

Prescription/Nonprescription Medication

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

1. Definitions

- a. "Prescription medication" means any noninjectable 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 includes any prescription for 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. "Nonprescription medication" means only commercially prepared, nonalcohol-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. Nonprescription medication does not include dietary food supplements.
- c. "Physician"¹ 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.
- d. "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.
- e. "Age-appropriate guidelines" means the student must be able to demonstrate the ability, developmentally and behaviorally, to self-medicate with permission from parent or guardian, administrator and in the case of a prescription medication, a physician.
- f. "Training" means yearly instruction, by a qualified trainer, to be provided to designated staff on the administration of prescription and nonprescription 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.

¹Added to Oregon Revised Statute 678.010 to -678.410: A registered nurse who is employed by a public or private school may accept an order from a physician licensed to practice medicine or osteopathy in another state or territory of the U.S. if the order is related to the care or treatment of a student who has been enrolled at the school for not more than 90 days (House Bill 3149 (2015)). This is to allow time for new students to find an Oregon licensed physician.

- g. “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.
- h. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen or dust.
- i. “Asthma” means a chronic inflammatory disorder of the airways that requires ongoing medical intervention.
- j. “Designated staff” means the staff person who is designated by the building principal to administer prescription or nonprescription medication.

2. Designated Staff/Training

- a. The principal will designate trained staff authorized to administer prescription or nonprescription 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 principal will supervise and ensure building and activity practices and procedures are consistent with the requirements of law, rules and this regulation.
- b. The principal will ensure the training required by law and Oregon Administrative Rules is provided. Training must be conducted by a qualified trainer.
- 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 ODE will be used.
- d. Training 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 district office.

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

A premeasured 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 Medications to Students

- a. A request for designated staff to administer medication to a student may be approved by the district and subject to the following:
 - (1) 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 and shall include:

- (a) The written signed permission of the parent or guardian;
- (b) The written instruction from the physician, physician assistant or nurse practitioner for the administration of the prescription medication to the student including:
 - (i) Name of the student;
 - (ii) Name of the medication;
 - (iii) Method of administration;
 - (iv) Dosage;
 - (v) Frequency of administration; and
 - (vi) Other special instruction, if any.

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

- (2) A written request for the district to administer nonprescription medication must be submitted to the school office and shall include:

- (a) The written signed permission of the parent or guardian;
- (b) The written instruction from the parent or guardian for the administration of the nonprescription medication to the student including:
 - (i) Name of the student;
 - (ii) Name of the medication;
 - (iii) Method of administration;
 - (iv) Dosage;
 - (v) Frequency of administration;
 - (vi) Other special instruction, if any.

- b. Medication is to be submitted in its original container;
- c. Medication is to be brought to and returned from the school by the parent;
- d. It is the parent'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;
- e. It is the parent's responsibility to ensure that the school is informed in writing of any changes in medication instructions;
- f. In the event 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;
- g. 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, frequency of administration, method of administration, etc.;
- h. 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.

5. Student Self-medication of a Prescription or Nonprescription Medication
 - a. Student self-medication of prescription medication by K-12 students, including students with asthma or severe allergies, will be allowed subject to the following:
 - (1) A parent or guardian signed permission form and other documentation requested by the district must be submitted for self-medication of all prescription medications;
 - (2) A prescription written by an Oregon licensed health care professional that includes a written treatment plan for managing of the student's asthma, diabetes and/or severe allergy, and for use 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, and acknowledgment the student has been instructed in the correct and responsible use of the medication;
 - (3) Principal permission for all self-medication of prescription medicine requests is required.
 - b. Student self-medication of nonprescription medication by K-12 students may be allowed subject to the following:
 - (1) A parent or guardian permission form and other documentation requested by the district must be submitted for self-medication of all nonprescription medications. The signed form from the parent or guardian will ensure the student has received proper instruction for use;
 - (2) Principal permission for all self-medication of nonprescription medicine requests is required.
 - c. 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 4.a. and b. above;
 - d. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
 - (1) 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 permission for the student to self-medicate;
 - (2) Nonprescription medication must have the student's name affixed to the original container.
 - e. 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, autoinjectable epinephrine or bronchodilators/inhalers;
 - f. Sharing and/or borrowing of any medication with another student is strictly prohibited;
 - g. Any medication required for use longer than 10 school days will be permitted only upon the written request of the parent;
 - h. For students who have been prescribed bronchodilators or epinephrine, staff will request from the parent or guardian, that the parent or guardian provide backup 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;

- i. Upon written parent request and with a physician's written statement that the lack of immediate access to a backup autoinjectable 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 autoinjectable epinephrine to be kept in a reasonably secure location in the student's classroom;
- j. Permission to self-medicate may be revoked if the student violates the Board policy and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

6. Handling, Storage, Monitoring Medication Supplies

- a. Medication administered by designated staff or self administered by the student, must be delivered by the parent 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 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 and training guidelines as may be recommended by ODE for administering all forms of prescription and/or nonprescription 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 refrigerator or 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 immediately.

7. 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 or allergic reactions. The parent, 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 immediately.

8. 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 designated staff in a nonrecoverable fashion as follows:
 - (1) 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 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;
 - (2) 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 9. a., below.

9. 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 method 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 medication²;
 - (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 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 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 parents. Information may be shared with staff with a legitimate educational interest in the student or others as may be authorized by the parent in writing.

A school administrator, teacher or other district employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of prescription and/or nonprescription medication as per state law.

²Designated staff may note incident by symbol in medication log and attach detailed documentation as necessary.

A school administrator, school nurse, teacher or other district employee designated by the school administrator, are not liable in a criminal action or for civil damages as a result of a student's self-administration of medication, when that person in good faith assisted the student in self-administration of the medication, as per state law.

A school administrator, school nurse, teacher or other district employee are not liable in a criminal action or for civil damages, when in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy, who is unable to self administer the medication, as per state law.

A school district and the members of a school district board are not liable in a criminal action or for civil damages when a student or individual is unable to self-administer medication, when any person in good faith administers autoinjectable epinephrine to a student or individual, as per state law.

Self-Medication Agreement – Prescription Medication

Grades K-8

Grades K-8: Students may only self-medicate if the medication MUST be carried on the student's person in order for the medication to be effective.

Students must be able to demonstrate the ability, developmentally and behaviorally, to self-medicate prescription medication with permission from parent (guardian), school administrator, and a physician.

1. A permission form must be submitted for all self-medication of all prescription medication.
2. All prescription medication must be kept in its appropriately labeled, original container, as follows: *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 instructions.*
3. The student may have in his/her possession only the amount of medication needed for that school day.
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of noninjectable medication and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.
6. Physician permission to self-medicate may be indicated on the prescription label.

I have read and agree to the above criteria and give permission for my child to carry his/her medication.

_____ Date _____ Phone _____
Parent/Guardian Signature

I agree to comply with the above criteria.

_____ Date _____ Phone _____
Student Signature

My patient has my permission to self-medicate (not required if permission is on label).

_____ Date _____ Phone _____
Physician signature

I grant permission for the above student to self-medicate. Physician permission on file or prescription label.

_____ Date _____
Principal signature

Print Student Name

(Last) (First)

Self-Medication Agreement – Prescription Medication

Grades 9-12

Grades 9-12: Students may self-medicate with prescription medication if parental and school administrator permission is on file with the school office. Permission to self-medicate will not be granted for sedatives, stimulants, anti-convulsant, narcotic analgesic, or psychotropic medication.

Students must be able to demonstrate the ability, developmentally and behaviorally, to self-medicate prescription medication with permission from parent (guardian), building administrator, and physician.

1. A permission form must be submitted for all self-medication of all prescription medication.
2. All prescription medication must be kept in its appropriately labeled, original container, as follows: *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 instructions.*
3. The student may have in his/her possession only the amount of medication needed for that school day.
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of noninjectable medication and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.
6. Physician permission to self-medicate may be indicated on the prescription label.

I have read and agree to the above criteria and give permission for my child to carry his/her medication.

_____ Date _____ Phone _____
Parent/Guardian Signature

I agree to comply with the above criteria.

_____ Date _____ Phone _____
Student Signature

My patient has my permission to self-medicate (not required if permission is on label).

_____ Date _____ Phone _____
Physician signature

I grant permission for the above student to self-medicate. Physician permission on file or prescription label.

_____ Date _____
School Administrator or Designee

Print Student Name

(Last) (First)

Field Trip Medication Request

Teacher: _____ Grade/School: _____

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Time: _____

Please give health room staff/school secretary at least three working days notice prior to your field trip so any medication needed can be prepared for your students. A fanny pack or other bag will be provided for your convenience to carry medication.

Be advised that state law now requires everyone who administers medication to students in school to receive the state approved training. Only those teachers who have received this training will be allowed to: check medication out of the health room for field trips; carry medication; administer medication.

Medication will need to be signed in and out of the health room and, when you return from your field trip, you must document on the student's medication log that the medication was given.

Thank you for your cooperation.

Sincerely,

Student Medication Incident Report
(to be completed on the day of the incident)

Student's Name:	Grade:	Date of Birth:
School:		
Parent/Guardian Name:	Phone:	
Parent/Guardian notified by: (check which applies) <input type="checkbox"/> Phone <input type="checkbox"/> Note	Date:	Time:
RN Notified: (Print Name of Nurse)	Date:	Time:

1. Date and time of incident: _____

2. Description of incident: _____

3. Reaction. (Include student's symptoms and observations.)

4. Action taken by employee and/or student. (Include instructions given by nurse/parent/hospital/MD.)

Signature of Employee Reporting the Incident Date

Signature of Supervisor Date

Cc: Principal

Sample Notice Letter

Date: _____

Dear Parent/Guardian,

This is to inform you that: _____ Date of Birth: _____

- 1. Your student did not take his/her medication today for the following reason(s):
 - Prescription medication cannot be given without *physician's* signed instructions or a pharmacy label.
 - No medication (including over-the-counter) can be given without *parent's* written permission and instruction.
 - Student did not come to office/health room for medication.
 - Medication refill not yet returned to school. Bottle was sent home: _____ (date)
 - Other _____

- 2. Your student is now out of medication: _____
The container is being returned to you.

- 3. Your student is low on _____ medication. Please provide a refill as soon as possible.

- 4. Parent contact attempted _____ (print date and time)

- 5. Comments: _____

Signature

Date