

## Title: Administering Medications to Students

### Control Information

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Owner/Curator	Melissa Harris
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### Revision History

Revision	Date	Revision Description	Originator
A	9/11/14	Initial Release	Melissa Harris

## 1.1. Objective:

The objective of this policy is the following:

- 1.1.1. Define procedure for receiving and administering medication to students.
- 1.1.2. Define procedure for approving self-administration of medication by a student.
- 1.1.3. Define required training for staff who administer medication to students.

## 1.2. Definitions

- 1.2.1. "Prescription medication" means any noninjectable/injectable drug, chemical compound, suspension or preparation in suitable form for use as a curative or remedial substance taken either internally or externally by a student under the written direction of a physician. Prescription medication does not include dietary food supplements.
- 1.2.2. "Nonprescription medication" means only commercially prepared, nonalcohol-based medication to be taken at school that is necessary for the student to remain in school. This shall be limited to medication for eyes, nasal spray, cough drops, cough suppressants, analgesics, decongestants, antihistamines, topical antibiotics, anti-inflammatories, and antacids that do not require written or oral instructions from a physician. Nonprescription medication does not include dietary food supplements.
- 1.2.3. "Physician" means a doctor of medicine or osteopathy, a physician assistant licensed to practice by the Board of Medical Examiners for the state of Oregon, a nurse practitioner with prescriptive authority licensed by the Oregon State Board of Nursing, a dentist licensed by the Board of Dentistry for the state of Oregon, an optometrist licensed by the Board of Optometry for the state of Oregon, or a naturopathic physician licensed by the Board of Naturopathy for the state of Oregon.
- 1.2.4. "Student self-medication" means a student must be able to administer medication to himself or herself without requiring a trained staff member to assist in the administration of the medication.
- 1.2.5. "Age-appropriate guidelines" means the student must be able to demonstrate the ability, developmentally and behaviorally, to self medicate with permission from parent, building administrator, and in the case of a prescription medication, a physician.
- 1.2.6. "Training" means yearly instruction, by a qualified trainer, provided to designated staff on the administration of prescription and nonprescription medication, based on requirements set out in guidelines approved by the Oregon Department of Education, including discussion of applicable district policies, procedures, and materials.
- 1.2.7. "Qualified trainer" means a person who is familiar with the delivery of health services in a school setting and who is a registered nurse licensed by the Oregon State Board of

Nursing, a physician, or a pharmacist licensed by the State Board of Pharmacy for the state of Oregon.

### **1.3. Designated Staff/Training**

- 1.3.1. The Executive Director will designate trained staff authorized to administer medication to students within individual school buildings and while participating at school-sponsored activities on or off school property. The Executive Director will ensure building and activity practices and procedures are consistent with the requirements of law, rules, and this regulation.
- 1.3.2. The Executive Director will ensure the training required by law and Oregon Administrative Rules is provided. Training may be conducted by any physician licensed by the state of Oregon, a nurse licensed by the Board of Nursing in the state of Oregon, or by others as deemed appropriate by the district in accordance with training program guidelines recognized by the Oregon Department of Education.
- 1.3.3. 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, reporting of medication administration and errors in administration, emergency medical response for life threatening side effects, allergic reactions, and student confidentiality. Materials as recommended and/or approved by the Oregon Department of Education will be used.
- 1.3.4. Training will be provided yearly to designated staff authorized to administer medication to students.
- 1.3.5. A copy of the school's policy and administrative regulation will be provided to all staff authorized to administer medication to students and others as appropriate.
- 1.3.6. Proof that the designated staff member has received the required training will be signed by the staff member and filed in the school office.

### **1.4. Administering Medication to Students**

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

- 1.4.1. A written request for the school to administer prescription medication must be submitted to the school office and include:
  1. The "Medication Authorization and Administration Form" completed by the parent.

2. The written instruction from the physician for the administration of the prescription medication to the student including:
  - a. Name of the student's;
  - b. Name of medication;
  - c. Route;
  - d. Dosage;
  - e. Frequency of administration; and
  - f. Other special instructions, if any.
- 1.4.2. A written request for the school to administer non-prescription medication must be submitted to the school office to include:
  1. The "Medication Authorization and Administration Form" completed by the parent.
  2. The written instruction from the parent for the administration of the nonprescription medication to the student including:
    - a. Name of the student's;
    - b. Name of medication;
    - c. Route;
    - d. Dosage;
    - e. Frequency of administration; and
    - f. Other special instructions, if any.
- 1.4.3. Medication is to be submitted in its original container;
- 1.4.4. Medication is to be brought to and returned from the school by the parent;
- 1.4.5. It is the parent's responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication;
- 1.4.6. It is the parent's responsibility to ensure that the school is informed in writing of any changes in medication instructions;
- 1.4.7. In the event a student refuses medication, the parent will be notified immediately. No attempt will be made to administer medication to a student who refuses school administered medication;
- 1.4.8. Any error in administration of medication will be reported to the parent immediately and documentation made on the school's Accident/Incident Report form. Errors include, but are not limited to administering medication to the wrong student, administering the wrong medication, dose, time, and route;

- 1.4.9. Medication shall not be administered or self-medication allowed until the necessary permission form and written instructions have been submitted as required by the district.

## 1.5. Self-Medication

- 1.5.1. Self-medication of prescription and nonprescription medication for students will be allowed subject to the following:

1. Self medication of prescription and nonprescription medication only is allowed when a student must carry such medication on his/her person for immediate access.
2. The parent must complete and submit the "Self-medication Permission Form and Agreement" for self-medication of all prescription and nonprescription medications. In the case of prescription medications, permission from the physician or other licensed health care professional also is required. Such permission may be indicated on the prescription label. A written treatment plan from a licensed health care professional for the managing of student's asthma, severe allergy, and diabetes will be required for use of medication by the student during school hours. Executive Director permission is required for all self-medication requests.
3. Students who are developmentally and/or behaviorally unable to self-medicate will be provided assistance by designated staff. A permission form and written instructions will be required as provided in sections 1.4.1. and 1.4.2.
4. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
  - a. Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration, and any other special instruction including physician authorization for student to self-medicate;
  - b. Nonprescription medication must have the student's name affixed to the original container.
5. The student may have in his/her possession only the amount of medication needed for that school day, except for manufacture's packaging that contains multiple dosages. The student may carry one package, such as but not limited to, bronchodilators/inhalers, insulin pens

- or pumps.
6. Sharing and/or borrowing of medication with another student is strictly prohibited.
  7. Students needing to self-medicate must carry their medication with them for immediate access; e.g., personal bag/purse, backpack, pocket. Medication should not be left on desks, countertops, or other places where others would have access to their medication.
  8. Students will not dispose of medication, containers, syringes, and/or lancets at school. Disposal will be done at home as appropriate.
- 1.5.2. For students who have been prescribed bronchodilators, epinephrine, and glucagon, staff will request that the parent provide backup medication for emergency use by that student. Backup medication (when provided by the parent) will be kept at the student's school in a location to which the staff has immediate access in the event the student has an asthma and/or severe allergy emergency or hypoglycemic emergency.
  - 1.5.3. Upon written parent request and with a physician's written statement that the lack of immediate access to a backup autoinjectable epinephrine may be life threatening to a student and the location the school stores backup medication is not located in the student's classroom, a process shall be established to allow the backup autoinjectable epinephrine to be kept in a reasonably secure location in the student's classroom.
  - 1.5.4. Permission to self-medicate may be revoked if the student violates the school's policies governing Administering Noninjectable and Injectable Medicines to Students and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.
  - 1.5.5. The school is not responsible for maintaining a medication log when the student is self-medicating.

## **1.6. Handling, Storing, Monitoring Medication Supplies**

- 1.6.1. Medication administered by designated staff must be delivered by the parent to the school, in its original container, accompanied by the permission form and written instructions, as required above.
- 1.6.2. Medication in capsule or tablet form and categorized as a sedative, stimulant, anti-convulsant, narcotic analgesic, or psychotropic medication will be counted by designated staff in the presence of another school employee upon receipt, documented in the student's medication log, and routinely monitored during storage and

administration. Discrepancies will be reported to the building administrator 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.

- 1.6.3. Designated staff will follow the written instructions of the physician and parent and training guidelines as may be recommended by the Oregon Department of Education for administering all forms of noninjectable/injectable medications.
- 1.6.4. Medication will be secured as follows:
  1. Non-refrigerated medications will be stored in a locked cabinet, drawer, or box;
  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;
  3. Access to medication storage keys will be limited to the Executive Director and designated staff.
- 1.6.5. Designated staff will be responsible for monitoring all medication supplies and for ensuring medications are secure at all times, not left unattended after administering, and that the medication container is properly sealed and returned to storage.
- 1.6.6. In the event medication is running low or an inadequate dosage is on hand to administer the medication, the designated staff will notify the parent immediately.

## **1.7. Emergency Response**

- 1.7.1. Designated staff will notify 911 or other appropriate emergency medical response systems and administer first aid as necessary in the event of life threatening side effects that result from district administered medication or from student self-medication. The parent and building administrator will be notified immediately.
- 1.7.2. Minor adverse reactions that result from district administered medication or from student self-medication will be reported to the parent immediately.

## **1.8. Disposal of Medications**

- 1.8.1. Medication not picked up by the parent at the end of the school year, or within five

school days of the end of the medication period, whichever is earlier, will be disposed of by designated staff in a nonrecoverable fashion as follows:

1. Medication in capsule, tablet, and liquid form will be removed from their original container (destroy any personal information) and container disposed. Crush solid medications, mix or dissolve in water (this applies to liquid as well), mix with an undesirable substance (e.g., coffee grounds, kitty litter, flour), and place it in impermeable non-descript containers such as empty cans or sealable bags, placing these containers in the trash. (ONDCP Federal Government Guidelines February 20, 2007);
  2. Other medication will be disposed of in accordance with established training procedures including sharps and glass.
- 1.8.2. All medication will be disposed of by designated staff in the presence of another employee and documented as described in 1.9.1. below.

## 1.9. Documentation and Record Keeping

- 1.9.1. A medication log will be maintained for each student administered medication by the school. The medication log will include but not be limited to:
1. The name, dose, and route of medication administered and the date, time of administration, and name of the person administering the medication;
  2. Student refusals of medication;
  3. Errors in administration of medication\*;
  4. Emergency and minor adverse reaction incidents\*;
  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.
- \* Designated staff may note incident by symbol in medication log and attach detailed documentation as necessary
- 1.9.2. All records relating to administration of medicines, including permission slips and written instructions, will be maintained in a separate, medical file apart from the student's education records file unless otherwise related to the student's educational placement and/or individualized education plan. Records will be retained in accordance with applicable provisions of OAR 166-414-0010 (22), (23) and (24).
- 1.9.3. Student medical files will be kept confidential. Access shall be limited to those



designated staff authorized to administer medication to students, the student, and his/her parents. Information may be shared with staff with a legitimate educational and safety interest in the student or others as may be authorized by the parent in writing.

The Executive Director, teacher, or other school employee designated by the Executive Director is not liable in a criminal action or for civil damages as a result of the administration of prescription and/or nonprescription medication as per ORS 339.870.

The Executive Director, teacher, or other school employee designated by the Executive Director, the school, and members of the ICP Board is not liable in a criminal action or for civil damages as a result of a student's use of medication.