a situation in which a person presents as being at imminent risk of behaving in a way that could result in serious harm or death to self or others. Examples of this category include signs of self-injury, suicidal or irrational thoughts, and increased agitation demonstrated as verbal or physical threats.
- **Serious or in need of immediate crisis intervention (Urgent):** Signs might include inability to perform daily tasks, rapid changes in personality, mood, or behavior, signs of alcohol or substance use, history of suicide attempts or other self-harming behaviors, or significant withdrawal from friends, family members, or enjoyed activities.
- **Non-life-threatening behavioral health needs (Routine):** These are defined as any behavioral needs that may affect the general health of a person (e.g., mild or moderate feelings of anxiety, irritability, frustration, sadness, anger, etc.). The school counselor will talk with the person and discuss with the parent/guardian recommendations for further treatment, communicate with community providers, and make any necessary referrals. The school counselor may consider calling the Behavioral Health Help Line (BHHL) at 833-773-2445 for additional support coordinating services.

When in a life-threatening situation, the school counselor, clinical staff, or school psychologist will inform main office personnel to:

- Call EMS (911) using the dedicated emergency phone line and provide the location of the person.
- Activate the medical and behavioral emergency contact list for designated school staff in their respective roles.
- Direct designated school personnel to remain stationed at the specific location on campus where the behavioral incident occurred and greet emergency responders upon arrival, providing updates on the

situation.

- The administrator will decide if there should be a stay in place while emergency services are on the premises.
- Notify the parent/guardian of the student or the emergency contact for faculty/ staff and inform them that the person is experiencing a behavioral health emergency and is being transported to a medical facility if the information is known at the time of the call.

When an individual is in need of immediate crisis intervention, the school counselor, clinical staff, or school psychologist will inform main office personnel to:

- Call their local Community Behavioral Health Center (CBHC) or Mobile Crisis Provider using the dedicated phone line and provide the location of the person in need of immediate crisis support.
- Activate the medical emergency contact list to use designated school staff in their respective roles.
- Notify the parent/ legal guardian of the student or the emergency contact for faculty/ staff and inform them that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.
- Direct designated school personnel to remain stationed with the person identified as needing crisis intervention and be prepared to greet crisis responders. If school personnel experience unforeseen delays and behavioral symptoms worse, they can then direct the main office personnel to place the call to 911.

If the school counselor, clinical staff, school psychologist or other trained personnel determines that the behavioral condition is non-life-threatening, behavioral health services can be offered onsite.

Faculty and staff who are involved in school-related activities outside of regular school hours have been trained in the medical and behavioral emergency response protocols and keep a copy of the protocols with them during all school-sponsored activities and events. The protocols identify who is to be contacted during activities outside of the regular school hours.

(5) Requirement: safety precautions to prevent injuries in classrooms and on the facilities.

School's Response: *Describe the safety precautions the school has in place to prevent injuries in classrooms and on the facilities.*

All staff & faculty are told to report any safety issues or potential issues to the Facilities Manager as they identify them. Also, our onsite EPMT meets regularly to go over any issues, regular walk-through inspections to address them in a timely manner as well as keep the team up to date with any relevant emergency information & training.

(6) Requirement: a method of providing access to **training in cardiopulmonary resuscitation (CPR) and first aid** for teachers, athletic coaches, trainers, and other school staff, which may include training high school students in cardiopulmonary resuscitation.

School's Response: *Describe how the school will provide access to CPR and first aid training for the staff. Describe if the school will provide CPR training for high school students.*

We have several staff & faculty members currently trained in CPR and First Aid. It is our plan to make CPR and First Aid classes available to all staff & students in the future.

(7) Requirement: if the school possesses an **automated external defibrillator (AED)**,

- the location of the device;
- whether or not its location is either fixed or portable; and
- Those personnel who are trained in its use.

With respect to item (7) on AEDs, the law further requires information on:

- *the total number of AEDs in each school (note: the law does not require schools to possess AEDs);*
- *any volunteers (and personnel) who are trained in the AED use;*
- *personnel who have access to AEDs during regular school hours and after school; and*
- *The total estimated number of AEDs necessary to ensure campus-wide access during school hours and in after-school activities and public events (the estimate is required whether or not the school currently has AEDs).*

School's Response:

Our school currently has four portable AEDs. They have pads for children and adults.

1. Fixed AED located on the wall in between the main office and the nurse's office.
2. Fixed AED located in the school library on the 3rd floor of the building.
3. Fixed AED located in our school theater lobby.
4. Portable AED located in the nurse's office and used as needed ie. for sports events, and field trips. They are not tied into the phone or alarm system.

Our plan is to have all staff trained this year in the use of the AED.

All school employees, students, and visitors have access to an AED anytime the building is open.

***A copy of our Emergency Preparedness Management Safety Plan
is attached to this document (below).***