



Regular Meeting OF THE BOARD OF DIRECTORS

Thursday, April 24, 2025 - 5:30 PM
Oakdale Middle School Room 230
815 S. Oakdale Ave.
Medford, OR 97501

AGENDA

- 1. **Call to Order / Pledge of Allegiance / Roll Call**
- 2. **Agenda Adjustments and Approval**
- 3. **Public Hearing for Construction Manager/General Contractor (CM/GC) Method of Procurement for NMHS Gymnasium**
- 4. **Items for Information & Discussion**
 - a. NMHS Gymnasium Update 2
- 5. **Citizen Comments**
 - a. *School Board meetings are meetings of the School Board held in public, not meetings with the public. As a general rule, the Board will not engage in discussion with the public during this portion of the meeting. Please rest assured that all comments are carefully considered and will help guide future Board action. When your name is called, come forward to the table and state your name, if you reside in the district, and identify the organization, if any, that you represent. Keep your remarks brief and respect the three-minute time limit. Complaints about staff members cannot be discussed in open session and must be handled through a complaint procedure.*
- 6. **Board Action Items**
 - a. CM/GC Method of Procurement Approval for NMHS Gymnasium 3
 - b. Food Service RFP Process and Contract Approval 15
 - c. School Board Policies - *second reading* 19
- 7. **Consent Agenda**
 - a. Staff Assignment Report 58
 - b. Minutes from previous meeting 60
- 8. **Announcements**
 - a. May 8 - Work Session at Oakdale Middle School - 5:30 PM
- 9. **Adjournment**

The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to the Superintendent's office at (541) 842-3621 or superintendent.office@medford.k12.or.us.



EXECUTIVE SUMMARY

Meeting Date:	April 24, 2025
Agenda Item:	NMHS Gymnasium Update
Item Type:	Report
Administrator:	Bret Champion, Ron Havnear
Objective:	Provide the Board and community with an update on the NMHS gym roof collapse and next steps

Background: As a result of the recent snowfall in the Rogue Valley, a crack was discovered in one of the glulam beams in the North gym on Friday afternoon, February 7. The gym was immediately evacuated and secured. MSD Facility crews, Medford Fire, the City of Medford, an architect team, and engineers responded quickly to reduce the snow load on the roof. Athletic practices and PE classes were relocated to other facilities.

On Tuesday morning, February 11, several beams broke under the weight of the snow, triggering an emergency response. The collapse broke the wire of the Emergency Response Button (ERB) system and automatically triggered a campus-wide lockdown. There was no actual threat to North students and staff, and the lockdown was lifted shortly after.

At 10:47 a.m. on the same morning, the gym roof collapsed completely. Emergency services responded immediately. All staff on site were accounted for and confirmed safe. Due to the closure of the school cafeteria, and out of an abundance of caution until all sites could be assessed, students were released early that day. After assessing the area, it was determined safe for students and staff to continue with school on Thursday.

The gym remains isolated from the rest of campus, and demolition began the week of March 10.

At this meeting, staff will provide an update on where we are on the road to recovery and in our effort to rebuild the gym.

Additional Materials: N/A

Recommendation: N/A

Suggested Motion: N/A



EXECUTIVE SUMMARY

Meeting Date:	April 24, 2025
Agenda Item:	CM/GC Method of Procurement Approval for NMHS Gymnasium
Item Type:	Action
Administrator:	Bret Champion, Brad Earl, Ron Havniear
Objective:	Approve A Resolution Granting Use of The CM/GC Method of Procurement.

Background: The CM/GC (Construction Manager/General Contractor) delivery method is an alternative to the traditional design-bid-build approach. It involves the contractor being engaged early in the design process, providing expertise and feedback, and ultimately acting as the general contractor for the construction phase. This approach aims to accelerate project timelines and improve cost certainty by leveraging the contractor's input during the design stage.

Once the design phase is complete the contract provides a Guaranteed Maximum Price (GMP.)

We use this method frequently due to the benefits of having contractor input in the design phase.

The CM/GC method is a prudent approach for projects with time constraints and technical or specialty components, such as seismic upgrades.

Prior to Board action, a public hearing will be held on this specific agenda item.

Additional Materials: [Resolution #2025-2](#); [Findings of Fact](#); and [Public Hearing Notice](#)

Recommendation: Hold the public hearing, review finding, and approve resolution granting use the CM/GC method of procurement.

Suggested Motion: *“I move to approve Resolution #2025-2 as presented approving the use of the CM/GC method of procurement for the North Medford High School Gymnasium.”*

**BEFORE THE BOARD OF DIRECTORS
OF MEDFORD SCHOOL DISTRICT 549C
RESOLUTION #2025-2**

**A RESOLUTION OF THE BOARD APPROVING AND GRANTING EXEMPTION FROM
COMPETITIVE BIDDING REQUIREMENTS AND USE OF THE CONSTRUCTION
MANAGER/GENERAL CONTRACTOR METHOD OF PROCUREMENT FOR THE NORTH
MEDFORD HIGH SCHOOL GYM**

**On motion by:
Duly seconded:**

WHEREAS;

1. The Board of Directors of Medford School District 549C acts as the local contract review board for Medford School District 549C and, in that capacity, has authority to exempt certain contracts from the competitive bidding requirements of ORS Chapter 279C; and
2. ORS 279C.335(2) and Board Policy DJC-AR provides a process for exempting certain contracts from competitive bidding upon the approval of certain findings by the local contract review board; and
3. ORS 279C.335(4) provides that in granting an exemption from competitive bidding, the local contract review board shall, if appropriate, direct the use of alternative contracting methods that take account of market realities and modern practices and are consistent with the public policy of encouraging competition; and
4. ORS 279C.332(3) identifies the Construction Management/General Contractor (“CM/GC”) methodology as an alternative contracting method under ORS 279C.335; and
5. Draft findings addressing competition and cost savings to the District, including but not limited to the criteria set forth in ORS 279C.335(2)(b), through the use of a CM/GC contract for the remodel and reconstruction of the North Medford High School gymnasium (“the Project”) were available at least 14 days in advance of the public hearing on this Resolution and are attached as Exhibit “A” to this Resolution; NOW, THEREFORE,

The District finds as follows:

1. The Board adopts the Findings set forth in Exhibit “A” to this Resolution;
2. Exempting the CM/GC contract for the Project from the competitive bidding requirements will not inhibit competition and is unlikely to encourage favoritism because the CM/GC will be selected through a competitive process, including but not limited to a publicly advertised Request For Proposals (“RFP”);
3. Exempting the CM/GC contract for the Project from the competitive bidding requirements is likely to result in substantial cost savings to the District, for the reasons set forth in adopted Findings attached as Exhibit “A”;

THEREFORE, the Board of Directors of Medford School District 549C hereby resolves the following:

The contract for the Project by a CM/GC contractor for a guaranteed maximum price is exempt from competitive bidding, and the CM/GC shall be selected by the RFP method in accordance with ORS 279C.337, the District's public contracting rules, and the process described in the Findings.

ADOPTED by the Board of Directors of Medford School District 549C this 24th day of April, 2025.

Ayes:

Noes:

Absent:

Abstain:

By: _____
Cynthia Wright, Board Chair

**PROPOSED FINDINGS SUPPORTING AN EXEMPTION FROM COMPETITIVE
BIDDING REQUIREMENTS AND USE OF THE CONSTRUCTION
MANAGER/GENERAL CONTRACTOR METHOD OF PROCUREMENT FOR THE
NORTH MEDFORD HIGH SCHOOL GYM**

Before the Local Contract Review Board,

In the Matter of Exemption)	FINDINGS OF FACT
Request of)	
Medford School District 549C)	
North Medford High School Gym)	

ORS 279C.335 (1) requires, with certain exceptions, that all Public Improvement contracts be based on competitive bids and, under ORS 279C.375, awarded to the lowest responsive and responsible bidder. ORS 279C.335 (2) permits the Local Contract Review Board, which in this case is the Medford School District 549C School Board, to grant, under certain conditions, specific exemptions from the requirement for competitive bidding upon the approval of specified findings. Board Policy DJC-AR also exempts certain contracts from the requirement for competitive bidding upon the approval of certain findings.

OAR 137-049-0620 (1), allows the Local Contract Review Board to exempt a Public Improvement contract from the requirements to be competitively bid, provided written findings supporting the use of non-competitive bid process show compliance with OAR 137-049-0600 to 137-049-0690 and applicable statutes.

The hearing for review of these findings will be held at 5:30 PM on April 24, 2025 at Oakdale Middle School in the Multi-Purpose Room (230), 815 S. Oakdale Ave., Medford, OR 97501, as published in the public notice section of the Rogue Valley Times and The Daily Journal of Commerce on April 2, 2025.

**I
BACKGROUND**

Medford School District 549C (“the District”) will perform a significant remodel to the North Medford High School (“NMHS”) Gym. This project will involve working through the design of a new gymnasium and repairs to existing structures, bringing the entire building back to immediate occupancy seismic standards, and returning the building to as-was likeness with current building codes applied. Due to the aggressive timeline and a need to start the project as soon as possible, District administration believes it is in the best interest of the District to use the Construction Manager/General Contractor (“CM/GC”) method. With a project of this size and scope and its inherent complexities, contractor input throughout the design process will be critical to the success of the project. District administration anticipates the CM/GC to join this project immediately after being awarded a contract in an effort to work alongside the

design team. The anticipated completion date is late August 2026. The District understands that there are multiple unknowns at this stage and will work with the construction/design teams to come up with a reasonable completion date.

ORS 279C.332 (3) identifies the CM/GC methodology as an alternative contracting method under ORS 279C.335, which allows a contracting agency to procure construction-related services that include, among other things listed in ORS 279C.332 (3), a construction manager/general contractor:

- (a) Functioning as a member of a project team that includes the School District, the project architect or engineer and other consultants.
- (b) Reviewing and analyzing the project design in order to suggest changes to minimize potential errors, delays, unexpected costs and other problems during construction.
- (c) Estimating construction, materials, labor and other costs for the project.
- (d) Establishing a fixed price, a guaranteed price or other maximum price for the project.
- (e) Constructing portions of the project and subcontracting portions to other contractors.
- (e) Coordinating and overseeing the construction process.

The Medford School District 549C proposes utilizing the CM/GC contract delivery methodology to obtain a proposal for the NMHS Gym. The use of a CM/GC contract on the project will allow the District to bring the General Contractor on board during the initial design phase providing value engineering services and a Guaranteed Maximum Price during the design phase in lieu of during the bid phase after full design documents have been established.

The exempted procurement process for this project includes the following:

A Request for Proposals (RFP) process pursuant to OAR 137-049-0640 to procure a CM/GC contract with a general contractor.

II FINDINGS REGARDING PROCUREMENT OF CM/GC SERVICES

ORS 279C.335 (2) requires that an agency make certain findings as part of exempting public improvement contracts or classes of public improvement contracts from competitive bidding, as is the case with the procurement of CM/GC services. Pursuant to ORS 279C.330 (2), the term “findings” as used in ORS 279C.335 (2) means “the justification for a conclusion that a contracting agency, in seeking an exemption from the competitive bidding requirements of ORS 279C.335 (1), reaches based on the considerations set forth in ORS 279C.335 (2).

Those required findings, generally defined as “findings regarding competition” and “findings regarding significant cost savings”, are addressed below.

A. Findings Regarding Competition

ORS 279C.335 (2) (a) requires an agency to find that: *“It is unlikely that the exemption will encourage favoritism in the awarding of public improvement contracts or substantially diminish competition for public improvement contracts.”*

The District finds that selecting the contractor through an exempted competitive proposal selection process in accordance with OAR 137-249-0600 and 137-249-0690 will not inhibit competition or encourage favoritism. This finding is supported by the following facts:

- 1) The proposed CM/GC alternative contract delivery methodology is a competitive proposal process that allows the District to select a firm to work with the design teams and rebuild the NMHS Gym at the best possible value. Simple price competition is not feasible due to technical complexity associated with designing and building projects of this nature and which are best addressed by a “full team” approach, with the CM/GC working with the District and the architect to solve specific challenges identified during the pre-construction phase. The technical complexity associated with installation of certain structural systems within the project and engineering plan lends it to specialized contractors with knowledge of these systems.
- 2) The CM/GC contractor will be selected through an open and competitive proposal process as prescribed by ORS 279C.400 to 410 and related administrative rules, including but not limited to formal public advertising of the solicitation, an award made based upon identified selection criteria described in the RFP, and an opportunity to protest any such award.
- 3) The RFP will comply with the requirements set forth in ORS 279C.337, which specifies the information required to be included in solicitation documents for CM/GC services.
- 4) The District anticipates that competition for this contract will be similar to that experienced in other projects of this type. All qualifying proposers will be eligible to submit proposals for the project.
- 5) The evaluation and solicitation process will be open and impartial. Selection will be made on the basis of final proposal scores derived from price and other components, which expand the ground of competition beyond price alone to include experience, quality, innovation factors, etc.
- 6) The District will enter into contract negotiations with the highest-ranking proposer and, in the event that contract negotiations fail, the District will have the right to negotiate with the next-highest ranked proposer until a contract is entered into.

B. Findings Regarding Significant Cost Savings

ORS 279C.335(2)(b) requires an agency to find that *“Awarding a public improvement contract under the exemption will result in substantial cost savings to the public contracting agency.”* This finding is supported by the following facts:

- 1) The CM/GC will participate in the design phase of the project and thereby be able to obtain a complete understanding of the District’s needs, the architect’s design intent, the scope of the project, and the operations needs of the students and staff of North Medford High School.
- 2) During the design phase, the CM/GC will provide value engineering, update cost estimate information, and offer suggestions for improvement to the design, allowing the District to be provided the best value, at a Guaranteed Maximum Price, and potentially eliminate costly change orders resulting from unknowns in the field.
- 3) CM/GC contracts also produce cost savings in that, unlike with traditional low-bid contracting method, any savings accrue to the District instead of the selected contractor.
- 4) Using a CM/GC will allow the District more flexibility to develop, evaluate and implement design changes with less impact on construction cost and time.
- 5) As a public entity, the District needs budget predictability and the CM/GC process, with its negotiated GMP, will provide the necessary predictability.
- 6) The CM/GC method of contracting provides the greatest controls for limited budgets and therefore benefits the District.

ORS 279C.335(2)(b) sets forth various criteria that the local contract review board is to consider in approving a finding that the award of a public improvement contract under the CM/GC exemption will likely result in substantial costs savings and other substantial benefits to the District. Those criteria, and the findings relevant to such criteria, are as follows:

- a. How many persons are available to bid;
There are limited qualified specialized contractors to perform the scope of work associated with the timeline of this project. However, all qualified contractors are encouraged to submit a proposal.
- b. The construction budget and the projected operating costs for the completed public improvement;
Funding for this project will be through the MSD insurance provider. Budget pricing should not include contingency amounts, as the insurance provider will include additional funding in their coverage and will cover the costs as needed. Early reliable pricing provided by the CM/GC during the design phases will reduce the potential for time

delays due to later discovery of higher-than-anticipated costs and the consequent changes of direction.

- c. Public benefits that may result from granting the exemption;
Utilization of the CM/GC contract delivery process will allow the District to deliver the most comprehensive project for the allotted funding. The use of a CM/GC contract will allow construction work to commence relatively rapidly on some portions of the project work while design continues on the remaining portions, thus shortening the overall duration of the Project to allow for completion by the due date. The CM/GC's participation and input during the design phase, and the resulting value-engineering and other cost savings, including but not limited to the establishment of a GMP, also benefit the public.

- d. Whether value engineering techniques may decrease the cost of the public improvement;
This work integrates personnel to properly install certain items of the rebuild project within the given construction window. A requirement to competitively bid this type of work would create additional expenses and lead to uncertainty regarding the installation of said items. For the reasons set forth above regarding the CM/GC's participation in the design phase, the CM/GC process offers a unique opportunity for value engineering that is not possible through the standard design-bid-build process.

- e. The cost and availability of specialized expertise that is necessary for the public improvement;
An exemption from competitive bidding will allow the District to take advantage of specialized general contractors knowledgeable in the integration of existing structures with the new construction, and value engineer the project during the design phase. This will allow the District to be provided the best value and potentially eliminate costly change orders resulting from unknowns in the field. Early selection of a CM/GC creates more informed, better-quality decision making by the project team, and a more efficient project team saves the District money. The project is highly complex because it involves significant construction over a relatively short period of time. Use of a CM/GC in conjunction with the team approach will result in a better coordinated project, accelerated completion, and minimize disruption to the District's operations. The CM/GC clarifies several critical variables valuable to the project design. The CM/GC: (a) guarantees the maximum price (GMP) to complete the project; (b) determines the construction schedule; (c) establishes the sequence of work; (d) is contractually bound to implement the final project design within the

GMP; and (e) participates as an essential member of the project design and construction team.

- f. Whether granting the exemption may reduce risks to the contracting agency, the state agency or the public that are related to the public improvement;
Risks associated with contract overruns, schedule increases and unqualified contractors are greatly reduced with the granting of the exemption to competitive bidding. The CM/GC process will mitigate risks as described above and as follows: (a) site coordination with city and county agencies; (b) site staging and laydown coordination; (c) site safety and work hours; (d) the establishment of the GMP will provide a complete project within the District's budget; and (e) a CM/GC contract allows for the District to engage in early work agreements that give more insight and site verification of unforeseen conditions to the architects, contractors and the District, as well as expediting the construction schedule by starting work early during the design phase.
- g. Whether granting the exemption will affect the sources of funding for the public improvement;
Granting the exemption will not affect funding sources for the NMHS Gym construction.
- h. Whether granting the exemption will better enable the contracting agency to control the impact that market conditions may have on the cost and time necessary to complete the public improvement;
The specialty products, services and supplies needed under this contract are not particularly impacted by market conditions.
- i. Whether granting the exemption will better enable the contracting agency to address the size and technical complexity of the public improvement;
Implementation of this project involves a number of issues of technical complexity. Special skills and expertise are needed for optimizing the related foundation strengthening, seismic strengthening, and element installation. Specialized skills will also be required of the CM/GC to negotiate and price multiple options and schedule complex tasks. A high level of coordination among the District and the all the design and construction entities is required and facilitated by the CM/GC approach.
- j. Whether the public improvement involves new construction or renovates or remodels an existing structure;
The public improvements of the NMHS Gym will renovate and rebuild the existing building.

- k. Whether the public improvement will be occupied or unoccupied during construction;
The major project improvements will occur while students and administration staff are on campus but absent from the gym building. the project will occur during normal school hours while students are in classes as long as they do not impact learning.
- l. Whether the public improvement will require a single phase of construction work or multiple phases of construction work to address specific project conditions;
It is the intent of the District to complete the project in one phase.

And

- m. Whether the contracting agency or state agency has, or has retained under contract, and will use contracting agency or state agency personnel, consultants and legal counsel that have the necessary expertise and substantial experience in alternative contracting methods to assist in developing the alternative contracting method that the contracting agency or state agency will use to award the public improvement contract and to help negotiate, administer and enforce the terms of the public improvement contract.
The District has enlisted the assistance of an Architect/Engineering team as well to assist with the enforcement of the terms of the scope of work associated with this public improvement contract. The District will enlist Thaddeus Pauck to assist the District with legal counsel and legal enforcement of the public improvement contract.

**III
SUMMARY**

Use of the CM/GC method of contracting for the NMHS Gym Project is an appropriate use of the alternative contracting method under OAR 137-049-0620. Additionally, an exemption from competitive bidding requirements is justified under the criteria outlined in ORS 279C.330, findings have been developed in compliance with ORS 279C.335 (2), and the District will perform the post-project evaluation required by ORS 279C.355. Based upon previously listed findings, the District specifically concludes that:

- 1) It is unlikely the exemption will encourage favoritism in the awarding of public contracts or substantially diminish competition for public contracts;
- 2) The exemption will result in substantial cost savings to the District for the services provided.

The District administration submits that this request meets all of the criteria above and requests approval of this exemption. If you have any questions, please call Andy Chasteen at 541-842-3646.

Notice of Public Hearing

The Medford School District Board of Directors will conduct a public hearing before the Local Contract Review Board at their next regularly scheduled Board meeting.

In the Matter of Exemption)
FINDINGS OF FACT)
Request of)
Medford School District 549C)
CM/GC North Medford High School Gym)

ORS 279C.335 (1) requires, with certain exceptions, that all Public Improvement contracts be based on competitive bids and, under ORS 279C.375, awarded to the lowest responsive and responsible bidder. ORS 279C.335 (2) permits the Local Contract Review Board, which in this case is the Medford School District 549c School Board, to grant, under certain conditions, specific exemptions from the requirement for competitive bidding upon the approval of specified findings.

OAR 137-049-0620 (1), allows the Local Contract Review Board to exempt a Public Improvement contract from the requirements to be competitively bid, provided written findings supporting the use of non-competitive bid process show compliance with OAR 137-049-0600 to 137-049-0690 and applicable statutes.

Prior Notice printed March 28 and 29 2025 stating the date of the hearing would be April 10, 2025, but that was an error.

The hearing for review of these findings will be held at 5:30 PM on **April 24, 2025** at Oakdale Middle School in the Multi-Purpose Room, 815 S. Oakdale Ave., Medford, OR 97501, as published in the public notice in the Daily Journal of Commerce and The Rogue Valley Times on April 2, 2025. Facts and Findings can be found on the Medford School District website at <https://www.medford.k12.or.us/departments1/purchasing-and-distribution-center>.

EXECUTIVE SUMMARY

Meeting Date:	April 24, 2025
Agenda Item:	Food Service RFP Update & Food Service Contract Approval
Item Type:	Update / Action
Administrator:	Brad Earl
Objective:	Approve Selection of Sodexo as Food Service Management Company (Provider) and allow Assistant Superintendent of Operations to finalize the contract with Sodexo.

Background: Our contract with Sodexo, our food service provider, expires at the end of this fiscal year and we have no additional renewal options available to us without conducting a Request for Proposal (RFP) process. For this reason, in February, we began an RFP process, working closely (as required) with the Oregon Department of Education (ODE), to select a food service provider, legally referenced as a Food Service Management Company (FSMC).

We received three (3) proposals: Chartwells, SFE, and Sodexo. A committee made up of ODE approved and trained food service experts in the Medford School District completed an evaluation process. Sodexo prevailed as the FSMC for the district.

The process was outlined by ODE and the committee adhered to the process as prescribed. ODE requires the board to approve the execution of the contract prior to ODE granting its final approval. Once approved by ODE, the Assistant Superintendent of Operations will finalize the signing of the contract with Sodexo.

The contract is for one (1) year, with the option to extend it for a maximum of four (4) additional one (1) year terms for a total of five (5) years. The estimated first year value of the contract is \$5.9 million. The district receives 100% reimbursement for the cost of the meals through the Community Eligibility Provision (CEP). In other words, all meals are free to students attending Medford School District schools.

Additional Materials: None

Recommendation: Approve the selection of Sodexo as FSMC and allow the Assistant Superintendent of Operations to finalize the contract with Sodexo.

Suggested Motion: *“I move to approve the selection of Sodexo as the Food Service Management Company beginning July 1, 2025 and approve Brad Earl to execute the agreement with Sodexo prior to June 30, 2025.”*

OAR 581-051-0570

Procurement Procedures Required

- (1) Sponsors shall procure food service management services in accordance with the requirements of these rules, as well as with 7 CFR Part 3015, 3016, 3019 and other applicable contracting laws. Each sponsor shall also comply with such public contracting rules and regulations as it may have adopted, or if a sponsor has adopted no public contracting rules and regulations as it may have adopted, or if a sponsor has adopted no public contracting rules and regulations, the sponsor shall comply with the Oregon Attorney General's Model Public Contract Rules, OAR 137-030-0000 et seq.
- (2) Sponsors shall conduct procurement for food service management services in a manner as to maximize free and open competition by issuance of Requests for Proposals.
 - (a) The Request for Proposal shall:
 - (i) Specify the scope of work required;
 - (ii) Specify the criteria which will be used to evaluate proposals, and the relative importance of each criterion; **and**
 - (iii) Specify the manner in which proposals will be evaluated.
 - (b) The RFP shall include a contract form which is identical to the document issued by the Department pursuant to [OAR 581-051-0530 \(Responsibilities of the Oregon Department of Education\)](#)(3);
 - (c) The Sponsor shall provide the Department with a copy of the RFP 60 days prior to publication for review.
 - (d) The Sponsor shall solicit proposals from qualified sources to permit reasonable competition, consistent with the nature and requirements of the procurement;

- (e)** The Sponsor shall evaluate the proposals in accordance with the published criteria and shall ensure that it has, or shall else retain, adequate technical expertise to reasonably evaluate the proposals. The Sponsor may avail itself of technical assistance from the Department as authorized in [OAR 581-051-0530 \(Responsibilities of the Oregon Department of Education\)](#)(5);
- (f)** The Sponsor will negotiate price and terms with top-ranked offerors.
- (g)** The Sponsor shall make award to the responsible offeror whose proposal is most advantageous to the District;
- (h)** The Sponsor shall submit the contract with the selected proposer to the Department for review within 10 days after Board or governing body of the District has approved the selected proposer.
- (i)** The sponsor shall submit the final contract to the Department within 10 days after signature;
- (j)** Alternative procurement methods may be approved by the Department.
- (3)** Sponsors shall not:

 - (a)** Place any unreasonable requirement upon proposers that would tend to exclude qualified proposers;
 - (b)** Foster or encourage any collusion between proposers or other noncompetitive practice;
 - (c)** Allow any conflict of interest that is prohibited by Oregon law;
 - (d)** Use a form of RFP or contract that has been provided by an FSMC in preparing the Request for Proposal;
 - (e)** Negotiate with any proposer prior to evaluation of all proposals;
 - (f)** Disclose the contents of any proposal to another proposer until all proposals are opened and made public;
 - (g)** Provide relevant information to only some and not to all proposers.

- (4)** Exception for secondary contract. Any Sponsor may, without Requests for Proposals, enter into an agreement with any other Sponsor which has a valid contract for food service management, for the provision of meals, provided that:
- (a)** The subordinate Sponsor is otherwise qualified as a School Food Authority under 7 CFR;
 - (b)** The subordinate Sponsor entered into a written agreement for delivery of meals;
 - (c)** The proceeds of such meals and reimbursements are kept in segregated accounts under the management of the subordinate Districts; **and**
 - (d)** The subordinate Sponsor fulfills the obligations of a Sponsor under [OAR 581-051-0560 \(Responsibilities of Sponsors\)](#) herein.

Source: Rule 581-051-0570 — Procurement Procedures Required, <https://secure.sos.state.or.us/oard/view.action?ruleNumber=581-051-0570>.



EXECUTIVE SUMMARY

Meeting Date:	April 24, 2025
Agenda Item:	School Board Policies - first reading
Item Type:	Action
Administrator:	Bret Champion, Jodi Fahy
Objective:	Review the policy and administrative regulation, delete the old version and readopt the new version as presented.

Background: OSBA provides quarterly policy updates that include current revisions to state and federal laws and guidelines. Staff has reviewed the updated language and applied applicable revisions which are reflected in the policy packet.

Revisions in **red** font indicate OSBA updated language. Revisions in **blue** font indicate staff updated language. Revisions made following the first reading are indicated in **green** font.

Policy	Title	Summary
JHCD/JHCDA <i>Delete this version</i>	Medications**	<i>There were a host of changes in Oregon law and administrative rules around administration of medication to students and for student self-administration in a school/district setting. This includes changes from House Bill 2002 and 2395 passed in the 2023 Legislature; from Senate Bill 1552 passed in the 2024 Legislature affecting statute in ORS 339.866 - 339.871; and rules on administration of medication in OAR 581-021-0037 which include new rules on short-acting opioid antagonist.</i>
JHCD/JHCDA-AR <i>Delete this version</i>	Medications**	<i>Since the changes are quite extensive, the original double coded policy and administrative regulation are recommended for deletion and replacement with the new versions - JHCD & JHCD-AR.</i>
JHCD <i>New policy</i>	Medications**/*	<i>Following the first reading as suggested by a Board member, we added (for example: Naloxone) at the first mention of short-acting opioid antagonist to both the policy and AR.</i>
JHCD-AR <i>New administrative regulation</i>	Medications**/*	

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* *May be subject to collective bargaining.*

*** As used in this policy, 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 581-015-2000.*

Additional Materials: [Policy Packet 4.24.25](#)

The policy packet is organized with the revised version first (colored font), followed by a draft final version with the revisions incorporated.

Recommendation: Review revised language, delete old versions and approve new versions of the policy and administrative regulation.

Suggested Motion: *“I move to approve the April 24th policy packet as presented.”*

Medford School District 549C

Code: JHCD/JHCDA
Adopted/Readopted: 9/19/19; 2/20/20; 2/17/22

Medications**

The district recognizes that administering a medication to a student and/or permitting a student to administer a medication to themselves, may be necessary when the failure to take such medication during school hours would prevent the student from attending school, and recognizes a need to ensure the health and well-being of a student who requires regular doses or injections of a medication as a result of experiencing a life-threatening allergic reaction or adrenal crisis¹, or a need to manage hypoglycemia, asthma or diabetes. Accordingly, the district may administer or a student may be permitted to administer to themselves prescription (injectable and noninjectable) and/or nonprescription (noninjectable) medication at school.

The district shall designate personnel authorized to administer medications to students. Annual training shall be provided to designated personnel as required by law in accordance with guidelines approved by the Oregon Department of Education (ODE). When a licensed health care professional is not immediately available, trained personnel designated by the district may administer epinephrine, glucagon or another medication to a student as prescribed and/or allowed by Oregon law.

Current first-aid and CPR cards are strongly encouraged for designated personnel.

The district reserves the right to reject a request for administration of medication at school, either by district personnel or student self-administration, if the medication is not necessary for the student to remain in school.

The superintendent and/or designee will require that an individualized health care plan and allergy plan is developed for every student with a known life-threatening allergy or a need to manage asthma, and an individualized health care plan for every student for whom the district has been given proper notice of a diagnosis of adrenal insufficiency. Such a plan will include provisions for administering medication and/or responding to emergency situations while the student is in school, at a school-sponsored activity, 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.

A student may be allowed to self-administer a medication for asthma, diabetes, hypoglycemia or severe allergies as prescribed by an Oregon licensed health care professional, upon written and signed request of the parent or guardian and subject to age-appropriate guidelines. This self-administration provision also requires a written and signed confirmation the student has been instructed by the Oregon licensed health care professional on the proper use of and responsibilities for the prescribed medication.

¹ Under proper notice given to the district by a student or student's parent or guardian.

A request to the district to administer or allow a student to self-administer prescription medication shall include a signed prescription and treatment plan from a prescriber².

A request to the district to administer or allow a student to self-administer nonprescription that is not approved by the Food and Drug Administration (FDA) shall include a written order from the student's prescriber that meets the requirements of law.

A written request and permission form signed by a student's parent or guardian, unless the student is allowed to access medical care without parental consent under state law³, is required and will be kept on file.

If the student is deemed to have violated Board policy or medical protocol by the district, the district may revoke the permission given to a student to self-administer medication.

Prescription and nonprescription medication will be handled, stored, monitored, disposed of and records maintained in accordance with established district administrative regulations governing the administration of prescription or nonprescription medications to students, including procedures for the disposal of sharps and glass.

A process shall be established by which, upon parent or guardian written request, a back-up prescribed autoinjectable epinephrine is kept at a reasonably, secure location in the student's classroom as provided by state law.

A premeasured dose of epinephrine 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 a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

Naloxone or any 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 overdose of an opioid drug.

This policy shall not prohibit, in any way, the administration of recognized first aid to a student by district employees in accordance with established state law, Board policy and administrative regulation.

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, in good faith and pursuant to state law, of prescription and/or nonprescription medication.

² 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.

³ Subject to ORS 109.610, 109.640 and 109.675.

A school administrator, school nurse, 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 a student's self-administration of medication, as described in Oregon Revised Statute (ORS) 339.866, if that person in good faith assisted the student in self-administration of the medication.

A school administrator, school nurse, teacher or other district employee designated by the school administration is not liable in a criminal action or for civil damages as a result of the use of medication if that 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 or administers naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug to a student or other individual who that person believes in good faith is experiencing an overdose of an opioid drug.

The district and the members of the 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, 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, 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 or administers naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug to a student or other individual who the person believes in good faith is experiencing an overdose of an opioid drug.

END OF POLICY

Legal Reference(s):

[ORS 109.610](#)
[ORS 109.640](#)
[ORS 109.675](#)
[ORS 332.107](#)
[ORS 339.866 - 339.871](#)

[ORS 433.800 - 433.830](#)
[ORS 475.005 - 475.285](#)
[OAR 166-400-0010\(17\)](#)
[OAR 166-400-0060\(29\)](#)

[OAR 333-055-0000 -055-0115](#)
[OAR 581-021-0037](#)
[OAR 581-022-2220](#)
[OAR 851-047-0030](#)
[OAR 851-047-0040](#)

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2019).

OREGON HEALTH AUTHORITY AND OREGON DEPARTMENT OF EDUCATION, *Medication Administration: A Manual for School Personnel*.

Medford School District 549C

Code: JHCD/JHCDA-AR
Adopted: 2/12/18
Revised/Readopted: 9/19/19; 2/20/20; 2/17/22
Orig. Code: JHCD/JHCDA-AR

Medications**

Students 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.

1. Definitions

- a. “Medication” means 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 includes any prescription for bronchodilators or autoinjectable epinephrine prescribed by a student’s Oregon licensed health care professional for asthma or severe allergies. Medication 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.
- b. “Prescription medication” means any medication that under federal law or state requires a prescription by a prescriber.
- c. “Nonprescription medication” means medication that under federal law or state does not require a prescription from a prescriber.
- d. “Adrenal crisis” means adrenal crisis as defined in Oregon Revised Statute (ORS) 433.800.
- e. “Adrenal insufficiency” means adrenal insufficiency as defined in ORS 433.800.
- f. “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.
- g. “Prescriber¹” 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 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.

¹ 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

- h. “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.
- i. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen, dust or insect sting.
- j. “Asthma” means a chronic inflammatory disorder of the airways that requires ongoing medical intervention.
- k. “Designated personnel” means the school personnel designated to administer medication pursuant to district policy and procedure.

2. Designated Staff/Training

- a. The principal will designate personnel authorized to administer prescription or nonprescription medication to a student while the student is in school, at a school-sponsored activity, 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, 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 and this administrative regulation.
- b. The principal will ensure the training required by Oregon law is provided to designated personnel. Training must be conducted by a qualified trainer. 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.
- 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, allergic reactions or adrenal insufficiency and student confidentiality. Materials as recommended and/or approved by the ODE will be used.
- d. 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.
- e. A statement that the designated personnel has received the required training will be signed by the staff member and filed in the school office.

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

A premeasured dose of epinephrine 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 a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

4. Administering Naloxone or Other Similar Medication to a Student or Other Individual 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-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-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 will designate one or more school personnel to be responsible for administering the medication to treat adrenal insufficiency;
- b. The designated personnel will successfully complete 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 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 staff member will immediately call 911 and the student's parent or guardian.

6. Administering Medication to a Student

- a. A request to permit designated personnel to administer medication to a student 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 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 is provided in the original manufacturer's container by the parent or guardian of the student;
 - (c) The written instruction 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 allergy plan will be developed for a student with a known life-threatening allergy and will include protocols for preventing exposures to allergens and

procedures for responding to life-threatening allergic reactions 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. 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;
- d. 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;
- e. 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;
- f. Any error in administration of a medication will be reported to the parent or guardian immediately, except where 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;
- g. Medication shall not be administered until the necessary permission form and written instructions have been submitted as required by the district.

7. Self-Medication

- a. A student, including a student in grade K through 12 with asthma or severe allergies, may be permitted to administer 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 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 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;
 - (vii) Other special instructions, if any; and
 - (viii) Signature of the prescriber.
- b. The student may have in 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;
- c. Sharing and/or borrowing of any medication with another student is strictly prohibited;
- d. For a student who has been prescribed bronchodilators or epinephrine, the designated personnel will request that the parent or guardian provide backup medication for emergency use by that student. Backup medication, if provided, 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;
- e. 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;
- f. A student shall not administer medication to themselves until the necessary permission form and written instructions have been submitted as required by the district;
- g. Permission for a student to administer medication to themselves may be revoked if the student violates the Board policy and/or this administrative regulation;
- h. A student may be subject to discipline, up to and including expulsion, as appropriate;

- i. A student permitted to administer medication to themselves may be monitored by designated personnel to monitor the student's response to the medication.
8. Handling, Monitoring and Safe Storage of Medication Supplies for Administering Medication to Students
- a. Medication administered by designated personnel to a student or self administered by a student, must be delivered 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 personnel 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 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 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 separate refrigerator used solely for the storage of medication;
 - (3) Access to medication storage keys will be limited to the principal and designated personnel.
 - e. 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.
 - f. In the event medication is running low or an inadequate dosage is on hand to administer the medication, the designated personnel will notify the student's 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 that result from district-administered medication or from student self-medication or allergic reactions. The parent or guardian, 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 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 and plans to administer medication.

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 a nonrecoverable fashion as follows:
 - (1) Medication will be removed from its original container and personal information will be destroyed;
 - (2) Solid medications will be crushed, mixed or dissolved in water, liquid medications will be mixed or dissolved in water; and
 - (3) Mixed with an undesirable substance, e.g., coffee grounds, kitty litter, flour; and
 - (4) Placed in impermeable non-descriptive containers, e.g., empty cans or sealable bags, and placed in the trash.

Prescriptions will be flushed down the toilet only if the accompanying patient information specifically instructs it is safe to do so.

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 Section 10, below.

11. Transcribing, Recording 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 of the student, 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. 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 record 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 health information will be kept confidential. Access shall be limited to those designated personnel authorized to administer medication to students, the student and their parent or guardian. Information may be shared with other staff 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.

Medford School District 549C

Code: JHCD
 Adopted: xx/xx/xx

Medications**/*

The district recognizes administering a medication to a student and/or permitting a student to administer a medication to themselves, may be necessary to allow the student to attend school. Therefore, the district allows medication, including injectable medications, to be administered to a student by designated personnel and the administration of medication by a student to themselves without assistance from designated personnel, subject to criteria established by the district and in accordance with Oregon law.

The district shall designate personnel authorized to administer medications to students. Medications, including injectable medications, may be administered by designated district personnel as part of a formal delegation by a registered nurse. Annual training shall be provided to designated personnel in accordance with law. The training will align with the ODE Medication Administration Training and include discussion of this policy, procedures and materials, including but not limited to, procedures outlined in administrative regulation JHCD-AR - Medications.

When a licensed healthcare professional is not immediately available, trained personnel designated by the district may administer epinephrine, glucagon, treatment for adrenal insufficiency, or another medication to a student as prescribed and/or as otherwise allowed by Oregon law.

A current first-aid/CPR/AED card is required for designated personnel.

The district reserves the right to reject a request for administration of medication at school, either by district personnel or student self-administration, if the medication is not necessary for the student to remain in school.

The district may revoke permission given to a student to self-administer medication if the student does not responsibly self-administer the medication or abuses the use of the medication, as determined by district personnel.

Medications will be handled, stored, monitored, disposed of and records maintained in accordance with law and established district procedures governing the administration of prescription or nonprescription medications to students, including procedures for the disposal of sharps and glass.

A process shall be established by which, upon parent or guardian written request, a backup medication is kept at a reasonably, secure location in the student's classroom as provided by state law.

A premeasured dose of epinephrine may be administered by trained, designated personnel to any student or other individual on district premises who the person believes in good faith is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

A non-injectable short-acting opioid antagonist (**for example: Naloxone**) may be administered to any student or other individual by district personnel (whether or not they have received training on

administering medications) on district premises who the individual administering the short-acting opioid antagonist believes in good faith is experiencing an opioid overdose.

A school administrator, teacher or other school employee, may administer a short-acting opioid antagonist to a student who experienced or is experiencing an opioid overdose without written permission and instructions of the student’s parents or guardian.

This policy shall not prohibit, in any way, the administration of recognized first aid to a student by district employees in accordance with established state law, Board policy and administrative regulation.

The superintendent shall develop administrative regulations to meet the requirements of law and the implementation of this policy.

END OF POLICY

Legal Reference(s):

- [ORS 332.107](#)
- [ORS 339.866 - 339.871](#)
- [ORS 433.800 - 433.830](#)
- [ORS 689.800](#)
- [OAR 166-400-0010\(17\)](#)
- [OAR 166-400-0060\(29\)](#)
- [OAR 333-055-0000 - 0035](#)
- [OAR 581-021-0037](#)
- [OAR 581-022-2220](#)
- [OAR 851-047-0000 - 0030](#)

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2019).

OREGON HEALTH AUTHORITY AND OREGON DEPARTMENT OF EDUCATION, *Medication Administration: A Manual for School Personnel*. House Bill 1552 (2024).

Medford School District 549C

Code: JHCD
Adopted: xx/xx/xx

Medications/****

The district recognizes administering a medication to a student and/or permitting a student to administer a medication to themselves, may be necessary to allow the student to attend school. Therefore, the district allows medication, including injectable medications, to be administered to a student by designated personnel and the administration of medication by a student to themselves without assistance from designated personnel, subject to criteria established by the district and in accordance with Oregon law.

The district shall designate personnel authorized to administer medications to students. Medications, including injectable medications, may be administered by designated district personnel as part of a formal delegation by a registered nurse. Annual training shall be provided to designated personnel in accordance with law. The training will align with the ODE Medication Administration Training and include discussion of this policy, procedures and materials, including but not limited to, procedures outlined in administrative regulation JHCD-AR - Medications.

When a licensed healthcare professional is not immediately available, trained personnel designated by the district may administer epinephrine, glucagon, treatment for adrenal insufficiency, or another medication to a student as prescribed and/or as otherwise allowed by Oregon law.

A current first-aid/CPR/AED card is required for designated personnel.

The district reserves the right to reject a request for administration of medication at school, either by district personnel or student self-administration, if the medication is not necessary for the student to remain in school.

The district may revoke permission given to a student to self-administer medication if the student does not responsibly self-administer the medication or abuses the use of the medication, as determined by district personnel.

Medications will be handled, stored, monitored, disposed of and records maintained in accordance with law and established district procedures governing the administration of prescription or nonprescription medications to students, including procedures for the disposal of sharps and glass.

A process shall be established by which, upon parent or guardian written request, a backup medication is kept at a reasonably, secure location in the student's classroom as provided by state law.

A premeasured dose of epinephrine may be administered by trained, designated personnel to any student or other individual on district premises who the person believes in good faith is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

A non-injectable short-acting opioid antagonist (for example: Naloxone) may be administered to any student or other individual by district personnel (whether or not they have received training on

administering medications) on district premises who the individual administering the short-acting opioid antagonist believes in good faith is experiencing an opioid overdose.

A school administrator, teacher or other school employee, may administer a short-acting opioid antagonist to a student who experienced or is experiencing an opioid overdose without written permission and instructions of the student's parents or guardian.

This policy shall not prohibit, in any way, the administration of recognized first aid to a student by district employees in accordance with established state law, Board policy and administrative regulation.

The superintendent shall develop administrative regulations to meet the requirements of law and the implementation of this policy.

END OF POLICY

Legal Reference(s):

[ORS 332.107](#)
[ORS 339.866 - 339.871](#)
[ORS 433.800 - 433.830](#)
[ORS 689.800](#)
[OAR 166-400-0010\(17\)](#)
[OAR 166-400-0060\(29\)](#)
[OAR 333-055-0000 - 0035](#)
[OAR 581-021-0037](#)
[OAR 581-022-2220](#)
[OAR 851-047-0000 - 0030](#)

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2019).

OREGON HEALTH AUTHORITY AND OREGON DEPARTMENT OF EDUCATION, *Medication Administration: A Manual for School Personnel*. House Bill 1552 (2024).

Medford School District 549C

Code: JHCD-AR
Adopted: xx/xx/xxxx

Medications**/*

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

1. Definitions¹

- 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)
- c. “Adrenal insufficiency” means a hormonal disorder that occurs when the adrenal glands do not produce enough adrenal hormones. (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 an overdose of an opioid drug. “Medication” also means 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)
- 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)
- i. “Notice of a diagnosis of adrenal insufficiency” means written notice to the district from 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

¹ 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.

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. “Prescriber²” 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; or (b) in another state or territory of the U.S. if the person does not reside in Oregon and is registered under the federal Controlled Substances Act. (OAR 581-021-0037)
- 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.
- m. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen, or dust. (ORS 339.866)
- n. “Short-acting opioid antagonist” means any short-acting drug approved by the U.S. Food and Drug Administration (**for example: Naloxone**) for the complete or partial reversal of an opioid overdose. (ORS 689.800)

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, in consultation with the school nurse, will designate district personnel authorized to administer prescription or nonprescription medication to a student which takes into account when 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, and may include when a student is in a before-school or after-school care program on school-owned property when required by 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 must 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

² A registered nurse who is employed by a district or local public health authority to provide nursing services at a district 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 district for not more than 90 days.

first training and every third training thereafter shall be provided in-person³. 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.

- 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, discussion of the following: safe storage, administration, handling and disposing of medications; accessibility of medication during an emergency; record keeping; whether response to medication should be monitored by designated personnel and the role of designated personnel in such monitoring; 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.
- f. The district shall maintain documentation of district personnel's completion of training in accordance with OAR 166-400-0010.

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

A premeasured dose of epinephrine may be administered by trained district personnel to any student or other individual on district premises who the person believes in good faith is experiencing a severe allergic response, regardless of whether the student or individual has a prescription for epinephrine.

4. Administering Short-Acting Opioid Antagonists

A short-acting opioid antagonist may be administered by any district personnel⁴ 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 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. A description of short-acting opioid antagonists and their purpose;
- b. 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;

³ 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.

⁴ Including district personnel who have not received medication administration training.

- c. 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
- d. 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.

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 district-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and/or in transit to or from a school or a 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 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;
- 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;
- c. The student's parent or guardian must provide adequate supply of the student's prescribed medication to the district;
- d. The district will develop an individualized health care plan for the student;
- 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 Medication to a Student

- a. A request to permit designated personnel to administer medication to a student 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; 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 sufficient 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 is:
 - (i) Provided in the original manufacturer's container by the student's parent or guardian; 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 medication⁵ 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;

⁵ For nonprescription medication that is not approved by the Food and Drug Administration (FDA), see requirements in 6.a.(2)(d).

- (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. The principal or designee will require an individualized health care plan or allergy plan be developed for every student with a need to manage ~~asthma or~~ a known life-threatening allergy. A plan will include protocols for preventing exposures to allergens and procedures for responding to life-threatening allergic responses, and include provisions for administering medication and/or responding to emergency situations while the student is in school, at a school-sponsored activity, 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;
- 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 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 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. 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. 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 through 12 with asthma, diabetes, or severe allergies, 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) The written permission from a parent or guardian and other documentation requested by the district must be submitted for self-medication of all prescription medications;
 - (b) If the student has asthma, diabetes, 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 district setting.
- (2) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication⁶ and must have:
- (a) The written permission of the student's parent or guardian;
 - (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; 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. A student may have in 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. The sharing and/or borrowing by a student of any medication with another student is strictly prohibited⁷;
 - e. The district personnel will request backup medication, when the medication is to treat a student's asthma or severe allergy emergency, from the student's parent or guardian. Backup medication, if provided by a student's parent or guardian, will be kept at the student's school in

⁶ For nonprescription medication that is not approved by the Food and Drug Administration (FDA), see requirements in 7.a.(3).

⁷ Except for short-acting opioid antagonists.

- a location to which the student has immediate access in the event the student has an asthma and/or severe allergy emergency;
- f. A student shall not administer medication to themselves until the necessary permission form and written instructions have been submitted as required by the district;
- g. 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;
- h. A student may be subject to discipline, up to and including expulsion, as appropriate for violations of these procedures;
- i. A student permitted to administer medication to themselves may be monitored by designated personnel to monitor the student's response to the medication;
- j. 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 Administration of Medication

- a. Any medication 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. Medication in any form categorized as a sedative, stimulant, anti-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) and routinely monitored during storage and administration. Any discrepancies will be reported to the district nurse or principal immediately and documented in the student's MAR. For such medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.
- f. Designated personnel will follow the written instructions of the prescriber and the student's parent or guardian, and training guidelines as may be recommended by ODE for administering all forms of prescription and/or nonprescription medications.
- g. Medication will be secured as follows:
 - (1) Nonrefrigerated medications will be stored in a locked cabinet, drawer or box in a secure area;
 - (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 principal and designated personnel.
- h. 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.

- i. When medication is running low or an inadequate dosage is on hand to administer the medication, the designated personnel will notify the student's parent or guardian immediately.

9. Emergency Response

- a. Designated personnel will immediately call 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. The parent or guardian, district nurse, and principal will be notified immediately.
- b. Adverse reactions which result from district-administered medication or from student self-medication will be reported to the parent or guardian immediately.
- 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 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, 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) Mix with an undesirable substance, e.g., coffee grounds, used cat litter;
 - (3) Place in a plastic bag or other sealable container, e.g., such as an empty plastic container; and
 - (4) Place the sealed container with the mixture in the trash as close to garbage pickup time as possible, to prevent theft and misuse.
- b. Prescriptions will never be flushed down the toilet or drain or burnt with other waste.
- c. Sharps and glass will be disposed of in accordance with state guidelines.
- d. All medication will be disposed of by designated personnel following DEQ guidelines and documented on the student's MAR as described below.

11. Transcribing, Recording and Record Keeping

- a. A medication administration record (MAR) will be maintained for each student administered medication by the district. The MAR will be in paper⁸ or electronic form and will include, but not be limited to:

⁸ If a paper record is kept, the record will be documented in blue or black ink, and never in pencil or with use of white-out.

- (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. Records will be retained in accordance with applicable provisions of OAR 166-400-0010(17) and OAR 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 their parent or guardian. Information may be shared with school personnel with a legitimate educational interest in the student or others 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.

Medford School District 549C

Code: JHCD-AR
Adopted: xx/xx/xxxx

Medications**/*

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

1. Definitions¹

- 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)
- c. “Adrenal insufficiency” means a hormonal disorder that occurs when the adrenal glands do not produce enough adrenal hormones. (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 an overdose of an opioid drug. “Medication” also means 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)
- 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)
- i. “Notice of a diagnosis of adrenal insufficiency” means written notice to the district from 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

¹ 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.

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. “Prescriber²” 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; or (b) in another state or territory of the U.S. if the person does not reside in Oregon and is registered under the federal Controlled Substances Act. (OAR 581-021-0037)
- 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.
- m. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen, or dust. (ORS 339.866)
- n. “Short-acting opioid antagonist” means any short-acting drug approved by the U.S. Food and Drug Administration (for example: Naloxone) for the complete or partial reversal of an opioid overdose. (ORS 689.800)

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, in consultation with the school nurse, will designate district personnel authorized to administer prescription or nonprescription medication to a student which takes into account when 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, and may include when a student is in a before-school or after-school care program on school-owned property when required by 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 must 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

² A registered nurse who is employed by a district or local public health authority to provide nursing services at a district 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 district for not more than 90 days.

first training and every third training thereafter shall be provided in-person³. 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.

- 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, discussion of the following: safe storage, administration, handling and disposing of medications; accessibility of medication during an emergency; record keeping; whether response to medication should be monitored by designated personnel and the role of designated personnel in such monitoring; 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.
- f. The district shall maintain documentation of district personnel's completion of training in accordance with OAR 166-400-0010.

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

A premeasured dose of epinephrine may be administered by trained district personnel to any student or other individual on district premises who the person believes in good faith is experiencing a severe allergic response, regardless of whether the student or individual has a prescription for epinephrine.

4. Administering Short-Acting Opioid Antagonists

A short-acting opioid antagonist may be administered by any district personnel⁴ 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 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. A description of short-acting opioid antagonists and their purpose;
- b. 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;

³ 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.

⁴ Including district personnel who have not received medication administration training.

- c. 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
- d. 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.

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 district-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and/or in transit to or from a school or a 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 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;
- 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;
- c. The student's parent or guardian must provide adequate supply of the student's prescribed medication to the district;
- d. The district will develop an individualized health care plan for the student;
- 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 Medication to a Student

- a. A request to permit designated personnel to administer medication to a student 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; 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 sufficient 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 is:
 - (i) Provided in the original manufacturer's container by the student's parent or guardian; 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 medication⁵ 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;

⁵ For nonprescription medication that is not approved by the Food and Drug Administration (FDA), see requirements in 6.a.(2)(d).

- (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. The principal or designee will require an individualized health care plan or allergy plan be developed for every student with a need to manage a known life-threatening allergy. A plan will include protocols for preventing exposures to allergens and procedures for responding to life-threatening allergic responses, and include provisions for administering medication and/or responding to emergency situations while the student is in school, at a school-sponsored activity, 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;
- 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 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 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. 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. 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 through 12 with asthma, diabetes, or severe allergies, 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) The written permission from a parent or guardian and other documentation requested by the district must be submitted for self-medication of all prescription medications;
 - (b) If the student has asthma, diabetes, 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 district setting.
- (2) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication⁶ and must have:
- (a) The written permission of the student's parent or guardian;
 - (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; 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. A student may have in 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. The sharing and/or borrowing by a student of any medication with another student is strictly prohibited⁷;
 - e. The district personnel will request backup medication, when the medication is to treat a student's asthma or severe allergy emergency, from the student's parent or guardian. Backup medication, if provided by a student's parent or guardian, will be kept at the student's school in

⁶ For nonprescription medication that is not approved by the Food and Drug Administration (FDA), see requirements in 7.a.(3).

⁷ Except for short-acting opioid antagonists.

- a location to which the student has immediate access in the event the student has an asthma and/or severe allergy emergency;
- f. A student shall not administer medication to themselves until the necessary permission form and written instructions have been submitted as required by the district;
 - g. 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;
 - h. A student may be subject to discipline, up to and including expulsion, as appropriate for violations of these procedures;
 - i. A student permitted to administer medication to themselves may be monitored by designated personnel to monitor the student's response to the medication;
 - j. 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 Administration of Medication
- a. Any medication 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. Medication in any form categorized as a sedative, stimulant, anti-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) and routinely monitored during storage and administration. Any discrepancies will be reported to the district nurse or principal immediately and documented in the student's MAR. For such medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.
 - f. Designated personnel will follow the written instructions of the prescriber and the student's parent or guardian, and training guidelines as may be recommended by ODE for administering all forms of prescription and/or nonprescription medications.
 - g. Medication will be secured as follows:
 - (1) Nonrefrigerated medications will be stored in a locked cabinet, drawer or box in a secure area;
 - (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 principal and designated personnel.
 - h. 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.

- i. When medication is running low or an inadequate dosage is on hand to administer the medication, the designated personnel will notify the student's parent or guardian immediately.

9. Emergency Response

- a. Designated personnel will immediately call 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. The parent or guardian, district nurse, and principal will be notified immediately.
- b. Adverse reactions which result from district-administered medication or from student self-medication will be reported to the parent or guardian immediately.
- 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 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, 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) Mix with an undesirable substance, e.g., coffee grounds, used cat litter;
 - (3) Place in a plastic bag or other sealable container, e.g., such as an empty plastic container; and
 - (4) Place the sealed container with the mixture in the trash as close to garbage pickup time as possible, to prevent theft and misuse.
- b. Prescriptions will never be flushed down the toilet or drain or burnt with other waste.
- c. Sharps and glass will be disposed of in accordance with state guidelines.
- d. All medication will be disposed of by designated personnel following DEQ guidelines and documented on the student's MAR as described below.

11. Transcribing, Recording and Record Keeping

- a. A medication administration record (MAR) will be maintained for each student administered medication by the district. The MAR will be in paper⁸ or electronic form and will include, but not be limited to:

⁸ If a paper record is kept, the record will be documented in blue or black ink, and never in pencil or with use of white-out.

- (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. Records will be retained in accordance with applicable provisions of OAR 166-400-0010(17) and OAR 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 their parent or guardian. Information may be shared with school personnel with a legitimate educational interest in the student or others 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.



EXECUTIVE SUMMARY

Meeting Date:	April 24, 2025
Agenda Item:	Staff Assignment Report
Item Type:	Report
Administrator:	Janel Reed
Objective:	Approve new licensed and administrative staff.

Background:

Under current Board policy, one responsibility of the Board is to approve the hiring of licensed and administrative staff. The Staff Assignment Report includes that information, as well as any retirements or resignations.

Additional Materials: Staff Assignment Report

Recommendation: Administration recommends approval of the new hires.

Suggested Motion: A formal motion is not required if approved with the consent agenda.

**Medford School District Staff Assignment
School Board Meeting, April 24, 2025**

Recommendation for election to the position of Administrator for the 2025-26 school year:

Employee Name	School/Location	Position	University/College
Chung, Winter	Kennedy Elementary	Assistant Principal	National University
Esselstrom, Kara	Washington Elementary	Principal	Grand Canyon University
Richardson, Dalton	McLoughlin Middle School	Assistant Principal	Southern Oregon University

Recommendation for election to the position of Teacher for the 2025-26 school year:

Employee Name	School/Location	Position	University/College
Antaya, Jason	McLoughlin Middle School	ELD	Concordia University
Christopher, Sierra	Oakdale Middle School	BlendEd Learning	Southern Oregon University
Taylor, Lyndsy	South Medford High School	School Counselor	University of Massachusetts Global

Resignations:

Employee Name	School/Location	Position	Effective Date
Allred, Laura	Jacksonville Elementary	Speech Language Clinician	04.25.2025
Andrews, Skylar	South Medford High School	Special Education	06.09.2025
Fisher, Shawna	Oak Grove Elementary	Elementary - Grade 01	06.06.2025
Hufford, Jacob	McLoughlin Middle School	Temporary Health (long-term sub)	04.10.2025
Jones, Andrea	Oakdale Middle School	6th Grade Math	06.06.2025
Peterson, David	Jefferson Elementary	Special Education	06.09.2025
Stine, Kevin	McLoughlin Middle School	Temporary PE (long-term sub)	04.16.2025

Retirements:

Employee Name	School/Location	Position	Effective Date
Hayes-Sanders, Terry	Kennedy Elementary	Elementary - Grade 02	06.06.2025



EXECUTIVE SUMMARY

Meeting Date:	April 24, 2025
Agenda Item:	Consideration for approval of minutes from previous meeting(s)
Item Type:	Minutes
Administrator:	Bret Champion, Jodi Fahy
Objective:	Approve meeting minutes

Background: School Board policies BDDG and BDDC indicate the Board shall provide for the taking of written minutes of all its meetings, and that the minutes shall be available to the public after approval by the Board.

Additional Materials: Draft minutes for the Work Session held on April 10, 2025.

Recommendation: Approve the minutes included with the consent agenda.

Suggested Motion: A formal motion is not required if approved with the consent agenda.



Work Session of the Board of Education

Thursday, April 10, 2025 5:30 PM

Oakdale Middle School Room 230
815 S. Oakdale Ave.
Medford, OR 97501

Michelle Atkinson: Present
Lilia Caballero: Present
Kendell Ferguson: Present
Jeff Kinsella: Absent
Suzanne Messer: Absent
Michael Williams: Absent
Cynthia Wright: Present

A video recording of the Board meeting can be found on the district website at [this link](#). The slide presentation can be viewed by clicking on Extras listed next to the meeting at [this link](#).

1. Call to Order / Pledge of Allegiance / Roll Call

Board Chair Cynthia Wright called the meeting to order at 5:32 PM and led the Pledge of Allegiance. Roll was called. *(It was verbally noted that Board Director Michael Williams would attend virtually. He was unable to join the meeting and therefore his attendance was recorded as absent.)*

Chair Wright welcomed the public and stated the district's vision statement.

2. Agenda Adjustments and Approval

Hearing no objections, the agenda was approved by unanimous consent.

3. Recognitions

3.a. High School Artists Shine in Medford's Community Art Contest

Superintendent Bret Champion invited North Medford High School (NMHS) Art Teacher Lindsey Stout and South Medford High School (SMHS) Art Teacher Elizabeth Null to the podium to speak on the student art awards. Students were

presented with certificates of recognition.

High School Alpine Ski Racing State Championships

Superintendent Champion invited SMHS Coach Gary King to the podium to speak on the state championships and present students with certificates of recognition. Assistant Coach Tucker Houck was also present.

3.b. Oregon's 2024-25 School Communicator of the Year

Superintendent Champion spoke regarding the Oregon School Communicator of the Year award that was presented at the Oregon School Public Relations Association (OSPRA) conference to Communications and Community Relations Director Natalie Hurd and commended her leadership in the district's family engagement and communication.

Hurd provided an overview of her journalism career that evolved into public relations for the district. She expressed thanks to the communications team; leadership coach; the Board for supporting the work and hiring Superintendent Champion; and to Superintendent Champion for supporting communication.

4. Recess

The Board took a short break to take photos with those recognized.

5. Work Session Items

5.a. Board/District Goals & Priorities - Students are Engaged / Student & Family Engagement Update

Communications and Community Relations Director Natalie Hurd and Assistant Director of Family Outreach and Community Engagement Marisa Poling provided an overview of the YouthTruth survey results as it relates to the Board/District Goal – Students are Engaged.

Topics of the presentation included:

- why the district conducts the survey
- student and family survey grade levels
- number of survey responses; defining student and family engagement
- understanding the survey results
- student and family trend data by level
- highest and lowest rated question by categories

Jefferson Elementary Principal Dan Jones and North Medford High School Principal Allen Barber shared what is working in their schools in the area of culture, relationships, safety, resources, and communications.

Board Directors put forth questions and comment regarding result similarities across all three middle schools; clarification between Oregon and National averages; role of career and technical education programs; improvement in school safety; number of years the district has conducted the survey for the elementary level; culture building events and engagement at Jefferson Elementary; noticeable improvement in culture at NMHS; opportunities to improve engagement at the middle school level; and the effect on data due to moving sixth grade students to middle school.

5.b. North Medford High School (NMHS) Gymnasium Update

Executive Director of Security, Leadership and Facilities Ron Havnear and Facilities Manager Andy Chasteen provided an update on the NMHS gymnasium. Updates since the last Board meeting included:

- demo phase I - *complete*
- professional services team selection - *complete*
- engineer assessment - *in progress*
- weather in and shoring contractor - *in progress*
- temporary – permanent structure - *in progress*
- engineer assessment of remaining structure - *scheduled*
- weight room - equipment removal - *complete*
- athletic equipment retrieval - *in progress*
- locker clean out - *scheduled*

Board Directors put forth questions and comments regarding the extent of damage and how much of the building was salvageable.

5.c. School Board Policies – *first reading*

Board Directors reviewed the policies and administrative regulations and determined to move them forward for a second reading and approval at the April 24 Board meeting, including the proposed revisions.

6. Consent Agenda

- 6.a. Staff Assignment Report
- 6.b. Minutes from previous Board meetings
- 6.c. Foreign Exchange Programs

Hearing no objections, the consent agenda was approved by unanimous consent.

7. Announcements

7.a. Professional Development Opportunity for Teachers - Ag Industry

Grazioli explained the process for sharing professional development (PD) opportunities for teachers and staff. She noted that the opportunity for the agriculture industry PD would be included in the current newsletter.

7.b. April 17 - Budget Committee Meeting at Oakdale Middle School - 5:30 PM

7.c. April 24 - Board Meeting at Oakdale Middle School - 5:30 PM

7.d. May 8 - Community Share Out at Work Session - 5:30 PM

Chair Wright acknowledged the upcoming Budget Committee and Board meetings.

8. Adjournment

There being no further business before the Board, the meeting was adjourned at 6:54 PM.

Chair of the District School Board
Medford School District

ATTEST:

Superintendent-Clerk