



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Joint Advisory

TO: Approved Private Special Education School Residential Programs jointly approved and licensed by the Department of Elementary and Secondary Education and the Department of Early Education and Care

FROM: David E. Johnson, Director, Drug Control Program
Karen Robitaille, Director, School Health Unit

DATE: April 3, 2024

SUBJECT: Medication Administration in Private Approved Special Education School Residential Programs

Purpose

This advisory details existing law and an adjustment in the Department's interpretation of the permissible scope of the Medication Administration Program (MAP). The purpose of this advisory is to provide clarification and guidance applicable to the administration of medications to children residing at Approved Private Special Education School Residential Programs (ASERPs) jointly approved and licensed by the Department of Elementary and Secondary Education (DESE) and the Department of Early Education and Care (DEEC). This guidance does not apply to other types of residential or boarding schools.

This advisory supersedes the joint advisory on this topic dated [March 9, 2020](#). This version includes the following updates:

- Where the previous advisory required an individual residing at a MAP residential program to be "MAP eligible" to receive MAP services, this new advisory notes that any individual residing at a MAP-registered residential program is eligible to receive MAP services, in the residential portion of the program and when not engaged in Regular School Activities.
- The former "examples," "illustrations," and "attachments" were removed from this new advisory, as they were no longer applicable.
- Footnotes were updated
- Contact information was updated

This advisory will assist ASERPs with planning the administration of medication outside of Regular School Activities to students and non-students¹ who reside at ASERPs. The following definition is for purposes of this guidance, as applicable only to ASERPs. This definition is not applicable to public or private day schools or other types of residential or boarding schools.

Regular School Activities means all instructional/academic activities, as well as all activities organized or sanctioned by the school, including but not limited to, interscholastic sporting events, after school or extracurricular clubs or organizations, and proms or other social events organized as part of the instructional/academic portion of the school, including overnight field trips. Regular School Activities do not include activities associated with residential services and supports provided to youth.

Medication Administration Models

M.G.L. c. 94C sets forth who can lawfully possess and administer medications in Massachusetts. Three distinct models of medication administration in ASERP residential settings are authorized by law and regulation.² With appropriate separation of medication administration activities, residential students and non-students may be served by one model or a combination of models, as outlined below.³

1. Licensed Health Care Professional

It is always permissible for a licensed health care professional, including a registered prescriber or nurse, to administer medication within their scope of practice, as outlined in relevant board regulations.⁴ Licensed health care professionals may be employed for medication administration to students and non-student residents of an ASERP at any time and in any setting. As authorized by prescriber orders and prescriptions, a licensed health care professional may provide all medication administration at an ASERP or may provide supplemental medication administration for student and non-student residents of an ASERP served by one of the other models. Activities under this model, including drug storage and record keeping, must be separate and distinct from activities conducted under other models and registered sites, even within the same residential site.

2. School Health Services

The School Health Services medication administration model allows a licensed registered nurse to delegate medication administration⁵ to unlicensed personnel⁶ in an ASERP for students of the ASERP only. Delegation of medication administration for its students to unlicensed personnel in an ASERP is authorized at all times with approval of the

¹ A “student” must attend and receive academic instruction at the particular ASERP. Youth residing at an ASERP, but not attending or receiving instruction at the particular ASERP, are “non-students” for purposes of this advisory.

² M.G.L. c. 94C: *The Massachusetts Controlled Substances Act*; 105 CMR 700: *Implementation of M.G.L. c. 94C*.

³ Alternatively, a student or non-student residing at an ASERP may be determined to be capable of self-administration.

⁴ e.g. 243 CMR: Board of Registration in Medicine; 244 CMR: Board of Registration in Nursing; 263 CMR: Board of Registration of Physician Assistants.

⁵ 244 CMR 3.05(5)(d).

⁶ “Unlicensed personnel” means any person other than a licensed health care professional (registered prescriber or nurse), authorized by M.G.L. c. 94C, § 9 to administer medication within their scope of practice.

Department of Public Health's (DPH) School Health Services Unit (SHS)⁷ and possession of a School Health Services Massachusetts Controlled Substance Registration (MCSR), issued by the Drug Control Program (DCP). Once approved and registered, an ASERP may use this model at all times to allow a licensed registered nurse employed by the school to delegate medication administration for its students to unlicensed school personnel, subject to training requirements outlined in the School Health regulation, provided that the licensed registered nurse is on duty in the school system during times of administration by designated school personnel, and available by telephone, should consultation be required.⁸

3. Medication Administration Program (MAP)

MAP is a direct authorization model allowing unlicensed MAP Certified Staff with requisite training to administer medication according to medication orders of registered prescribers,⁹ pursuant to policies outlined in [regulation](#) and the [MAP Policy Manual](#), including a requirement for a MAP Monitor in youth programs. MAP is offered through and regulated by DCP, and requires approved programs to possess a MAP MCSR, issued by DCP.

MAP and SHS are both programs which authorize unlicensed personnel to store medications and administer them at a registered site and during approved off-site activities. Both programs require that the ASERP register with DCP for the applicable (MAP or SHS) facility MCSR in order to have medications administered by such personnel.

A MAP MCSR will be issued to authorize storage and medication administration activities associated with a specific residence at the ASERP.

A SHS MCSR may authorize storage and administration activities for its students on the entire ASERP campus, including any/all residential areas and during Regular School Activities, as negotiated with SHS during SHS registration.

An ASERP may choose to use one model for its entire campus, including residential spaces, in which case it would choose SHS. Or, an ASERP may choose to employ MAP in one or more of its residential spaces, and then use SHS for all other school medication storage and administration needs. **However, only one MCSR may be issued to a particular designated medication storage space.** So, if the school wishes to use MAP in a residential space associated with the school, that space may be carved out to allow for a MAP MCSR to be issued for that specific space, while SHS is employed for the rest of the school. If MAP is used for such a residential space or site, the MAP medication administration activities must be conducted separately in time and space from SHS medication administration activities, with clear separation of drug storage sites and record keeping, and a well-defined allocation of separate staff activity and responsibility.

⁷ 105 CMR 700.003(E), as outlined in 105 CMR 210.000: *The Administration of Prescription Medications in Public and Private Schools*.

⁸ 105 CMR 210.004(B)(3).

⁹ Registered prescribers include, but are not limited to physicians, dentists, advanced practice registered nurses and physician assistants.

Although staff may be trained to administer medication under more than one model, they may not operate under more than one model at the same time. To prevent conflicts that could lead to adverse medication security, dangerous drug errors, and potential licensure and certification consequences, if staff members are employed to operate under more than one model, the ASERP shall develop a clear written plan, in accordance with MAP and SHS regulations and policies, for differentiating work hours and tasks under one model from work hours and tasks under another.

This requirement to separate the models is applicable to all medication administration personnel at a site: licensed health care professionals, MAP Certified staff, and School Health delegates. For these and other reasons, it has been the long-standing policy of DCP to prohibit a licensed health care professional, who is present to conduct medication administration activities under their license, from acting simultaneously as a MAP Nurse Monitor. Likewise, in accordance with an ASERP's written plan, one person may not simultaneously administer medication as a MAP Certified staff and a School Health delegate or licensed health care professional.¹⁰

Questions regarding MAP should be addressed to the Drug Control Program at dcp.dph@mass.gov.

Questions regarding SHS should be addressed to BCHAP at medication.delegation@mass.gov.

¹⁰ "Program and professional staff may not engage in other duties or obligations while performing documentation and medication administration tasks under this section and must comply with applicable Department guidance." 105 CMR 700.003 (E)(1)(i).