

Administering Noninjectable Medicines to Students**

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

1. Definitions

- a. "Prescription medication" means any non-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. Prescription medication does not include dietary food supplements.
- b. "Nonprescription medication" means only commercially prepared, non alcohol-based medication to be taken at school that is necessary for the child 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. Nonprescription medication does not include dietary food supplements.
- c. "Physicians" 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 Board of Nursing for the State of Oregon, 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. "Physician" also may include individuals licensed in the categories set out above by comparable licensing agencies in adjoining states.
- d. "Designated" staff shall mean the school staff person who is designated by the building level administrator to administer prescription or nonprescription medication.
- e. "Student self-medication" means a student must be to administer medication to him/herself, using age appropriate guidelines, without requiring a trained school staff member to assist in the administration of the medication.
- f. "Age appropriate guidelines" means the student must be able to demonstrate the ability, developmentally and behaviorally, to self medicate with permission from parent (guardian), building administrator, and in the case of a prescription medication, a physician.
- g. "Training" means the instruction to be provided to designated school staff on the administration of prescription medication and nonprescription medication, based on requirements set out in guidelines approved by the Department of Education, including discussion of applicable district policies, procedures and materials.

2. Designated School Staff/Training

- a. The building principal will designate school staff authorized to administer medication to students within individual school buildings and while participating at school-sponsored activities on or off district property. The building principal will ensure building and activity practices and procedures are consistent with the requirements of law, rules and this regulation.
- b. The building principal will ensure the training required by 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 deemed appropriate by the district in accordance with training program guidelines recognized by the Department of Education.
- c. Training will provide an overview of applicable provisions of Oregon law, 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 and allergic reactions and student confidentiality. Materials as recommended and/or approved by the Department of Education will be used.
- d. Training will be provided upon initial assignment to designated school staff authorized to administer medication to students. Subsequent training will be provided as necessary to meet changes in Oregon law, rules, training guidance or as otherwise deemed appropriate by the district. Training of designated staff regarding administration will be conducted on an annual basis by the district nurse.
- e. A copy of the district's policy and administrative regulation will be provided to all school staff authorized to administer medication to students and others as appropriate.
- f. A statement that the designated school staff member has received the required training, will be signed by the staff member and filed in the school and in the district office.

3. Administering medications to students

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

- a. A written request for the district to administer prescription medication must be submitted to the school office to include:
 - (1) The written signed permission of the parent or guardian.
 - (2) The written instruction from the physician for the administration of the prescription medication to the student including:
 - (a) Name of the student;
 - (b) Name of the medication;
 - (c) Route;
 - (d) Dosage;
 - (e) Frequency of administration; and
 - (f) Other special instructions, 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 nonprescription medication must be submitted to the school office to include:
 - (1) The written signed permission of the parent or guardian.
 - (2) The written instruction from the parent for the administration of the nonprescription medication to the student including:
 - (a) Name of the student;
 - (b) Name of the medication;
 - (c) Route;
 - (d) Dosage;
 - (e) Frequency of administration; and
 - (f) Other special instructions, 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;
- e. It is the parent or guardian's responsibility to ensure that an adequate amount of the medication is on hand at the school for the duration of the student's need to take the medication.
- f. It is the parent or guardian's responsibility to ensure that the school is informed in writing of any change in medication instructions.
- g. Reasonable effort shall be made to insure medication is taken as directed. In the event that this does not occur, the parent shall be notified.
- h. In the event that a student refuses medication, the parent will be notified immediately. No attempt will be made to administer medication to a student who refuses district-administered medication.
- i. Any error in administration of medication will be reported to the parent 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, route, etc.

4. Self-Medication

- a. Self-medication of prescription and nonprescription medication for K-12 students will be allowed during school hours subject to the following:
 - (1) An authorization for medication administration by district personnel must be submitted for self-medication of all prescription and nonprescription medications. In the case of prescription medications, permission from the physician or other licenced health care professional is also required. Such permission may be indicated on the prescription label. A written treatment plan from a licenced health care professional for the managing of student's asthma and/or severe allergy will be required for use of medication by the student during school hours. Building principal permission is required for all self-medication requests
 - (2) Students must meet age appropriate guidelines to self medicate.

- (3) Self medication may require a physician's statement stating the appropriateness of the student being allowed to self medicate.
 - (4) 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, route and frequency or time of administration and any other special instructions.
 - (b) Prescription medications must have the student's name affixed to the original container.
 - (5) 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.
 - (6) Sharing and/or borrowing of medication with another student is strictly prohibited.
- b. For students who have been prescribed bronchodilators or epinephrine, school staff will request from the parent or guardian, that the parent or guardian provide back up medication for emergency use by that student. Backup medication, if provided by the parent or 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
 - c. Permission to self-medicate may be revoked if the student violates the Board's policy governing administering non-injectable medicines to students and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

5. Handling, storage, monitoring medication supplies

- a. Medication administered by designated school staff must be delivered by the parent to school, in its original container, accompanied by an Authorization for Medication Administration by School Personnel with 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 school staff in the presence of another school 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 school staff will follow the written instructions of the physician and parent or guardian and training guidelines as may be recommended by the Department of Education for the administering of all forms of non-injectable medications.
- d. Medication will be secured as follows:
 - (1) Non-refrigerated 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 refrigerator that is used solely for medications.

- (3) Access to medication storage keys will be limited to the building principal and designated school staff.
 - e. Designated school 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 school staff will notify the parent immediately.
6. Emergency Response
- a. Designated school 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, district nurse and building 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 immediately.
7. Disposal of Medications
- a. Medication not picked up by the parent 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 the designated school staff in a nonrecoverable fashion as follows:
 - (1) Medication in tablet, capsule or 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 non-descriptive 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);
 - (2) Other medication will be disposed of in accordance with established training procedures.
 - b. All medication will be disposed of by designated school staff in the presence of another school employee.
8. 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 medication administered, date, time of administration and name of the person administering the medication.
 - (2) Student refusals of medication.

- (3) Errors in administration of medication¹.
 - (4) Emergency and minor adverse reaction incidents¹;
 - (5) Discrepancies in medication supply
 - (6) Disposal of medication including date, quantity, manner in which the medication was destroyed and the signatures of the school staff involved.
- b. All records relating to administration of medicines, including an Authorization for the Medication Administration by school personnel form with 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 plan.
- c. Student medical folders 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 or guardian. Information may be shared with school staff with a legitimate educational interest in the student or others as may be authorized by the parent in writing.

¹Designated school staff may note incident by symbol in medication log and attach detailed documentation as necessary.