1. 105CMR210.002 Definitions: Medication Program Manager means a school nurse who has assumed responsibility for a school or district medication program by registering with the Department of Public Health
   1. This feels vague- is it the school who is registered with DPH or the nurse? Is the MPM a different person than the school nurse? In some cases, but not all?
2. 105CMR210.002 Definitions: Self-Carry means storage of limited. quantities of medications on a student’s person, at the discretion of the school nurse, as outlined in 105 CMR 210.006.
   1. Should there be language here about multi-dose medication? Like inhalers, ointments and insulin?
3. 105CMR210.003A(1): designation of a ~~school nurse~~ **medication program manager** as supervisor of the ~~prescription~~ medication administration program in a school;
   1. How is the MPM supervisor of med admin at a school? It seems like the language should be the MPM is the supervisor of med admin program at a school district and the school nurse is the supervisor of med admin at a school
4. 105CMR210.003D: Schools/districts are not authorized to make use of 105 CMR 700.003(C) for the administration of emergency rescue medications during regular school activities.
   1. Does this mean that school staff are not allowed to use their own supply of narcan they might have? Many staff members have their own supply of this medication.
5. 105CMR210.004A(3): A school nurse shall be on duty ~~in the school system~~
   1. What is the reasoning behind removing the language “in the school system?” Does it change the intention of the nurse who is on duty can be any nurse in the system who is reachable?
6. 105CMR210.004A(5): ~~Prescription m~~**M**edications to be administered pursuant to p.r.n. ~~("as needed")~~ orders may be administered by authorized **unlicensed** school personnel after an assessment by or consultation with the school nurse for each dose**, with the exception of emergency rescue medications**.
   1. As inhalers are now included in the designation of “emergency rescue medication” does that mean that unlicensed school personnel no longer need to call the nurse for consultation prior to administering
7. 105CMR210.005F(3): The ~~school nurse~~ **medication program manager** shall develop and implement procedures regarding receipt and safe storage of ~~prescription~~ medications **in accordance with 105 CMR 210.008**;
   1. Should the language be that the MPM develops the procedures, but the school nurse implements them?
8. 105CMR210.005F(5): The ~~school nurse~~ **medication program manager** shall develop procedures and forms for documenting and reporting ~~prescription~~ medication errors.
   1. Later on in the regulation it states that it has to be reported on the incident/accident form. It doesn’t articulate that here. I think this language is better- not all districts use incident/accident reports the same.
9. 105CMR210.005G(4): The first time that an unlicensed school personnel administers medication, the delegating **school** nurse shall provide supervision at the work site. **In extenuating circumstances, as determined by the school nurse, the skills competency for p.r.n. emergency rescue medications administered through**
   1. Later on in the regs it states that this skills competency training must be approved by DPH. WIll those trainings be provided to school nurses? Or will we need to create the training and then send them to DPH for approval?
10. 105CMR210.005G(4): **When a p.r.n. emergency rescue medication is administered, the medication plan shall address notification of the local emergency medical services system, followed by notification of the student’s caregiver.**
    1. This language reads as though EMS needs to be called whenever an emergency rescue medication is given. It should state “when indicated” or “when necessary” EMS might not need to be notified in every case (an inhaler for example). Perhaps instead of “followed by notification…” the language can be “as well as notification of…”
    2. Specifically for inhalers: are we differentiating between SMART therapy and PRN albuterol use? Is Dulera, for example, now considered emergency rescue medication?
11. 105CMR210.005G(6b): administer the first dose of the ~~prescription~~ medication, if:
    1. This language should be sure that it’s clear the first dose of the medication the student receives should be at home/hospital. I know this intends it to mean that the first dose in SCHOOL should/can be administered by the nurse. But the language isn’t clear.
12. 105CMR210.005H: 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~~ **their** individual assessment and professional judgment, has the potential to be harmful, dangerous or inappropriate. In these cases, the ~~parent/guardian~~ **caregiver** and licensed prescriber shall be notified immediately by the school nurse.
    1. Should this point also articulate that the reason for refusal is documented?
13. 105CMR210.006B(1): the student, school nurse and ~~parent/guardian~~ **caregiver**, where appropriate, enter into an agreement which specifies the conditions under which ~~prescription~~ medication may be self**-**administered**, which may include the conditions under which a student may self-carry medication or whether the medication being self-administered is being taken or applied by the student themselves or with an FDA-approved medical device**;
    1. This language seems like only students who self-administer can self-carry. However students with diabetes who have insulin delivery systems self carry but might not self-administer.
14. 105CMR210.007C: 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.
    1. Currently this training exists for epinephrine. Will training now be created for nasal and inhaler emergency rescue medications?
    2. I also want to note that the language isn’t consistent. Earlier the word “testing” was removed and was replaced with “evaluation.” Are we testing for competency or evaluating competency?
15. 105CMR210.009B: Medication errors, as defined in 105 CMR 210.005(F)(5), shall be documented by the school nurse on ~~an~~ **the school/district’s** accident/incident report form **and in the student’s health record**.
    1. Can this language be changed to be more broad instead of indicating exactly which report to use. The MPM should create a reporting system/form for reporting medication errors. But the incident/accident report in my district is mainly for injury causing harm ie a fall causing a fracture, a shop injury, a burn etc. Medication errors don’t seem to fit into the category of those injuries that’s intended for the incident/accident form, and using such specific language binds us to using a form that doesn’t fit the scenario.
    2. In terms of having the medication error in the student’s health record: we would benefit from guidance on what should be in the health record and what shouldn’t. In terms of “student received 10mg instead of intended 5mg” versus “A medication error occurred at 12pm when the student received…”
16. 105CMR210.010A: A public school district or non-public school, as defined by the Massachusetts Department of **Elementary and Secondary** Education, may register with the Department for the limited purpose of permitting properly trained **unlicensed** school personnel to administer **any available, FDA-approved, pre-dosed form of** epinephrine **(hereafter, any available, FDA-approved, pre-dosed form of epinephrine will be referred to solely as epinephrine for the purposes of 105 CMR 210.010)** ~~by auto injector~~ in a life-threatening situation during ~~the school day~~ **regular school activities** when a school nurse is not immediately available, including field trips, provided that the following conditions are met:
    1. Does the inclusion of the word “any” indicate that non-licensed school personnel can give the stock supply of epinephrine. Previously the regulations indicated that non-licensed school personnel could only give epinephrine that had a student specific order.
17. 105CMR210.010A(4): the **unlicensed** school personnel authorized to administer epinephrine ~~by auto~~ ~~injector~~ are trained and ~~tested for competency~~ **evaluated** by the
    1. What is the significance of the language change “tested for competency” to “evaluated”? Does it mean that non-licensed school personnel no longer have to take the post-test? Is it just an evaluation of the skill?
18. 105CMR210.010A(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:
    1. Does this language preclude districts from having stock supply of epinephrine that we have a standing order for from our school physician? Those orders don’t meed the requirements outlined.
19. 105CMR210.011A(4b): **the medication program manager, or school nurses designated by this person, shall document the training and testing of competency;**
    1. Earlier, in epinephrine, this language was changed to evaluation. Should it match the language used there?
20. 105CMR210.011B: **Administration and storage of an emergency rescue opioid antagonist in schools shall be governed by 105 CMR 210.011.**
    1. There are no storage guidelines articulated in the section mentioned.

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