

## North Wasco County School District 21

Code: JHCD/JHCDA-AR  
 Revised/Reviewed: 4/12/01; 6/09/014; 2/10/11;  
 3/02/17; 12/14/17; 8/23/18;  
 3/16/23  
 Orig. Code: JHCD-AR

### **Medications\*\*/\***

Students may, subject to the provisions of this administrative regulation, have prescription or nonprescription medication administered by designated personnel, or may be permitted to administer prescription or nonprescription medication to ~~themselves~~ ~~themselves~~.

#### 1. Definitions<sup>1</sup>

- a. “Administer” means the direct application of a drug or device whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by: (1) a practitioner or the practitioner’s authorized agent; or (2) the patient or research subject at the direction of the practitioner. (ORS 689.005)
- b. “Adrenal crisis” means a sudden, severe worsening of symptoms associated with adrenal insufficiency, such as severe pain in the lower back, abdomen or legs, vomiting, diarrhea, dehydration, low blood pressure or loss of consciousness. (ORS 433.800) ~~crisis as defined in Oregon Revised Statute (ORS) 433.800.~~
- c. “Adrenal insufficiency” means a hormonal disorder that occurs when the adrenal glands do not produce enough adrenal hormones. ~~insufficiency as defined in ORS 433.800.~~
- d. “Asthma” means a chronic inflammatory disorder of the airways that requires ongoing medical intervention. (ORS 339.866)
- e. “Delegation” means a formal delegation of a nursing procedure by a registered nurse to district personnel in accordance with the Oregon Nurse Practice Act. (OAR Chapter 851)
- f. “Designated personnel” means the school personnel designated and trained to administer medication pursuant to district policy and procedure.
- g. “Medication” means ~~medication that is not injected; premeasured doses of epinephrine that are injected; medication that is available for treating adrenal insufficiency; and Naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse and overdose of an opioid drug. any drug, chemical compound, suspension or preparation in suitable form for use as a curative or remedial substance taken internally or externally but not injected except for premeasured doses of epinephrine, medication to treat adrenal insufficiency and glucagon to treat severe hypoglycemia. “Medication” also means includes any prescription for bronchodilators or autoinjectable epinephrine prescribed by a student’s Oregon licensed health care professional for asthma or severe allergies. “Medication” does not include nonprescription sunscreen. (ORS 339.866; ORS 339.867) also includes naloxone or any similar medication that is in any form available for the safe administration and that is designed to rapidly reverse an overdose of an opioid drug.~~
- h. “Nonprescription medication” means nonprescription drugs as defined in ORS 689.005, which means drugs that may be sold without prescription and that are prepackaged for use by the consumer and labeled in accordance with the requirements of the statutes and regulations of this state and the federal government. (OAR 581-021-0037) ~~medication that under federal law does not require a prescription from a prescriber.~~

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<sup>1</sup>There are several laws that apply to medications in schools. Some of these laws have unique definitions that may apply in specific situations. If the applicable law uses a definition that varies from the definition here, use the definition in the law.

- i. “Notice of a diagnosis of adrenal insufficiency” means written notice to the district from a ~~student or~~ the parent or 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. (OAR 581-021-0037)
- j. “Opioid overdose” means a medical condition that causes depressed consciousness, depressed respiratory function or the impairment of vital bodily functions as a result of ingesting opioids. (ORS 689.800)
- k. “Prescriber<sup>2</sup>” means a “practitioner” as defined in ORS 689.005, which means a person licensed and operating within the scope of such license to prescribe, dispense, conduct research with respect to or administer drugs in the course of professional practice or research: (a) in this state; (b) in another state or territory of the US if the person does not reside in Oregon and is registered under the federal Controlled Substances Act. (OAR 581-021-0037) ~~doctor of medicine or osteopathy, a physician assistant licensed to practice by the Board of Medical Examiners for the state of Oregon, an Oregon-licensed, advance practice registered nurse with prescriptive authority, 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, 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.~~
- l. “Prescription medication” means a “prescription drug” as defined in ORS 689.005, which means a drug that is: required by federal law, prior to being dispensed or delivered, to be labeled with “Caution: Federal law prohibited dispensing without prescription” or “Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian”; or required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by practitioners only. ~~any medication that under federal or state law requires a prescription by a prescriber.~~
- m. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen, ~~or dust or insect sting.~~ (ORS 339.866)
- n. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen, dust or insect sting.
- ~~o. — “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 doctor of medicine or osteopathy or a physician assistant licensed by the Board of Medical Examiners for the state of Oregon, or a pharmacist licensed by the Board of Pharmacy for the state of Oregon.~~

## 2. Designated Staff/Training

- a. Medications, including injectable medications, may be administered by trained personnel as part of a formal delegation by a registered nurse.
- b. The principal, **consultation with the school nurse**, will designate **district** personnel authorized to administer prescription or nonprescription medication to a students **which takes into account when the** ~~while the~~ student is in school, at a ~~school~~ **district**-sponsored activity, under the supervision of ~~school~~ **district** personnel, ~~in a before-school or after-school care programs on school-owned property and~~ **or** in transit to or from school or a ~~school~~ **district**-sponsored ~~activity~~ **activities**, and may include **when a student is in a before-school or after-school care**

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<sup>2</sup> A registered nurse who is employed by a public or private school, ESD or local public health authority to provide nursing services at 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.

program on school-owned property when required by law. ~~as required by Oregon law.~~ The principal will supervise and ensure building and activity practices and procedures are consistent with the requirements of law, rules, policy and this administrative regulation.

- c. The district will provide staff who are designated personnel to administer prescription or nonprescription medication access to a school nurse.
- d. The principal will ensure the annual training required by Oregon law is provided to designated district personnel. Training may be conducted by a qualified trainer, which is a person who is familiar with the delivery of health services in a school setting and who is either a registered nurse licensed by the Oregon State Board of Nursing or a prescriber. District personnel designated to administer epinephrine, glucagon, and medication to treat adrenal insufficiency shall be trained using related training developed by the Oregon Health Authority (OHA). The first training and every third training thereafter shall be provided in-person<sup>3</sup>. During subsequent years, designated district personnel may complete an online training so long as a trainer is available following the training to answer questions and provide clarification. ~~Training will be provided annually to designated personnel authorized to administer medication to students. The first year and every third year of training requires in-person instruction; during the intervening years, designated personnel may complete an online training that has been approved by the Oregon Department of Education (ODE) so long as a trainer is available within a reasonable amount of time following the training to answer questions and provide clarification.~~
- e. The Training for district personnel 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, administration, handling and disposing of medications; accessibility of medication during an emergency; ~~monitoring medication supplies, disposing of medications,~~ record keeping; whether response to medication should be monitored by designated personnel and the role of the designated personnel in such monitoring; ~~and reporting of medication administration and errors in administration,~~ emergency medical response procedures following administration of the medication; confidentiality of health information; and assessment of gained knowledge. Training as recommended and/or approved by ODE will be used. ~~for life threatening side effects and allergic reactions or adrenal insufficiency and student confidentiality. Materials as recommended and/or approved by the ODE will be used.~~
- f. The district shall maintain documentation of district personnel's completion of training in accordance with OAR 166-400-0010. ~~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.~~
- g. ~~A statement that the designated personnel 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 district, ~~designated~~ personnel to any student or other individual on school district premises who the person believes in good faith is

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<sup>3</sup> An online training may qualify as "in-person" when these measures are met: content is provided via synchronous, interactive online sessions with a trainer and learners visible on screen; trainers must be licensed and work within their scope of practice; and include in-person, skills demonstration for training developed by the Oregon Health Authority for epinephrine, glucagon, and for medication to treat adrenal insufficiency.

experiencing a severe allergic ~~response~~ ~~reaction~~, regardless of whether the student or individual has a prescription for epinephrine.

4. Administering ~~Short-Acting Opioid Antagonists Naloxone or Other Similar Medication to a Student or Other Individual~~

A short-acting opioid antagonist may be administered by any district personnel<sup>4</sup> to any student or other individual, on school premises who the individual administering the short-acting opioid antagonist believes in good faith is experiencing an overdose of an opioid drug.

The ~~[principal] [or [school] [district] nurse]~~ shall immediately notify the parent or guardian of a minor student enrolled in a school within the district when a short-acting opioid antagonist is administered to the student while at school, on school property under the jurisdiction of the district or at any activity under the jurisdiction of the district.

The district shall provide to the parent or legal guardian of each minor student enrolled in a school in the district information regarding short-acting opioid antagonists. The information will include at least:

A description of short-acting opioid antagonists and their purpose;

A statement regarding, in an emergency situation, the risks of administering to an individual a short-acting opioid antagonist and the risks of not administering to an individual a short-acting opioid antagonist;

A statement identifying which schools in the district, if any, have short-acting opioid antagonists, and the necessary medical supplies to administer short-acting opioid antagonists, onsite and available for emergency situations; and

A statement that a representative of the district may administer a short-acting opioid antagonist to a student in an emergency if the student appears to be unconscious and experiencing an opioid overdose.

~~Naloxone or any other similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug may be administered by trained, designated personnel to any student or other individual on school premises who the person believes in good faith is experiencing an opioid overdose.~~

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

A student experiencing symptoms of adrenal crisis while the student is in school, at a ~~school~~ district-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from a school or a ~~school~~ district-sponsored activity, may be treated by designated personnel and shall be subject to the following:

- a. Upon notice of a diagnosis of adrenal insufficiency, as defined in Oregon Administrative Rule (OAR) 581-021-0037, the building principal ~~of the school the student attends~~ will designate one or more ~~school~~ district personnel to ~~receive training and~~ be responsible for administering the medication to treat adrenal insufficiency to a student in the event the student exhibits ~~symptoms the district personnel believe in good faith indicate the student is experiencing symptoms of adrenal crisis;~~

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<sup>4</sup> Including district personnel who have not received medication administration training.

- b. The designated personnel will successfully complete **required** 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 or 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~~ **develop** an individualized health care plan for the student; ~~that includes protocols for preventing exposures to allergens, and establishes if or when a student may self-carry prescription medication when the student has not been approved to self-administer medication;~~
- e. In the event that a student experiences symptoms of adrenal crisis and the designated personnel determines the medication to treat adrenal insufficiency should be administered, any available **district** staff member will immediately call 911 and the student's parent or guardian.

6. Administering Medications to a Student

- a. **A** requests to permit designated personnel to administer medication to students may be approved by the district and is subject to the following:
  - (1) A written request for designated personnel to administer prescription medication to a student, if because of the prescribed frequency or schedule, the medication must be given while the student is in school, at a school-sponsored activity, while under the supervision of school personnel and in transit to or from school or a school-sponsored activity, must be submitted to the school office and shall include:
    - (a) The written permission of the student's parent or guardian ~~or the student if the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675;~~ and;
    - (b) The written instruction from the prescriber for the administration of the medication to the student that includes:
      - (i) Name of the student;
      - (ii) Name of the medication;
      - (iii) Method of administration;
      - (iv) Dosage;
      - (v) Frequency of administration;
      - (vi) Other special instructions from the prescriber, if any; and
      - (vii) Signature of the prescriber.

The prescription **medication is provided in the original prescription packaging by the student's parent or guardian.** The prescription label prepared by a pharmacist at the direction of the prescriber, will be considered to meet this requirement if it contains the information listed in (i)-(vi) above.

- (2) A written request for designated personnel to administer nonprescription medication to a student must be submitted to the school office and is subject to the following:
  - (a) The nonprescription medication is necessary for the student to remain in school;
  - (b) The nonprescription medication:
    - (i) ~~is~~ Provided in the original manufacturer's container by the **student's parent or guardian of the student;** or
    - (ii) **Is part of the district's stock medication program in compliance with the Oregon Board of Pharmacy rules including OAR 855-035-0005.**

- (c) The written instruction **and permission** from the student's parent or guardian for the administration of the nonprescription medication includes:
- (i) Name of the student;
  - (ii) Name of the medication;
  - (iii) Method of administration;
  - (iv) Dosage;
  - (v) Frequency of administration;
  - (vi) Other special instructions, if any; and
  - (vii) Signature of the student's parent or guardian.

If the written instruction is not consistent with the manufacturer's guidelines for the nonprescription medication, the written instruction must also include a written order allowing the inconsistent administration signed by a prescriber.

- (d) If the nonprescription medication is not approved by the Food and Drug Administration (FDA), a written order from the student's prescriber is required and will include:
- (i) Name of the student;
  - (ii) Name of the medication;
  - (iii) Dosage;
  - (iv) Method of administration;
  - (v) Frequency of administration;
  - (vi) A statement that the medication must be administered while the student is in school;
  - (vii) Other special instructions, if any; and
  - (viii) Signature of the prescriber.

- b. ~~An individualized health care and~~ **The principal or designee will require an individualized health plan or allergy plan** will be developed for a **every** student with a **need to manage asthma or known life-threatening allergy. A plan** and will include protocols for preventing exposures to allergens and procedures for responding to life-threatening allergic **responses reactions and include provisions for administering medication and/or responding to emergency situations** while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity; ~~and will include a determination on if or when the student may self-carry prescription medication if the student has not been approved to self-administer medication;~~
- c. **A student being administered a medication may be monitored by designated personnel to monitor the student's response to the medication;**
- d. **A determination will be made by the district on if or when the student may self-carry prescription medication if the student has not been approved to self-administer medication;**
- e. ~~It is the student's parent or guardian's, or the student's if the student is allowed to seek medical care without parental consent,~~ 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 student's parent or guardian's or the student's if the student is allowed to seek medical care without parental consent,~~ 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 or guardian will be notified immediately, except where a student is allowed to seek medical care without parental consent. No attempt will be made to administer medication to a student who refuses a medication;~~
- h. Any error in administration of a medication will be reported to the parent or guardian immediately **and documented on a medication administration record.** ~~, except when a student is allowed to seek medical care without parental consent and documentation will be 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 or method of administration;
- i. Medication shall not be administered until the necessary permission form and written instructions have been submitted **and received** as required by the district.

## 7. Administration of Medication by a Student to Themselves

- a. A student, including a student in grade K-12 with asthma, or severe allergies, ~~or insulin requiring diabetes~~, may be permitted to administer **prescription or nonprescription** medication to themselves without assistance from designated personnel and is subject to the following:
  - (1) A student must demonstrate the ability, developmentally and behaviorally, to self-administer prescription medication and must have:
    - (a) ~~A~~ **The written** permission form from a parent or guardian, ~~except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675~~, and other documentation requested by the district must be submitted for self-medication of all prescription medications;
    - (b) If the student has asthma, ~~diabetes and/or~~ a severe allergy, a medication that is prescribed by a prescriber and a written treatment plan developed by a prescriber or other Oregon licensed health care professional for managing of the student's asthma, diabetes and/or severe allergy, and directs use by the student while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in a before- school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity. The prescriber will include acknowledgment that the student has been instructed in the correct and responsible use of the prescribed medication;
    - (c) The permission to self-administer the medication from a building administrator and a prescriber or registered nurse practicing in a ~~school~~ **district** setting.
  - (2) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication and must have:
    - (a) The written permission of the student's parent or guardian; ~~except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675~~;
    - (b) The student's name affixed to the manufacturer's original container; and
    - (c) The permission to self-administer medication from a building administrator.
  - (3) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication that is not approved by the FDA and must have:
    - (a) The written permission of the student's parent or guardian; ~~except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675~~; and
    - (b) A written order from the student's prescriber that includes:
      - (i) Name of the student;
      - (ii) Name of the medication;
      - (iii) Dosage;
      - (iv) Method of administration;
      - (v) Frequency of administration;
      - (vi) A statement that the medication must be administered while the student is in school; **at a district-sponsored activity, under the supervision of district personnel, or in transit to or from school or district-sponsored activities**;
      - (vii) Other special instructions, if any; and
      - (viii) Signature of the prescriber.

- b. A determination will be made by the district on if or when the student may self-carry prescription medication if the student has not been approved to self-administer medication;
- c. The A student may have in his/her their possession only the amount of medication needed for that school day, except for manufacturer's packaging that contains multiple dosage, the student may carry one package, such as, but not limited to, autoinjectable epinephrine or bronchodilators/inhalers;
- d. Sharing and/or borrowing by a student of any medication with another student is strictly prohibited;
- e. ~~For a students who has been prescribed bronchodilators or epinephrine,~~ The district designated personnel will request from the parent or guardian, that the parent or guardian provide backup medication, when the medication is to treat a student's asthma or severe allergy emergency, from the student's parent or guardian. ~~for emergency use by that student.~~ Backup medication, if provided by a student's 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;
- f. ~~Upon written request from a parent or guardian, and with a prescriber'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;~~
- g. A student shall not administer medication to themselves until the necessary permission form and written instructions have been submitted as required by the district;
- h. The permission for a student to administer medication to themselves may be revoked if the student does not responsibly self-administer the medication or abuses the use of the medication as determined by district personnel; ~~violates the Board policy and/or this administrative regulation;~~
- i. A students may be subject to discipline, up to and including expulsion, as appropriate for violations of these procedures;
- j. A student permitted to administer medication to themselves may be monitored by designated personnel to monitor the student's response to the medication.
- k. [The district allows the application of and use by students of nonprescription sunscreen, including sunscreen that contains para-aminobenzoic acid, without any required documentation from a licensed health care professional per ORS 339.874.]

8. Handling, Monitoring and Safe Storage of Medication Supplies for Administering Medication to Students

- a. ~~Any medication administered by designated personnel to a student and or self-administered by a student,~~ must be delivered to the school in its original manufacturer's or current prescription container, accompanied by the permission form and written instructions, as required above.
- b. Prescription medication must always be the most current prescription and kept in the original, labeled container.
- c. Nonprescription medication must be kept in original manufacturer's bottle or box.
- d. [Never administer medication sent to school in unlabeled containers.]
- e. [Never repackage medication into a plastic bag or other container for any reason.]
- f. Medication in any capsule or tablet form and categorized as a sedative, stimulant, anti-convulsant convulsive, narcotic analgesic or psychotropic medication will be counted or measured by designated personnel or parent or guardian in the presence of another district employee upon receipt [and initialed by the two individuals who counted or witnessed the procedure], documented in the student's medication administration record (MAR) log and routinely monitored during storage and administration. Any discrepancies will be reported to the [school nurse or] building principal immediately and documented in the student's MAR. ~~medication log.~~ For such medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.



- g. Designated personnel will follow the written instructions of the prescriber and ~~the student or the student's parent or guardian~~, and training guidelines as may be recommended by the Oregon Department of Education for administering all forms of prescription and/or nonprescription medications.
- h. Medication will be secured as follows:
  - (1) ~~Nonrefrigerated medications will be stored in a locked cabinet, drawer or box in a secure area; used solely for the storage of medication;~~
  - (2) Medications requiring refrigeration will be stored in a locked box in a refrigerator ~~or in a separate refrigerator used solely for the storage of medication in a secure area;~~
  - (3) Access to medication storage keys will be limited to the building principal and designated personnel.
- i. 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 storage.
- j. ~~In the event~~ **When** medication is running low or an inadequate dosage is on hand to administer the medication, the designated personnel will notify student's the parent or guardian ~~or the student (in situations involving ORS 109.610, 109.640 and 109.675)~~ immediately.

## 9. Emergency Response

- a. Designated personnel will notify 911 or other appropriate emergency medical response systems and administer first aid, as necessary, in the event of life threatening side effects **and allergic reactions, including the administration of epinephrine.** ~~that result from district administered medication or from student self-medication or allergic reactions.~~ The parent or guardian, building principal and school nurse will be notified immediately.
- b. ~~Minor~~ Adverse reactions ~~that~~ **which** result from district administered medication or from student self-medication will be reported to the parent or guardian immediately, ~~except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675.~~
- c. Any available district staff will immediately call 911 and the student's parent or guardian if the designated personnel believes the student is experiencing symptoms of adrenal crisis, ~~opioid overdose or a life threatening emergency~~ and plans to administer medication.
- d. **Any available staff will immediately call 911 when a short-acting opioid antagonist is administered to any student or other individual on district premises.**

## 10. Disposal of Medications

- a. Medication not picked up by the student's parent or guardian, ~~or the student when allowed pursuant to ORS 109.610, 109.640 and 109.675,~~ 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 personnel **in the presence of another school employee. The medication may be disposed through a designated drug take-back collection program** or in a nonrecoverable fashion as follows:
  - (1) Medication will be removed from its original container and personal information will be destroyed;
  - (2) ~~Crush Solid medications will be crushed, mixed or dissolved in water, liquid medications will be mixed or dissolved in water;~~
  - (3) Mixed with an undesirable substance, e.g., coffee grounds, **used kitty litter, flour; and**
  - (4) **Place in a plastic bag or other sealable container, e.g., such as an empty plastic container; and**
  - (5) **Place the sealed container with the mixture** ~~Placed in impermeable non-descriptive containers, e.g., empty cans or sealable bags, and placed in the trash as close to garbage pickup time as possible, to prevent theft and misuse.~~

- (6) [Prescriptions will never be flushed down the toilet or drain or burnt with other waste.]
- (7) [Sharps and glass will be disposed of in accordance with state guidelines.]
- (8) [All medication will be disposed of by designated personnel following DEQ guidelines and documented on the student's MAR as described below.]
- (9) ~~Prescriptions will be flushed down the toilet only if the accompanying patient information specifically instructs it is safe to do so.~~
- (10) ~~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 personnel in the presence of another school employee and documented as described in 10 below.~~

## 11. Transcribing, Recording and Record Keeping

- a. A medication **administration record (MAR)** ~~log~~ will be maintained for each student administered medication by the district. The **MAR medication log will be in paper or electronic form** and will include, but not be limited to:
  - (1) The **full name of the student, date of birth, name of medication, dosage, method of administration, date and time of administration, frequency of administration and the name of the person administering the medication;**
  - (2) Student refusals of medication;
  - (3) Errors in administration of medication;
  - (4) Incidents of emergency and minor adverse reaction by a student to medication;
  - (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. **A MAR for medication administered as part of an IEP goal should be maintained in the IEP record at the end of each school year.**
- c. All records relating to administration of medications, including permissions 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 166-400-0010(17) and 166-400-0060(29).
- d. **All records relating to the training of designated district personnel will be maintained by the district in accordance with applicable provisions of OAR 166-400-0010.**
- e. Student health information will be kept confidential. Access shall be limited to those designated personnel authorized to administer medication to students, the student and ~~his/her~~ **their** parent or guardian. Information may be shared with ~~other staff~~ **school personnel** with a legitimate educational interest in the student or others ~~as may be~~ authorized by the parent or guardian in writing or others as allowed under state and federal law.

### **[Non-liability Provisions for Administration of Prescription and Nonprescription Medications and Short-Acting Opioid Antagonists]**

**A school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of nonprescription medication, if the school administrator, teacher or other school employee in good faith administers nonprescription medication to a student pursuant to written permission and instructions of the student's parents or guardian.**

A school administrator, teacher or other school 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 medication, if the school administrator, teacher or other school employee in compliance with the instructions of a physician, physician assistant, nurse practitioner, naturopathic physician or clinical nurse specialist, in good faith administers prescription medication to a student pursuant to written permission and instructions of the student's parents or guardian.

A person may not maintain an action for injury, death or loss that results from acts or omissions of a school administrator, teacher or other school employee during the administration of a short-acting opioid antagonist unless it is alleged and proved by the complaining party that the school administrator, teacher or other school employee was grossly negligent in administering the short-acting opioid antagonist unless other conditions exist and which are outlined in Oregon law in ORS 339.870.

The civil and criminal immunities provided for above do not apply to an act or omission accounting to gross negligence or willful and wanton misconduct.

### **Non-Liability Provisions for Self-Administration and Autoinjectable Epinephrine**

A school administrator, school nurse, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of a student's self-administration of medication, as described in ORS 339.866, if the school administrator, school nurse, teacher or other school employee, in compliance with the instructions of the student's Oregon licensed health care professional, in good faith assists the student's self-administration of the medication, if the medication is available to the student pursuant to written permission and instructions of the student's parent, guardian or Oregon licensed health care professional.

A school administrator, school nurse, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the use of medication if the school administrator, school nurse, teacher or other school employee in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy who is unable to self-administer the medication regardless of whether the student or individual has a prescription for epinephrine.

The district and the members of a district Board are not liable in a criminal action or for civil damages as a result of the use of medication if any person in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy who is unable to self-administer the medication, regardless of whether the student or individual has a prescription for epinephrine; and the person administered the autoinjectable epinephrine on school premises, including at a school, on school property under the jurisdiction of the district or at an activity under the jurisdiction of the district.

The civil and criminal immunities described above (which are identified in ORS 339.871) do not apply to an act or omission to gross negligence or willful and wanton misconduct.]