

# Parkrose School District 3

\*\*\*\* In OSBA but not Parkrose  
\*\*\*\* OSBA language change

Code: JHCD-AR  
Revised: 03/13/00  
Revised: 10/04

## ADMINISTERING NONINJECTABLE MEDICINES TO STUDENTS

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

### 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 does not include dietary food supplements.
- b. "Nonprescription medication" means only commercially prepared, non-alcohol-based medication to be taken at school that is necessary for the 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" means a doctor of medicine or osteopathy, a physician assistant licensed to practice by the Board of Medical Examiners for the state of Oregon, a nurse practitioner with prescriptive authority licensed by the Board of Nursing for the state of Oregon, a dentist licensed by the Board of Dentistry for the state of Oregon, an optometrist licensed by the Board of Optometry for the state of Oregon or a naturopathic physician licensed by the Board of Naturopathy for the state of Oregon. "Physician" also may include individuals licensed in the categories set out above by comparable licensing agencies in adjoining states.
- d. "Student self-medication" means a student must be able to ~~demonstrate the ability developmentally and behaviorally to~~ administer medication to himself/herself without requiring a trained school 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 (guardian), building administrator, and in the case of a prescription medication, a physician.
- f. "Training" means the instruction to be provided to designated school staff on the administration of prescription and non-prescription medication, 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/Training

- a. The building principal will designate school staff authorized to administer medication to students within individual school buildings and while participating at school-sponsored activities on or off district property. The building principal will ensure building and activity practices and procedures are consistent with the requirements of law, rules and this regulation.
- b. The building principal will ensure the training required by law and Oregon Administrative Rules is provided. Training may be conducted by any physician licensed by the state of Oregon, a nurse licensed by the Board of Nursing of the state of Oregon or by others as deemed appropriate by the district in accordance with training program guidelines recognized by the Oregon Department of Education (ODE).
- 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 upon initial assignment to designated school staff authorized to administer medication to students. Subsequent training will be provided as necessary to meet changes in Oregon law, rules, training, guidance, or as otherwise deemed appropriate by the district.
- e. A copy of the district's policy and administrative regulation will be provided to all school staff authorized to administer medication to students and others as appropriate.
- f. A statement that the designated school staff member has received the required training will be signed by the staff member and filed in the district office.

3. Administering Medications to Students

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

- a. A written request for the district to administer prescription medication must be submitted to the school office to include:
  - (1) The written signed permission of the parent<sup>\*\*</sup>;
  - (2) The written instruction from the physician for the administration of the prescription medication to the student including:
    - (a) Name of the student;
    - (b) Name of the medication;
    - (c) Route;
    - (d) Dosage;
    - (e) Frequency of administration; and
    - (f) Other special instruction, if any.

The prescription label will be considered to meet this requirement if it contains the

information listed in (a)-(f) above.

- b. A written request for the district to administer nonprescription medication must be submitted to the school office to include:
  - (1) The written signed permission of the parent;
  - (2) The written instruction from the parent for the administration of the nonprescription medication to the student including:
    - (a) Name of the student;
    - (b) Name of the medication;
    - (c) Route;
    - (d) Dosage;
    - (e) Frequency of administration;
    - (f) Other special instruction, if any.
- c. Medication is to be submitted in its original container;
- d. Medication ~~may be brought to the school secretary by the student, older sibling or parent.~~ *is to be brought to and returned from the school by the parent. Student transported medicine should be secured against tampering, breakage, or unauthorized use.*
- e. 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;
- f. It is the parent's responsibility to ensure that the school is informed in writing of any changes in medication instructions;
- g. In the event a student refuses medication, the parent will be notified immediately. No attempt will be made to administer medication to a student who refuses district administered medication;
- h. Any error in administration of medication will be reported to the parent immediately and documentation made on the district's Accident/Incident Report form. Errors include but are not limited to administering medication to the wrong student, administering the wrong medication, dose, time, route, etc.;
- i. *Medication shall not be administered or self-medication allowed until the necessary permission form and written instructions have been submitted as required by the district.*

#### 4. Self-Medication

- a. Grades K-8: Self-medication of prescription and nonprescription medication is not allowed.
- b. Grades 9-12: Self-medication of prescription medication is not allowed.

#### 5. Handling, Storage, Monitoring Medication Supplies

- a. ~~Medication may be brought to the school secretary by the student, older sibling or parent. Student transported medicine should be secured against tampering, breakage, or unauthorized use.~~ *Medication administered by designated school staff and self administered medication 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 school staff in the presence of another school employee upon receipt, documented in the student's medication log and routinely monitored during storage and administration. Discrepancies will be reported to the building principal immediately and documented in the student's medication log. For such medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.

- c. Designated school staff will follow the written instructions of the physician and parent and training guidelines as may be recommended by the ODE for administering all forms of non-injectable medications.
  - d. Medication will be secured as follows:
    - (1) Non-refrigerated medications will be stored in a locked cabinet, drawer or box used solely for the storage of medication;
    - (2) Medications requiring refrigeration will be stored in a locked box in a refrigerator;
    - (3) Access to medication storage keys will be limited to the building principal and designated school staff.
  - e. Designated school staff will be responsible for monitoring all medication supplies and for ensuring medication is secure at all times, not left unattended after administering and that the medication container is properly sealed and returned to storage.
  - f. In the event medication is running low or inadequate dosage is on hand to administer the medication, the designated school staff will notify the parent immediately.
6. Emergency Response
- a. Designated school staff will notify 911 or other appropriate emergency medical response systems and administer first aid as necessary, in the event of life-threatening side effects that result from district administered medication or from student self-medication. The parent, building principal and central office will be notified immediately.
  - b. Minor adverse reactions that result from district administered medication or from student self-medication will be reported to the parent immediately.
7. Disposal of Medications
- a. Medication, not picked up by the parent at the end of the school year or within five school days of the end of the medication period, whichever is earlier, will be disposed of by designated school staff in a non-recoverable fashion as follows:
    - (1) *Medication in capsule, tablet or liquid form will be ~~flushed~~ 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-descript containers such as empty cans or sealable bags, placing these containers in the trash. Flush prescriptions down the toilet only if the accompanying patient information specifically instructs it is safe to do so (ONDCP Federal Government Guidelines February 20,*

2007);

(2) Other medication will be disposed of in accordance with established training procedures.

b. All medication will be disposed of by designated school staff in the presence of another school employee *and documented as described in 8. a., below.*

## 8. Documentation and Record Keeping

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

- (1) The *name, dose and route of* medication administered, date, time of administration and name of the person administering the medication;
- (2) Student refusals of medication;
- (3) Errors in administration of medication<sup>1</sup>;
- (4) Emergency and minor adverse reaction incidents<sup>1</sup>;
- (5) Discrepancies in medication supply;
- (6) Disposal of medication including date, quantity, manner in which the medication was destroyed and the signature of the school 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 plan. Records will be retained in accordance with applicable provisions of OAR 166-414-0010 (22), (23) and (24).

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 school 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 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 and/or nonprescription medication as per ORS 339.870.*

~~\*\* As used in this administrative regulation, the term parent includes legal guardian or person in a parental relationship. The status and duties of a legal guardian are defined in ORS 125.005 (4) and 125.300-125.325. The determination of whether an individual is acting in a parental relationship, for purposes of determining residency, depends on the evaluation of the factors listed in ORS 419B.373. The determination for other purposes depends on evaluation of those factors and a power of attorney executed pursuant to ORS 109.056. For special education students, parent also includes a surrogate parent, an adult student to whom rights have transferred and foster parent as defined in OAR 581-015-0005 (18).~~

---

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