

Administration of Medication Revisions to Implement SB 665

581-021-0037

Administration of Medication to Students

(1) As used in this rule, definitions of terms shall be as follows:

(a) "Adrenal crisis" means adrenal crisis as defined in ORS 433.800.

(b) "Adrenal insufficiency" means adrenal insufficiency as defined in ORS 433.800.

(c) "Asthma" means a chronic inflammatory disorder of the airways that requires ongoing medical intervention.

(d) "Designated personnel" means the school personnel designated to administer medication pursuant to district policy and procedure.

(e) "Medication" means any drug, chemical compound, suspension or preparation in suitable form for use as a curative or remedial substance taken either internally or externally but not injected except for premeasured doses of epinephrine, medication to treat adrenal insufficiency, ~~and~~ glucagon to treat severe hypoglycemia, 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.

(f) "Nonprescription medication" means medication that under federal law does not require a prescription from a prescriber.

(g) "Notice of a diagnosis of adrenal insufficiency" means written notice to the school district from 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.

(h) "Prescriber" means:

(A) A doctor of medicine or osteopathy or a physician assistant licensed to practice by the Board of Medical Examiners for the State of Oregon except as allowed under subsection (5) of this rule;

(B) An Oregon-licensed advance practice registered nurse with prescriptive authority;

- (C) A dentist licensed by the Board of Dentistry for the State of Oregon;
- (D) An optometrist licensed by the Board of Optometry for the State of Oregon;
- (E) A naturopathic physician licensed by the Board of Naturopathy for the State of Oregon; or
- (F) A pharmacist licensed by the Board of Pharmacy for the State of Oregon.

(i) "Prescription medication" means any medication that under federal law requires a prescription by a prescriber.

(j) "Severe allergy" means a life-threatening hypersensitivity to a specific substance such as food, pollen, dust, or insect sting.

(2) Each school district shall adopt policies and procedures that provide for:

(a) The administration of medication to students by designated personnel; ~~and~~

(b) The administration of medication by a student to themselves without assistance from designated personnel; ~~and~~

(c) The administration of 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 by trained school personnel to any student or other individual on school premises who the personnel believe in good faith is experiencing an overdose of an opioid drug.

(3) Policies and procedures for the administration of medication to students by designated personnel shall:

(a) Include a process to designate and supervise appropriate school personnel that takes into account when a student is in school, at a school-sponsored activity, under the supervision of school personnel, and in transit to or from school or school-sponsored activities;

(b) Require designated personnel to successfully complete annual training on the administration of medication.

(A) Training for designated personnel must be provided by a person who is familiar with the delivery of health services in a school setting and who is:

(i) A Registered Nurse licensed by the Oregon State Board of Nursing;

(ii) A doctor of medicine or osteopathy or a physician assistant licensed to practice by the Board of Medical Examiners for the State of Oregon; or

(iii) A pharmacist licensed by the Board of Pharmacy for the State of Oregon.

(B) The training for designated personnel must be based on requirements set out in guidelines that are approved by the Oregon Department of Education and include a discussion of applicable district policies, procedures and materials;

(C) The first training for a designated personnel and every third training thereafter must be provided in-person. During the intervening years, designated personnel may complete an online training that has been approved by the Oregon Department of Education so long as a trainer is available within a reasonable time following the training to answer questions and provide clarification.

(c) Permit designated personnel to administer prescription medication where:

(A) Because of its prescribed frequency or schedule, the medication must be given while in school, at a school-sponsored activity, while under the supervision of school personnel, and in transit to or from school or school-sponsored activities;

(B) The student's parent or guardian has provided written permission or the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.675 and 109.640; and

(C) The student or the student's parent or guardian has provided the school district with written instruction for the administration of the medication from the prescriber that includes the name of the student, name of the medication, dosage, method of administration, frequency of administration, any other special instructions, and the signature of the prescriber. A prescription medication label prepared by a pharmacist at the direction of a prescriber shall be sufficient if all of the information required by this definition except for the prescriber's signature is included.

(d) Permit designated personnel to administer nonprescription medication where:

(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 student or the student's parent or guardian has provided written instruction for the administration of the nonprescription medication that includes the name of the student, name of the medication, dosage, method of administration, frequency of administration, any other special instructions, and 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; and

(D) For nonprescription medication that is not approved by the Federal Drug Administration, a written order from the student's prescriber that includes the name of the student, name of the medication, dosage, method of administration, frequency of administration, a statement that the medication must be administered while the student is in school, any other special instructions, and the signature of the prescriber.

(e) Include procedures for the administration of premeasured doses of epinephrine by school personnel trained as provided by ORS 433.815 to any student or other individual on school premises who the personnel believe in good faith is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine;

(f) Include procedures for the administration of medication by school personnel to treat a student who the personnel believe in good faith is experiencing symptoms of adrenal crisis. The procedures must provide that:

(A) Only upon notice of a diagnosis of adrenal insufficiency as defined in this rule, the building administrator of the school the student attends will designate one or more school personnel to be responsible for administering medication to treat adrenal insufficiency in the event the student exhibits symptoms that school personnel believe in good faith indicate the student is experiencing symptoms of adrenal crisis;

(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 rules adopted by the Oregon Health Authority;

(C) The student or parent or guardian of the student must provide adequate supply of the student's prescribed medication to the school district; and

(D) 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 school personnel will immediately call 911 and the student's parent or guardian.

(g) Provide guidelines for the management of students with life-threatening food allergies and adrenal insufficiency while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in before-school or after-school care programs on school-owned property, and in transit to or from school or school-sponsored activities. The guidelines must include:

(A) Standards for the education and training of school personnel to manage students with life threatening allergies or adrenal insufficiency;

(B) Procedures for responding to life-threatening allergic reactions or adrenal crisis;

(C) A process for the development of an individualized health care and allergy plan for every student with a known life-threatening allergy and an individualized health care plan for every student for whom the school district has been given proper notice of a diagnosis of adrenal insufficiency as defined in this rule;

(D) Protocols for preventing exposures to allergens;

(E) A process for determining if or when a student may self-carry prescription medication when the student has not been approved to self-administer medication;

(h) Address the following:

(A) Safe storage, methods for administration, handling, monitoring supply and disposing of medications;

(B) Transcribing, record keeping and reporting of medication administration, including errors in administration;

(C) The role of designated personnel to monitor student responses to medication;

(D) Emergency medical response for life threatening side effects and allergic reactions, including the administration of premeasured doses of epinephrine to students and other individuals; and

(E) Confidentiality of student health information contained within the education record.

(4) Policies and procedures for the administration of medication by a student to themselves without assistance from designated personnel shall:

(a) Permit a student to administer prescription medication to themselves where the student is able to demonstrate the ability, developmentally and behaviorally, to self-administer medication and has permission to self-administer medication from a school building administrator, and a prescriber or registered nurse practicing in a school setting.

(b) Permit a student to administer non-prescription medication to themselves where the student is able to demonstrate the ability, developmentally and behaviorally, to self-administer medication and the student has permission to self-administer medication from a building administrator;

(c) Require parental consent except where a student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.675, and 109.640;

(d) For nonprescription medication that is not approved by the Federal Drug Administration, require a written order from the student's prescriber that includes the name of the student,

name of the medication, dosage, method of administration, frequency of administration, a statement that the medication must be administered while the student is in school, any other special instructions, and the signature of the prescriber.

(e) Include policies and procedures for the self-administration of medication by kindergarten through grade 12 students with asthma or severe allergies that comply with ORS 339.866;

(f) Address the following:

(A) Safe storage, methods for administration, handling, and disposing of medications;

(B) Record keeping;

(C) Whether student response to medication should be monitored by designated personnel and the role of designated personnel in such monitoring;

(D) Emergency medical response for life threatening side effects and allergic reactions, including the administration of premeasured doses of epinephrine; and

(E) Confidentiality of student health information contained within the education record.

(5) Policies and procedures for the administration of 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 by trained school personnel to any student or other individual on school premises who the personnel believe in good faith is experiencing an overdose of an opioid drug shall:

(a) Include a process to designate and supervise appropriate school personnel that takes into account when students or others are in school or at a school-sponsored activity.

(b) Require designated personnel to successfully complete annual training developed by the Oregon Health Authority on the administration Naloxone. The training must be delivered in accordance with rules adopted by the Oregon Health Authority.

(c) Permit designated personnel to administer 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 by trained school personnel to any student or other individual on school premises who the personnel believe in good faith is experiencing an overdose of an opioid drug.

(d) Address the following:

(A) Safe storage, accessibility and availability of the medication during an emergency, methods for administration, handling, and disposing of medications;

(B) Record keeping;

(C) Whether response to medication should be monitored by designated personnel and the role of designated personnel in such monitoring;

(D) Emergency medical response procedures following administration of the medication; and

(E) Confidentiality of health information for the person receiving the administration of medication.

(56) A registered nurse who is employed by a public or private school or by an education service district or a local public health authority as defined in ORS 431.003 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 United States 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.