



ADMINISTRATIVE DIRECTIVE

4.50.027-AD

PROCEDURES FOR ADMINISTERING MEDICATION TO STUDENTS

Medication administration in Oregon schools is authorized by ORS 339.866-339.874 and OAR 581-021-0037 (Administration of Medication) and provides a process for students to receive medications in school that are necessary during school hours and that keep students in school when they would otherwise miss valuable class time for minor illnesses or chronic conditions. Students may, subject to the provisions of this Administrative Directive, have non-injectable prescription, non-prescription, or injectable emergency medication administered by designated, trained school staff. Self-medication by students may also be permitted in accordance with this Administrative Directive.

1) **Definitions.**

- a) "Adrenal crisis" means an acute exacerbation of adrenal insufficiency presenting as a sudden worsening of symptoms usually triggered by a stressor. (ORS 433.800 to 433.830).
- b) "Adrenal insufficiency" means a chronic health condition in which the adrenal glands do not produce enough hormones to respond to physical stressors, like illness or injury.
- c) "Asthma" means a chronic inflammatory disorder of the airways that requires ongoing medical intervention.
- d) "Designated personnel" means school staff identified by the administrator and trained to administer medication to students pursuant to district policy and procedure.
- e) "Medication" means any drug, chemical compound, suspension or preparation in suitable form for use as a curative or remedial substance taken either internally or externally but not injected except for emergency response medications. Injectable emergency medications that may be administered at schools include pre-measured doses of epinephrine for a severe allergic reaction, medication to treat adrenal crisis, and glucagon to treat severe hypoglycemia and naloxone (or similar medication) to rapidly reverse an opioid overdose.

- f) "Medication Administration Record (MAR)" means a protected document for a student that lists medications administered during school and which is accessible only to the School Nurse, Health Assistant, and designated school staff with a legitimate educational interest. The MAR is retained as part of the student's Cumulative Record.
- g) "Nonprescription medication" means medication that under federal law does not require an order from a prescriber.
- h) "Notice of a diagnosis of adrenal insufficiency" means written notice to the school district from student or the parent/guardian of a student who has been diagnosed as adrenal insufficient with a copy of an order from the student's primary care provider 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.
- i) "Prescriber" means a doctor of medicine or osteopathy, a physician assistant licensed to practice by the Board of Medical Examiners for the State of Oregon, an advanced practice registered 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, or a pharmacist licensed by the Board of Pharmacy for the State of Oregon. "Health care providerPhysician" also may include individuals licensed in the categories set out above by comparable licensing agencies in adjoining states.
- j) "Prescription medication" means any medication that under federal or state law requires an order from a prescriber as previously defined.
- k) "Secure and locked" refers to any method by which medications are safely stored to prevent tampering, theft, or misuse.
- l) "Severe allergy" means a life-threatening hypersensitivity to a specific substance such as food, pollen, dust, or insect sting.
- m) "Student self-medication" means a student must be able to demonstrate the ability, developmentally and behaviorally, to administer medication to themselves without requiring designated personnel to assist in the administration of the medication.
- n) "Suspected opioid overdose" refers to symptoms exhibited by an individual including respiratory depression (shallow or absent breathing), stupor or unconsciousness, and cyanosis (bluish or grayish discoloration around lips and nail beds).

- o) "Training" means yearly instruction provided to designated personnel by a qualified trainer on the administration of prescription and nonprescription medications, based on requirements set out in guidelines approved by the Oregon Department of Education, including discussion of applicable District policies, procedures and materials.

(2) **Designated School Staff and Training.**

- (a) The building principal will designate and supervise at least two personnel authorized to administer medication to students who are in school; at a school-sponsored activity; under the supervision of school personnel; in transit to or from school or school-sponsored activities; in before-school or after-school care programs on school-owned property; or who have severe allergies or adrenal insufficiency. Backup designated personnel must be assigned to cover absences, workload issues and off-campus activities. The building principal will ensure that building and activity practices and procedures are consistent with the requirements of law, Oregon Administrative Rules, and this district procedure.
- (b) The building principal will ensure the training is delivered in accordance with training program guidelines recognized by the Oregon Department of Education to designated personnel by a person who is familiar with the delivery of health services in a school setting and who is:
 - (i) A Registered Nurse licensed by the Oregon State Board of Nursing;
 - (ii) A doctor of medicine or osteopathy or a physician assistant licensed to practice by the Board of Medical Examiners for the State of Oregon; or
 - (iii) A pharmacist licensed by the Board of Pharmacy for the State of Oregon.
- (c) Training sessions 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 of medication supplies, disposing of medications, record keeping and documenting medication administration and reporting errors in administration, emergency medical response for life-threatening side effects, allergic reactions, and student confidentiality. Materials as recommended and/or approved by the Oregon Department of Education will be used.
 - (A) The building administrator additionally may designate personnel to complete separate trainings that address anaphylaxis (severe allergic reaction), hypoglycemia (low blood sugar), suspected opioid overdose and/or adrenal crisis.
- (d) Training will be provided upon initial assignment to designated personnel authorized to administer medication to students. Except for 'Administration of Nasal Narcan/Naloxone' which is available through Pepper, the first

annual medication administration training for designated personnel and every third annual training thereafter must be provided in-person. During the intervening years, designated personnel may complete an online training that meets the guidelines established by ODE as long as a qualified trainer is available within a reasonable time following the training to answer questions and provide any clarification necessary. Designated personnel should not administer medications to students prior to completing appropriate training.

- (e) MESD provides Medication Administration training to the District's designated personnel and provides biannual reports to building administrators indicating the names of and dates on which their designated staff completed training.

(3) **Approval Process for Medication Administration**

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

- (a) A completed and signed Authorization for Medication Administration by School Personnel must be submitted to the school office and include:
 - (A) The written signed permission of the parent/guardian or student of appropriate age per Oregon law. The information provided on the authorization form must be the same as an order provided by a prescriber where applicable.
 - (B) The written instruction for the administration of medication to the student including:
 - (i) Name of the student;
 - (ii) Name of the medication;
 - (iii) Route/method of administration;
 - (iv) Dosage;
 - (v) Frequency of administration; and
 - (vi) Other special instructions, if any.
 - (C) Prescription medication authorizations must include direction from and be signed by the prescriber. The label on the original prescription bottle meets this requirement. Prescription medication may be given only if the prescribed frequency requires the student to receive the medication while under the supervision of school personnel.
 - (D) Non-prescription medication authorizations must follow the manufacturer's recommended dosing guidelines unless there is an order with alternative instructions (as listed above) that is signed by a prescriber. Similarly, nonprescription medication that is not

approved by the Federal Drug Administration (FDA) also requires a written order that is signed by a prescriber. Non-prescription medication should only be given if it is necessary for the student to remain in school.

(E) All prescription and non-prescription medication must be in the most recent original pharmacy or manufacturer's container with an accurate label and must not be expired.

(F) Any medication that is not federally legal (even if it is legal in Oregon) may not be administered to students by school personnel or on district property for any reason.

(b) Medication is to be brought to and returned from the school by the parent/guardian for K-8 students. Parent/guardian of or students in grades 9-12 may bring medication to the school if it is accompanied by a self-medication agreement signed by the parent/guardian.

(c) 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 and medication is replaced prior to the expiration date.

(d) It is the parent/guardian's responsibility to ensure that the school is informed in writing of any changes in medication instructions.

(e) Designated personnel will follow the written instructions of the prescriber and parent/guardian and training guidelines as may be recommended by the Oregon Department of Education for administering all forms of non-injectable or emergency injectable medications.

(f) 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.

(g) The school nurse or designated personnel should compare the parent/guardian medication authorization form against the written prescriber orders or manufacturer's instructions, and resolve discrepancies prior to administration.

(4) **Procedures for Designated Personnel (Staff) to Administer Medication.**

(a) In addition to designation requirements outlined in Section (2)(a), the building principal will designate at least two school personnel trained and certified to administer medication to students during off-campus activities such as field trips.

(b) 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 staff-administered medication.

- (c) Any error in administration of medication will be reported to the parent/guardian immediately. Errors include, but are not limited to, administering medication to the wrong student, administering the wrong medication, dose, time, route, etc.
- (5) **Self-Medication**. A student may self-administer medication subject to the following:
- (a) The student demonstrates the developmental and behavioral ability to administer medication to themselves.
 - (b) The School Nurse or designated Health Assistant provides a Self-Medication Agreement form to the student's parent/guardian except where a student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640, 109.675, and 339.866. Completed and signed Self-Medication Agreement forms must be countersigned by the School Nurse and Building Administrator and retained in the cumulative (CUM) file.
 - (c) Written permission from a prescriber is additionally required for self-administered:
 - (A) Non-FDA approved medication.
 - (B) Prescription medication. Prescriber consent can be included on the prescription label or on the Self-Medication Agreement form.
 - (d) All 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) Non-prescription medication should be accompanied by written instruction from the parent/guardian which specifies the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
 - (e) The student may have in his/her possession only the amount of medication needed for that school day unless as otherwise approved by the school nurse, in consultation with the Building principal;
 - (f) Sharing and/or borrowing of medication with another student is strictly prohibited.
 - (g) Permission to self-medicate may be revoked if the student violates the signed self-medication agreement. 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 personnel must be delivered by the parent/guardian or student of appropriate age to the school, in

its original container, accompanied by the permission form and written instructions, as required above.

- (b) Tablets requiring cutting are to be cut by the parent/guardian or pharmacist before being brought to the school. Liquid medication requires a calibrated measuring device. Medication that must be crushed requires a pill crusher and a substance into which to mix the crushed medication.
- (c) Medication in any form that is categorized as a sedative, stimulant, anti-convulsant, narcotic analgesic or psychotropic medication will be counted by designated personnel in the presence of the parent/guardian or another school employee upon receipt, documented in the student's medication administration log (MAR), anytime the medication is signed in or out. 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.
- (d) Medication will be secured as follows:
 - (A) Non-refrigerated medications will be secured, locked and stored away from sunlight;
 - (B) Medications requiring refrigeration will be secured and locked in a refrigerator;
 - (C) Access to secure storage keys will be limited to the building principal and designated personnel.
- (e) School stock medications (Epinephrine and Naloxone) must have a Medication Administration Record (MAR) card and include the following information:
 - (A) Each date and time that an individual school stock medication is signed in and out of the health office (including the initial sign-in to the school site)
 - (B) Expiration date for each school stock medication dose
 - (C) Date and signature of staff who disposed of the medication after it has expired
 - (D) Epinephrine only:
 - (i) Assign and note a number for each epinephrine auto-injector on the MAR card.
 - (ii) In the event epinephrine is administered, the staff member who administered the medication must note it on the MAR card.
 - (iii) Expired epinephrine auto-injectors must be disposed of in a sharps container.
- (f) Designated personnel 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 secure and locked storage.

- (g) In the event medication is running low or inadequate dosage is on hand to administer the medication, the designated personnel will notify the parent/guardian immediately.

(6) Emergency Response.

- (a) In order to administer pre-measured doses of epinephrine to any student or other individual who appears to be experiencing a severe allergic reaction while at 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:

(A) If a student has a known life-threatening allergy:

- (i) The building administrator will receive notice of a student's known life-threatening allergy and designate at least two personnel to be responsible for administering epinephrine to the student when a licensed healthcare provider is not immediately available;
- (ii) The School Nurse develops an individualized health care plan for the student.
- (iii) Upon parent or guardian written request, a back-up prescribed auto injectable epinephrine may be kept at a reasonably secure location in the student's classroom.

(B) School will maintain an emergency stock of epinephrine to administer to anyone showing signs of anaphylaxis regardless of a known allergy history.

(C) Designated personnel must be up to date with the Oregon Health Authority's (OHA) Treatment of Severe Allergic Reaction, First Aid/CPR/AED, and Blood Borne Pathogen trainings prior to administering epinephrine as provided by ORS 433.815.

(D) Epinephrine should be treated like any other medication in the school setting and must be kept in a secure and locked location that is not in direct sunlight or exposed to cold temperatures (ex: refrigerator) in the school building.

(E) Trained and designated personnel may access the epinephrine from secure and locked storage or directly from the individual who is experiencing the allergic reaction, if they are approved to self-carry the epinephrine.

(F) Following administration of epinephrine, school staff should notify the school nurse, the building administrator, the student's parent/guardian and activate emergency medical response (call 911). Complete proper documentation.

(b) In order to administer medication to a student who appears to be experiencing symptoms of adrenal crisis while at 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:

- (A) The building administrator will receive notice of the student's diagnosis of adrenal insufficiency and designate two or more personnel to be responsible for administering medication to treat adrenal insufficiency/crisis;
- (B) The School Nurse develops an individualized health care plan for the student and consults with the school team to determine where the medication will be secured and stored, or identifies if the student is approved to carry the medication for designated personnel to administer as indicated;
- (C) At least two designated personnel must successfully complete training to administer medication to treat a student who has adrenal insufficiency and is experiencing symptoms of adrenal crisis in accordance with rules adopted by the Oregon Health Authority in OAR 333-055-0000 – 333-055-0035.
- (D) If the trained and designated personnel determines a student experiences symptoms of adrenal crisis and administers medication to treat adrenal insufficiency, any available school personnel will immediately call 911 and the student's parent/guardian.
- (E) Designated personnel should provide continuous monitoring of individuals until EMS arrives.
- (F) Complete proper documentation.

(c) In order to administer naloxone (Narcan) to any student or other individual who appears to be experiencing a suspected opioid overdose while at 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:

- (A) The building administrator will designate two or more personnel to be responsible for administering naloxone that accounts for when students or others are in school or at a school-sponsored activity;
- (B) The building administrator will inform designated personnel of the location at which naloxone is stored in the school building;
- (C) Designated personnel must successfully complete a training every three years about naloxone administration in accordance with rules adopted by the Oregon Health Authority;
- (C) If the trained and designated personnel determines an individual

has symptoms of opioid overdose and administers naloxone, any available school personnel will:

- (i) call 911;
- (ii) utilize a CPR mask that accompanies the medication to provide rescue breaths; and
- (iii) call the student's parent/guardian.

(D) The designated personnel who administered naloxone shall monitor the individual who received the naloxone until EMS arrives.

(E) Complete proper documentation.

(d) Designated school personnel will notify 911 or other appropriate emergency medical response systems and administer first aid as necessary:

(A) Any time an emergency medication has been administered

(B) In the event of life-threatening side effects that result from district-administered medication or from student self medication.

A "Team Response" emergency message may also be initiated to activate the School Emergency Team to support.

(e) Designated school personnel will notify immediately the parent/guardian and Risk Management about:

(A) Administration of an emergency medication;

(B) Student reaction resulting from district administered medication or from student self-medication.

(C) That 911 has been called.

(f) Designated school personnel will not be liable in a criminal action or for civil damages as a result of district-administered medication if they, in good faith, administered such medication in compliance with the instructions of a health care provider and pursuant to written permission and instructions of the student's parent/guardian in accordance with ORS 339.870.

(7) Disposal of Medications.

(a) Medication not picked up by the parent/guardian by June 30 following the school year or within five school days of the end of the medication period, whichever is earlier, will be documented and disposed of by designated personnel in the presence of another school employee as described below:

A. Complete a Year End Medicine Disposal Chain of Custody Form (available through Risk Management) listing the items that will be disposed of. The log should be documented two ways:

- (i). Original log
 - (ii) Copy of log.
 - B. Place unclaimed items into a Zip-Lock bag with the original Chain of Custody Form. The bagged items should be secured and locked.
 - C. Include the copy of the Chain of Custody Form in the medication folder/binder for onsite records collection/disposition.
 - D. Place bagged items next to the designated sharps container in a secure locked room or storage cabinet with PPS master key access.
- (b) The PPS Risk Management Environmental, Health & Safety (EHS) team arranges for disposal of the medications through a contracted waste management vendor according to the following process:
- (A) Designated school personnel complete a Chain of Custody Form for items that will be disposed of, and place those items into a Zip-Lock bag.
 - (B) Sign the Chain of Custody Form from the school for the collected materials.
 - (C) EHS team picks up and transports bagged medication to the Prophet Center where it is placed in the vendor-supplied collection container located in the Waste Collection/Sort Area.
 - (D) EHS team emails the building administrator a copy of the completed Chain of Custody Form indicating that the items have been shipped to the waste management vendor for final disposal. This email correspondence typically occurs in the Fall.
- (c) Designated personnel attach a copy of the vendor's completed Chain of Custody collection receipt in the school's medication folder/binder in which MESD Medication Administration Records (MAR) are maintained.

(8) Documentation and Record Keeping.

- (a) The MESD MAR will include but not be limited to:
 - (A) The completed and signed Authorization for Medication Administration;
 - (B) At least two student identifiers, including name, birth date student ID number and/or photo, medication name, dose and route of administration, date, time of all administrations and name of the school personnel administering the medication;**
 - (C) Student refusals of medication;**
 - (D) Errors in administration of medication;**
 - (E) Emergency and adverse reaction incidents;**

(F) Discrepancies in medication supply;**

(G) Disposal of medication including date, quantity, manner in which the medication was destroyed and the signature of the school staff involved.

**Designated personnel may note incidents with a symbol in the MESD MAR and attach detailed documentation as necessary.

- (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 plan. Records will be retained in accordance with applicable provisions of OAR 166-400-0060 (29), (30) and (31).
- (c) Student medical files will be kept confidential. Access shall be limited to those designated personnel authorized to administer medication to students, the student and their parent/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/guardian in writing.

Policy Implemented: 4.50.026-P

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