

Administering Injectable/Noninjectable Medicines to Students**

Students may, subject to the provisions of this regulation, have noninjectable/injectable prescription or nonprescription medication administered by designated, trained staff. Self-medication by students will also be permitted in accordance with this administrative regulation and state law.

1. Definitions

- a. "Prescription medication" means any noninjectable/injectable drug, chemical compound, suspension or preparation in suitable form for use as a curative or remedial substance taken either internally or externally by a student under the written direction of a physician, including bronchodilators or autoinjectable epinephrine prescribed by a student's Oregon licensed health care professional for asthma or severe allergies. Prescription medication does not include dietary food supplements. As per Oregon Administrative Rule (OAR) 851-047-0030 through 851-047-0040, a registered nurse may administer a subcutaneous injectable medication.
- b. "Non-prescription medication" means only Federal Drug Administration approved, non-alcohol-based medication to be taken at school that is necessary for the student to remain in school. This shall be limited to eye, nose and cough drops, cough suppressants, analgesics, decongestants, antihistamines, topical antibiotics, anti-inflammatories and antacids that do not require written or oral instructions from a physician. Non-prescription medication does not include dietary food supplements or nonprescription sunscreen.
- c. "Adrenal crisis" means adrenal crisis as defined in Oregon Revised Statute (ORS) 433.800.
- d. "Adrenal insufficiency" means adrenal insufficiency as defined in ORS 433.800.
- e. "Notice of a diagnoses of adrenal insufficiency" means written notice to the district from the parent or guardian of a student who has been diagnosed as adrenal insufficient with a copy of an order from the student's physician that includes the student's diagnosis, description of symptoms indicating the student is in crisis, prescription for medication to treat adrenal insufficiency crisis and instructions for follow-up care after medication to treat adrenal insufficiency crisis has been administered.
- f. "Physician" means a doctor of medicine or osteopathy, a physician assistant licensed to practice by the Board of Medical Examiners for the State of Oregon, a nurse practitioner with prescriptive authority licensed by the Oregon State Board of Nursing, a dentist licensed by the Board of Dentistry for the State of Oregon, an optometrist licensed by the Board of Optometry for the State of Oregon or a naturopathic physician licensed by the Board of Naturopathy for the State of Oregon.
- g. "Student self-medication" means a student must be able to administer medication to himself/herself without requiring a trained staff member to assist in the administration of the medication.
- h. "Age-appropriate guidelines" means the student must be able to demonstrate the ability, developmentally and behaviorally, to self-medicate with permission from parent/guardian administrator, and in the case of a prescription medication, a physician.
- i. "Training" means yearly instruction by a qualified trainer to be provided to designated staff on the administration of prescription and non-prescription medication, based on requirements set

out in guidelines approved by the Oregon Department of Education (ODE), including discussion of applicable district policies, procedures and materials.

- j. “Qualified trainer” means a person who is familiar with the delivery of health services in a school setting and who is a registered nurse licensed by the Oregon State Board of Nursing, a physician or a pharmacist licensed by the State Board of Pharmacy for the state of Oregon.
- k. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen or dust.
- l. “Asthma” means a chronic inflammatory disorder of the airways that requires ongoing medical intervention.
- m. “Designated staff” means the staff person who is designated by the building principal or school nurse to administer prescription or non-prescription medication.

2. Designated Staff/Training

- a. The building principal or school nurse will designate trained staff authorized to administer medication to students while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before- or after-school care programs on school-owned property and in transit to or from school or school-sponsored activities. The building principal will supervise and ensure building and activity practices and procedures are consistent with the requirements of Oregon law, rules and this administrative regulation.
- b. The building principal or school nurse will ensure the training required by Oregon law and Oregon Administrative Rules is provided. Training may be conducted by any physician licensed by the state of Oregon, a nurse licensed by the Board of Nursing of the state of Oregon or by others as deemed appropriate by the district in accordance with training program guidelines recognized by the ODE.
- c. Training will provide an overview of applicable provisions of Oregon law, Oregon Administrative Rules, district policy and administrative regulations and include, but not be limited to, the following: safe storage, handling, monitoring medication supplies, disposing of medications, record keeping and reporting of medication administration and errors in administration, emergency medical response for life-threatening side effects, allergic reactions or adrenal insufficiency and student confidentiality. Materials as recommended and/or approved by the ODE will be used.
- d. Training, including blood-borne pathogens, will be provided yearly to designated staff authorized to administer medication to students.
- e. A copy of the district’s policy and administrative regulation will be provided to all staff authorized to administer medication to students and others, as appropriate.
- f. A statement that the designated staff member has received the required training will be signed by the staff member and filed in the school office.

3. Administering Premeasured Doses of Epinephrine to a Student or Other Individual

A pre-measured dose of epinephrine may be administered by trained, designated district staff to any student or other individual on school premises who the personnel believe, in good faith, is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

4. Administering of Medication to a Student Experiencing Symptoms of Adrenal Crisis

A student experiencing symptoms of adrenal crisis may be treated by designated staff and shall be subject to the following:

- a. Upon notice of a diagnosis of adrenal insufficiency, as defined in OAR 581-021-0037, the building principal will designate staff responsible for administering the medication to treat adrenal insufficiency;
- b. The designated staff will successfully complete training to administer medication to treat a student who has adrenal insufficiency and is experiencing symptoms of adrenal crisis in accordance with the rules adopted by the Oregon Health authority;
- c. The student's parent or guardian must provide adequate supply of the student's prescribed medication to the district;
- d. The district will require the development of an individualized health care plan for the student;
- e. In the event that a student experiences symptoms of adrenal crisis and the designated staff determines the medication to treat adrenal insufficiency should be administered, any available staff member will immediately call 911 and the student's parent or guardian.

5. Administering Medications to Students

Requests for designated staff to administer medication to students may be approved by the district as follows.

- a. A written request for the district designated staff to administer prescription medication to a student, if because of the prescribed frequency for the medication, the medication must be given while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in before- or after-school care programs on school-owned property and in transit to or from school or school-sponsored activities, must be submitted to the school office to include the:
 - (1) Written signed permission of the parent/guardian; and
 - (2) Written instruction from the physician for the administration of the prescription medication to the student including the:
 - (a) Name of the student;
 - (b) Name of the medication;
 - (c) Method of administration;
 - (d) Dosage;
 - (e) Frequency of administration; and
 - (f) Other special instruction, if any.

The prescription label will be considered to meet this requirement if it contains the information listed in (a)-(f) above.

- b. A written request for the district to administer non-prescription medication must be submitted to the school office to include the:
 - (1) Written signed permission of the parent/guardian; and

(2) Written instruction from the parent/guardian for the administration of the nonprescription medication to the student including the:

- (a) Name of the student;
- (b) Name of the medication;
- (c) Method of administration;
- (d) Dosage;
- (e) Frequency of administration;
- (f) Other special instruction, if any.

- c. Medication is to be submitted in its original container;
- d. Medication is to be brought to and returned from the school by the parent/guardian;
- e. It is the parent/guardian's responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication;
- f. It is the parent/guardian's responsibility to ensure that the school is informed in writing of any changes in medication instructions;
- g. In the event a student refuses medication, the parent/guardian will be notified immediately. No attempt will be made to administer medication to a student who refuses district-administered medication;
- h. Any error in administration of medication will be reported to the parent/guardian immediately and documentation made on the district's Accident/Incident Report form. Errors include, but are not limited to, administering medication to the wrong student, administering the wrong medication, dose, time, method of administration, etc.;
- i. Medication shall not be administered or self-medication allowed until the necessary permission form and written instructions have been submitted as required by the district.

6. Self-medication

- a. Self-medication of prescription and non-prescription medication for K-12 students will be allowed subject to the following:
 - (1) A parent/guardian signed permission form must be submitted for self-medication of all prescription and non-prescription medications. In the case of prescription medications, permission from the physician or other licensed health care professional is also required. Such permission may be indicated on the prescription label. A medication that is prescribed by a physician and a written treatment plan developed by a physician or other Oregon licensed health care professional for the managing of student's diabetes, asthma and/or severe allergy will be required for use of medication by the student while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in before- or after-school care programs on school-owned property and in transit to or from school or school-sponsored activities. The physician will include acknowledgment that the student has been instructed in the correct and responsible use of the prescribed medication. Principal and school nurse permission is required for all self-medication requests;
 - (2) Students who are developmentally and/or behaviorally unable to self-medicate will be provided assistance by designated school staff. A permission form and written instructions will be required as provided in Section 5 above;
 - (3) All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows

- (a) Prescription labels must specify the name of the student, name of the medication, dosage, method of administration and frequency or time of administration and any other special instruction including student permission to self-medicate;
 - (b) Nonprescription medication must have the student's name affixed to the original container.
- (4) The student may have in his/her possession only the amount of medication needed for that school day, except for manufacture's packaging that contains multiple dosage. The student may carry one package, such as but not limited, to bronchodilators/inhalers;
 - (5) Sharing and/or borrowing of medication with another student is strictly prohibited;
 - (6) Any medication required for use longer than 10 school days will be permitted only upon the written request of the parent/guardian.
 - (7) For students who have been prescribed bronchodilators or epinephrine, staff will request from the parent/guardian or guardian, that the parent/guardian or guardian provide backup medication for emergency use by that student. Backup medication, if provided by the parent/guardian, will be kept at the student's school in a location to which the student has immediate access in the event the student has an asthma and/or severe allergy emergency.
 - (8) Upon written parent/guardian request and with a physician's written statement that the lack of immediate access to a backup auto-injectable epinephrine may be life threatening to a student, and the location the school stores backup medication is not located in the student's classroom, a process shall be established to allow the backup auto-injectable epinephrine to be kept in a reasonably secure location in the student's classroom.
 - (9) Permission to self-medicate may be revoked if the student violates the Board's policies JHCD -Administering Non-injectable Medicines to Student and JHCDA - Administering Injectable Medicines to Students and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

7. Handling, Storage, Monitoring Medication Supplies

- a. Medication administered by designated staff or self-administered medication must be delivered by the parent/guardian to the school in its original container, accompanied by the permission form and written instructions, as required above.
- b. Medication in capsule or tablet form and categorized as a sedative, stimulant, anticonvulsant, narcotic analgesic or psychotropic medication will be counted by designated staff in the presence of another district employee upon receipt, documented in the student's medication log and routinely monitored during storage and administration. Discrepancies will be reported to the building principal immediately and documented in the student's medication log. For such medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.
- c. Designated staff will follow the written instructions of the physician and parent/guardian and training guidelines as may be recommended by ODE for administering all forms of non-injectable/ injectable medications.
- d. Medication will be secured as follows:
 - (1) Nonrefrigerated medications will be stored in a locked cabinet, drawer or box used solely for the storage of medication;

- (2) Medications requiring refrigeration will be stored in a locked box in a separate refrigerator used solely for the storage of medication;
 - (3) Access to medication storage keys will be limited to the principal and designated school staff.
- e. Designated staff will be responsible for monitoring all medication supplies and for ensuring medication is secure at all times, not left unattended after administering and that the medication container is properly sealed and returned to storage.
 - f. In the event medication is running low or an inadequate dosage is on hand to administer the medication, the designated staff will notify the parent/guardian immediately.

8. Emergency Response

- a. Designated staff will notify 911 or other appropriate emergency medical response systems and administer first aid, as necessary, in the event of life-threatening side effects that result from district-administered medication or from student self-medication. The parent/guardian, school nurse and principal will be notified immediately.
- b. Minor adverse reactions that result from district-administered medication or from student self-medication will be reported to the parent/guardian immediately.
- c. Any available district staff will immediately call 911 and the student's parent or guardian if the designated staff member believes the student is experiencing symptoms of adrenal crisis and plans to administer medication.

9. Disposal of Medications

- a. Medication not picked up by the parent/guardian at the end of the school year or within five school days of the end of the medication period, whichever is earlier, will be disposed of by designated staff in a nonrecoverable fashion as follows:
 - (1) Medication will be disposed of through an authorized medication disposal program; or
 - (2) Medication in capsule, tablet and liquid form will be removed from their original container (destroy any personal information). Crush solid medications, mix or dissolve in water (this applies to liquid as well) and mix with an undesirable substance such as coffee grounds, kitty litter, flour, etc., and place it in impermeable, nondescriptive containers such as empty cans or sealable bags, placing these containers in the trash. Flush prescriptions down the toilet only if the accompanying patient information specifically instructs it is safe to do so (ONDCP Federal Government Guidelines February 20, 2007);
 - (3) Other medication will be disposed of in accordance with established training procedures including sharps and glass.
- b. All medication will be disposed of by designated staff in the presence of another school employee and documented as described in section 10, below.

10. Documentation and Record Keeping

- a. A medication log will be maintained for each student administered medication by the district. The medication log will include, but not be limited to:

- (1) The name, dose and route of medication administered, date, time of administration and name of the person administering the medication;
 - (2) Student refusals of medication;
 - (3) Errors in administration of medication
 - (4) Emergency and minor adverse reaction incidents;
 - (5) Discrepancies in medication supply;
 - (6) Disposal of medication including date, quantity, manner in which the medication was destroyed and the signature of the staff involved.
- b. All records relating to administration of medicines, including permission slips and written instructions, will be maintained in a separate medical file apart from the student's education records file unless otherwise related to the student's educational placement and/or individualized education program. Records will be retained in accordance with applicable provisions of Oregon Administrative Rules OAR 166-400-0010 (17) and OAR 166-400-0060(29).
- c. Student medical files will be kept confidential. Access shall be limited to those designated school staff authorized to administer medication to students, the student and his/her parent/guardians. Information may be shared with staff with a legitimate educational interest in the student or others as may be authorized by the parent/guardian in writing.