

# Medication Administration Manual

Training Protocol for School Personnel

February 2025



## Acknowledgement

The Oregon Department of Education (ODE) and the Oregon Health Authority (OHA) extend our gratitude to all who contributed their time, expertise, and insights, making the creation of this document possible. Thank you to the School Nurse Advisory Group (SNAG) for their expertise in reviewing and finalizing this protocol and helping keep it updated, and to the numerous school nurses in the field that request and expect up-to-date, best practice tools to safeguard student health across the state of Oregon.

## Disclaimer

The Medication Administration protocol is based on available evidence and regulations at the time of writing. These guidelines do not override or invalidate any laws or rules established by a school system, school board, or the State of Oregon. Guidelines should be reviewed and adapted for local use by the school Registered Nurse (RN), the district medical advisor, and/or additional health professional partner(s) familiar with the school setting, and risk management or legal counsel as applicable.

## Qualified Trainers

Per Oregon law, medication administration training for designated school 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; or (ii) A prescriber.”* [[OAR 581-021-0037](#)]

## Note to Qualified Trainers

Reference local school district policies (see [Medication Program Resources](#)). Use local school medication forms when discussing documentation procedures such as parent/guardian medication instructions, Medication Administration Record (MAR), self-medication agreement, or incident form. [Oregon School Nurses Association](#) offers examples and templates. Assess trainee competency before issuing a Certificate of Completion. The trainer may refer to [Training and Evaluation Resources](#); develop alternative assessments if preferred; and/or require a return demonstration.

## Table of Contents

Introduction .....	3
Section I: Administration of Medication in Schools.....	4
Medication Management.....	4
Administering Medications: SIX RIGHTS .....	6
Handling Medication: Common Routes and Methods.....	9
Medication Accessibility .....	16
After Administering Medication.....	17
Reporting a Problem or Error .....	18
Documentation, Record Keeping, and Confidentiality.....	18
Section II: Medication Program Resources .....	20
Medication Administration Regulations FAQ.....	20
Local Program Details.....	25
Section III: Training and Evaluation Resources .....	28
Review and Practice .....	28
Communication: SBAR Example Report Format .....	29
Strategies for Risk Reduction by Medication Route.....	31
Discuss and Evaluate .....	34
Knowledge Assessment.....	38
References .....	42

## Introduction

Medications may be necessary for students to access their education, especially when managing illness and chronic health conditions. Oregon's Medication Administration laws and related guidance are in place to ensure that students can receive necessary medication in school and at school-sponsored activities, allowing them to participate in, and benefit from, their education.

The Medication Administration Training Manual is a resource for training school personnel to administer medications safely to students in Oregon schools. When used for school personnel training, this manual should be paired with the Medication Administration slide deck, available on the [Oregon Department of Education \(ODE\) website](#).

[Section I: Administration of Medication in Schools](#) is organized to cover topics required by [OAR 581-021-0037](#) Administration of Medications. It offers guidance for school personnel on routes (methods) of administration most frequently utilized in Oregon schools, including safe practice expectations. This training does not cover medication administration routes that carry increased risk or require specialized procedure training. The RN familiar with the school setting may offer more in-depth training for school personnel who perform specialized medication administration.

[Section II: Medication Program Resources](#) addresses state laws and guidance for local programs. It is important for school personnel to be aware of regulations applicable to medication administration. In addition to supporting safe student care, observing regulations may help protect schools and school personnel from liability. In addition to state laws, it is critical for learners to be familiar with local policy and procedures for their school setting. School district policies and procedures may go beyond the minimum required by law and include details not covered in law such as roles of individual school personnel.

[Section III: Training and Evaluation Resources](#) provides scenarios, sample scripts, and other resources for training, review, and assessment of knowledge.

## Section I: Administration of Medication in Schools

### Medication Management

#### Safe Storage, Monitoring and Disposing of Medications

1. Original Containers
  - a. Only accept medication in its original container. Never accept medications brought to school in a non-original bag, bottle, or other container.
  - b. Check prescription or manufacturer labels on medication. Prescription medication must be the most current prescription. Never administer medication out of a container that is not labeled by the pharmacy or medication manufacturer.
  - c. Check expiration dates on containers. Do not administer if expired.
  - d. Store medication in, and administer it from, original medication containers. Only persons with dispensing authority, such as a pharmacist, may dispense, repackage, or label medications. Never repackage medication into a non-original container.
2. Safe Storage
  - a. Store all medication safely. Protect against theft, damage, and medication mix-ups while ensuring access when needed.
  - b. Medication should only be accessible to designated individuals. School procedure may require locking medication rooms, cupboards, refrigerators, or containers.
  - c. Different processes may apply to emergency medications to treat life-threatening conditions. Safe storage may mean easy access (i.e. no locks) for medications such as epinephrine, naloxone, and medications that students self-carry, such as inhalers, epi pens, and diabetes supplies.
3. Refrigeration
  - a. Follow manufacturer instructions for each medication. Failing to follow refrigeration instructions may reduce the medication's efficacy. Some medications should not be refrigerated, including most brands of injectable epinephrine.
  - b. Keep refrigerated medications in a secure refrigerator used only for medication, or in a locked box in a refrigerator.
  - c. Maintain refrigerator temperature to ensure medication viability.
4. Monitoring Medication and Supplies
  - a. Schools should designate personnel to be responsible for monitoring medication supplies and ensuring medications are available and secure.

- b. When medications are received, verify the amount (number of pills, inhaler dose count, volume of liquid, etc.) and document the amount and date. Co-sign with a second person if required by school district policy.
  - c. Medication supply must be monitored throughout the year by designated school personnel. Follow a process to ensure timely notification so that the parent/guardian has time to bring in more medication. If there is not enough available to administer a full dose, notify the parent/guardian immediately.
  - d. Medication-related supplies must also be monitored and maintained, such as hand soap, medication cups, gloves, and other supplies used per school protocols.
- 5. Medications that Require Extra Monitoring
  - a. School district policy may require two-person counts for some medications. Verify monitoring policy with the school RN or building administrator (i.e. principal).
  - b. Two-person counts are important for controlled substances, as these medications have potential for addiction and diversion (e.g. sedatives, stimulants, certain anticonvulsants, narcotic analgesics, psychotropics).
  - c. Policy may require two-person counts to verify amount of medication
    - i. when the medication is first received at school,
    - ii. when medication is transported such as for a field trip, before removing it and after it is returned to safe storage, by two school personnel.
    - iii. at scheduled intervals throughout the year, by two school personnel.
  - d. When policy requires two-person counts, medication amounts should be documented on the student's medication administration record (MAR) and initialed or signed by the two individuals conducting the count.
  - e. Report any discrepancies to the school RN or building administrator immediately.
- 6. Written Instructions
  - a. Medications must be administered per written instructions on file and school district policy. Do not act on verbal requests to change medication instructions.
    - i. Parent/guardian written instructions are required.
    - ii. Prescription medications must be administered per prescriber written order, or per pharmacy label that includes all required prescriber instructions.
    - iii. Non-prescription medications must be administered according to manufacturer's instructions unless provider orders/prescription states otherwise.
  - b. The parent/guardian is responsible for informing the school in writing if any changes are made to medication instructions. For prescription medications, updates must

also include written provider orders or the pharmacy label with all required prescriber instructions.

## 7. Disposing of Medication

- a. Your school must have a procedure for disposing of medications no longer in use, such as when a prescription is changed, when medications expire, or at the end of the school year.
  - i. Many schools direct the parent/guardian to pick up any unused medication.
  - ii. Many pharmacies will accept unused medication for disposal. Follow school district policy for documenting final counts if this option is used.
  - iii. If school personnel dispose of medication, final counts and disposal should be witnessed by a second school personnel member. The disposal process should follow Department of Environmental Quality (DEQ) guidelines and any applicable school protocols. Never flush medication down the toilet or drain.
- b. Document the return to parent/guardian or disposal of medication on the student's MAR or per school protocols.

## Administering Medications: SIX RIGHTS

Prior to administering medication, always check the SIX RIGHTS (see below).<sup>1</sup> Then prepare the medication dose with the student present. In addition to the SIX RIGHTS, protect student safety and dignity by utilizing standard precautions and engaging the student in ways appropriate to the student's developmental level.

### SIX RIGHTS of Safe Medication Administration:

- the RIGHT PERSON gets
- the RIGHT MEDICATION at
- the RIGHT TIME via
- the RIGHT ROUTE in
- the RIGHT DOSE and
- the RIGHT DOCUMENTATION shows what to do and what was done.

Proper practices also **prevent** germ transmission and medication contamination, **protect** student privacy and dignity, and **promote** health awareness.

### Right Person

Verify that you have the right student.

- Check student's stated name and second identifier, such as date of birth (DOB) or statewide student identifier (SSID).
- Ensure the stated name matches the name and DOB or SSID on the MAR, and the name on the medication prescription label or container. Where possible, it is recommended to include a photo of the student with the MAR as an additional ID verification.
- Always ask the student to say their own full name
  - Alternative verification methods may be required in some situations, such as if the student is developmentally unable, or has a preferred name different than legal name.
  - If you are not certain of the student's identity, do not administer the medication. Consult the school RN or school administrator for directions.

### Right Medication

Verify the medication name and reason for use.

- Check that the medication prescription label or container matches the name of the medication on the MAR. If there is a discrepancy that is not resolved by existing instructions, consult the school RN.
- Medication may be ordered as-needed also known as pro re nata (PRN). For PRN medications, check instructions regarding reason for use, and ensure the reason matches the student situation.

### Right Time

Verify the time the medication should be administered.

- Check the time listed on the MAR. Cross-check with written instructions if needed.
- For PRN medications, check the time of last dose and do not administer if it has not been long enough. When PRN is administered, it is recommended to inform the parent/guardian, so they know the time the next dose is available. Refer to local protocols.
- Unless specific exceptions apply, medications must be administered within 30 minutes before or after the scheduled time. Review orders for special exceptions with the school RN.
- The person administering the medication is responsible to ensure it is administered on time, in collaboration with the student.



- If medication cannot be administered within the scheduled time, school personnel must notify the school RN or designated personnel and the parent/guardian, unless local protocols provide other instructions.

### Right Route

Verify the medication administration route such as by mouth (oral), on the skin (topical), in the ears (otic), etc.

- Check the medication label and the MAR. Cross-check with the written instructions if needed.
- Verify the specific method for the route, such as whether oral medications are chewed, and whether ear drops require a specific position.
- Ensure you know how to administer via the specified method. See Handling Medication and consult the school RN for additional instruction as needed.

### Right Dose

Verify the dose of medication you should be administering.

- Check the medication label, and the MAR, and cross-check with the written instructions if needed.
- If the parent/guardian's written instructions are not consistent with the manufacturer's instructions for use, the school must have a written, signed order from a prescriber allowing for alternative administration. See [Relevant Laws](#).

Administer the exact amount of medication per written instructions. Dosage is commonly measured by milligram (mg), microgram (mcg or µg), or unit (IU).

- Note the number of pills, drops, puffs, milliliters, or other volume measurements needed to provide the correct dosage, such as two (2) 5mg tabs for a 10mg dose.

### Right Documentation

Document medication administration according to school protocols.

- The MAR used to verify the SIX RIGHTS should include (1) student name and second identifier, such as DOB or SSID; (2) the medication name, dose, and route, (3) the time, (4) for PRN medications, the reason for administering, such as symptoms or activities, and (5) the full name of the person(s) administering the medication.
- Document for each dose:
  - **Time** administered
  - **Site** if applicable
  - **Signature or initials** of the person administering
- Additional documentation may be required such as

- **Reason** for administering PRN medication (signs, symptoms, activities)
- **Reason** for **not** administering scheduled medication (refused, absent)
- **Response** to medication if instructions require this
- **Changes, errors, and concerns** should be documented promptly. Policy may also require prompt notification to school RN or others. Verify local protocols. See [Reporting a Problem or Error](#).

## Handling Medication: Common Routes and Methods

The following steps of medication administration via routes common in schools (oral, topical, respiratory) are per professional guidelines and evidence available at the time of writing. To verify correct administration methods, refer to student instructions and consult the school RN as needed. See [Strategies for Risk Reduction by Medication Route](#) for more information.

Emergency medications and specialized procedures require training beyond this protocol. A school RN may provide teaching or consider licensed care delegation. Prior to administering any medication:

- **Prepare:** wash hands and gather necessary supplies. Put on gloves when required by local protocol. Remove gloves (if used) and wash hands between each student.
- **Verify the SIX RIGHTS:** open the student's medication administration record (MAR) and review person, medication, time, route, dose, documentation.

### Oral Medications

Medications via oral route are swallowed into the stomach, including pills and liquids. Verify the method per written instructions, such as whether a pill will be swallowed whole, chewed, dissolved in the mouth, crushed, sprinkled, mixed with food, etc.

#### Oral Route: Medicated Liquids, Elixirs, Solutions, Syrups, Suspensions

1. Prepare, and verify the SIX RIGHTS. Supplies may include water, medication cups, or other administration devices.
2. Measure the liquid medication after shaking it, if applicable. Pour from the side of the bottle opposite the label, so the label stays clean and readable.
  - a. Only use calibrated devices designed for medication administration (med cup, med spoon, med syringe). Do not use household utensils such as teaspoons as these are not accurate for medication measurement.
  - b. If using a medication cup, place it on a flat surface and read the volume at eye level.
2. After pouring, replace the cap and then clean any medication off the bottle.
3. Be sure the student takes all the medication. If some sticks to the administration device, add a little water and administer it to the student.

4. Offer additional liquid after the dose if indicated for the student.
5. Document.

**Oral Route: Pills (Tablets, Capsules, Gel-caps, Troches, Gummies)**

Tablets that need to be cut should be delivered to the school already cut by the parent/guardian to ensure any medication waste is handled in the home setting.

1. Prepare, and verify the SIX RIGHTS. Supplies may include water, medication cups, or other administration devices.
2. Prepare the correct number of pills for the student.
  - a. Pour pills into the lid of the medication bottle to separate the correct number of pills. Do not touch medications with your bare hands and do not put fingers into a pill bottle.
3. Pour pills from the lid into a medicine cup, paper cup, or spoon. If written instructions state pill may be placed in soft food, do so.
4. Have the student pick up their medication and put it into their mouth.
  - a. If you need to assist a student who cannot pick up their own medication, alternative strategies may be required. Consult the school RN for guidance. If there is risk of biting, do not reach into the student's mouth.
5. Have the student take a sip of water to swallow the pill. Use alternative food or liquid per individual student instructions. Do not tell a student to tip their head back to swallow as it can increase aspiration risk. Chin-to-chest position is safer.<sup>ii</sup>
  - a. If chewable, instruct the student to chew pill thoroughly before swallowing.
  - b. If dissolvable, instruct the student to hold in their mouth or under tongue per label instructions.
6. If indicated for the student, offer additional food or liquid after the dose. Encourage a full cup if instructions state "take with plenty of water."
7. Document.

**Oral Route: Pills, Crushed or Sprinkled<sup>iii,iv</sup>**

When pills are ordered to be crushed or sprinkled, this should be done by the person administering the medication, to ensure the medication dose can be verified. The parent/guardian is responsible for providing individual pill crusher when needed.

Do not crush tablets or open capsules unless that instruction is on the label. Doing so could cause harm to the student and to the person administering the medication.<sup>iv</sup>

1. Prepare, and verify the SIX RIGHTS. Supplies may include the food or liquid to be used, medication cup or other container, spoon or straw for liquids if indicated.
  - a. Verify instructions in writing to crush or sprinkle pills.

- b. Verify the food or liquid permitted for mixing powder or sprinkles. Common examples include applesauce, yogurt, jam, pudding, or syrup. Do not place dry medication powder directly into a student's mouth unless specifically instructed. Doing so could risk aspiration into the lungs.
  - c. Verify the amount of food or liquid to be provided. Mix medication dose itself into a small amount of the food or liquid, so that the medication can be taken in one or two bites or sips. This reduces the risk of under-dosing if the student does not finish all the food or liquid.
2. Prepare an open cup or container with the food or liquid to be mixed.

**Crushed pills:**

- a. Open the pill crusher. Individual pill crushers should be clean, dry, and labeled for the student.
- b. Place the tablet in the pill crusher and crush into fine powder. Be sure to break up any larger pieces.
- c. Sprinkle the powder into the food or liquid to be mixed.

**Capsules with sprinkles:**

- a. Holding the capsule shell over the container, twist the two sides of the capsule and pull apart.
  - b. Sprinkle medication into the food/liquid. Be sure all medication is emptied out by rolling the capsule shell between thumb and forefinger.
  - c. Mix powder or sprinkle thoroughly with a small amount of the food or liquid.
3. Administer to the student.
4. Offer additional food or liquid after the dose if indicated for the student.
5. Document.
6. If a pill crusher was used, ensure it is thoroughly cleaned and stored for next use.

**Topical Medications**

Medications via topical route are applied to body surfaces: skin, eyes, ears, and nose.

**Transdermal Route: Medications Applied to the Skin** <sup>v,vi</sup>

1. Prepare, and verify the SIX RIGHTS. Supplies may include gloves, gauze, tape.
2. Put on gloves. Clean the application site, unless otherwise instructed.
3. Apply medication. If instructions permit, choose a location that can be covered by clothing to protect the site and minimize transfer to other individuals.
  - a. **Medicated patches:** If applicable, remove the old patch and document its location. Place new patch per written instructions.

- b. **Ointments and other topical applications:** Apply the amount of medication per written instructions. Wooden tongue blades, cotton swabs, or gauze may be used as applicators. Place gauze over the site if required per written instructions.
4. Remove gloves and wash hands.
5. Document. Include location of topical patch or applied medication.

#### **Ophthalmic Route: Eye Drops and Ointments** <sup>vii, ix</sup>

1. Prepare, and verify the SIX RIGHTS. Supplies may include gloves, facial tissue.
2. Follow label instructions: shake bottle prior to administering if instructed.
3. Have the student lie on a cot or sit with their head tilted back.
4. Ask the student to close their eyes and look up with eyes closed.
5. Place a gloved finger on the lower eyelid. Gently pull down to open a “pocket.”
6. Hold the bottle or tube with the tip just above the eyelid pocket. Gently squeeze a drop of medication into the pocket. Use extreme caution and do not touch the eye with the tip of the bottle/tube, to avoid injury or medication contamination.
7. Encourage the student to place gentle pressure where the eye meets the nose, to close the duct and reduce medication draining to nose. Allow the student to blink and gently dab around their eye with facial tissue but tell them do not rub the eye.
8. If additional drops are ordered, wait allotted time and follow the same steps.
  - a. To ensure proper absorption: if more than one dose of the same medication is needed, allow 3 minutes between doses; if two different eye drop medications are needed, allow 5 minutes between medications.
9. Remove gloves and wash hands.
10. Document. Include location (left, right, or both eyes).

#### **Otic Route: Ear Drops and Ointments** <sup>x</sup>

1. Prepare, and verify the SIX RIGHTS. Supplies may include gloves, cotton balls.
2. Follow label instructions: shake prior to administering if instructed.
3. Have the student sit or lie down, turned with affected ear facing up.
4. Gently pull the outer flap of the affected ear upward and backward to straighten the ear canal.
5. Squeeze the dropper slowly and firmly to release the ordered number of drops. Try to put drops in so they run along the side of the ear canal.
6. Instruct the student to remain in position with the treated ear facing up for at least one full minute. Gently rub the skin in front of the ear, or move the outer flap of the ear, to

help the drops flow to the inside of the ear. The student may perform this action if developmentally able.

7. If written instructions require it, place or tape a cotton ball against the ear.
8. Rinse the dropper tip with water after each use. Tip down slightly while rinsing to prevent water entering the tip. Replace the cap promptly.
9. Remove gloves and wash hands.
10. Document. Include location (left, right, or both ears).

#### **Nasal Route: Ointments and Gels Applied to the Nose**<sup>xi</sup>

1. Prepare, and verify the SIX RIGHTS. Supplies may include gloves, cotton-tipped applicator.
2. Follow medication instructions. Example:
  - a. Apply the amount of ointment in written instructions onto the tip of a cotton tipped applicator.
  - b. Insert the applicator just inside each nostril in the front, no deeper than the nasal flare (1cm or less).
  - c. After medication is inserted, remove the applicator, then gently press the nostril to spread ointment throughout the nose. If developmentally able the student may perform this action.
3. Remove gloves and wash hands.
4. Document. Include location (left, right, or both nostrils).

#### **Nasal Route: Nasal Sprays**<sup>xii,xiii</sup>

1. Prepare, and verify the SIX RIGHTS. Supplies may include gloves, facial tissue.
2. Provide tissues and instruct the student to blow their nose.
3. Follow label instructions: shake prior to administering if instructed, then remove cap and squeeze the bottle to ensure it is primed (mist should spray out).
4. Gently insert spray bottle tip into one nostril while plugging the other nostril.
  - a. Point the tip away from the center of the nose, toward the ear. This helps spray reach the back of the nose rather than irritating the septum (tissue separating the sides of the nose).
5. Instruct the student to breathe out through their mouth, then breathe in while you squeeze the spray bottle.
6. Keep the bottle compressed while removing it to prevent contamination.
7. Instruct the student to hold their breath for a few seconds and then breath out through their mouth.

8. Instruct the student to avoid blowing their nose for 5 to 10 minutes after the medication. Wiping the nose gently with a tissue is permitted.
  - a. Some nasal sprays may cause slight bleeding after extended use. If this happens, notify the parent/guardian after documenting.
9. Wipe the outside of the bottle with a clean tissue and replace the cap.
10. Remove gloves and wash hands.
11. Document. Include location (left, right, or both nostrils).

## Respiratory Medications

Medications via respiratory route are breathed into the lungs such as with an inhaler.

- Specialized routes and procedures including nebulizer, oxygen, and tracheostomy, require additional training beyond the scope of this protocol.

### Metered Dose Inhalers (MDI) <sup>xiv</sup>

MDIs have a pressurized canister, housed in a plastic holding case, which propels a fine mist of medication into the lungs. A spacer (holding chamber) may be paired with the MDI. If the student's provider has recommended a spacer, strongly encourage its use. When used correctly, a spacer can increase the amount of medication that reaches the lungs. <sup>xv</sup>

1. Prepare, and verify the SIX RIGHTS. Supplies may include gloves, face covering. Follow manufacturer's directions for priming and cleaning inhalers.
  - a. **MDI without a spacer:**
    - Remove the cap from the inhaler holding case.
    - Instruct the student to blow out a big breath, then place their lips tightly around the inhaler mouthpiece and **breathe in deeply**. As they inhale, press down once on the canister. If developmentally able, the student may perform this action.
  - b. **MDI with a spacer:**
    - Remove the cap from the inhaler and place the inhaler mouthpiece onto the soft rubber opening on the back of the spacer, then shake well.
    - Press down once on the inhaler to fill the spacer chamber.
    - Instruct student to blow out a big breath, then place their lips tightly around the spacer mouthpiece and **breathe in slowly and gently** for as long as they can. If the spacer whistles, they are breathing too fast.
2. Direct the student to hold their breath for a 3 second count and then breathe out slowly.

3. If written orders include a second puff, wait at least one full minute before giving the second puff, or the length indicated in student's written instructions. This allows the first puff to begin opening lung tissues so the second puff can reach more lung tissues.
4. Wipe inhaler or spacer mouthpiece with a clean damp cloth, replace mouthpiece cover(s), and store in a dry place.
5. Document.

#### **Dry Powder Inhalers (DPI)** <sup>xvi</sup>

1. Prepare, and verify the SIX RIGHTS. Supplies may include gloves, face covering.
2. Follow DPI device instructions to load or prime the medication.
  - a. For single-dose DPIs: load a capsule into the chamber, then click the device to pierce the capsule. For multi-dose DPIs: click the device to load.
3. Instruct the student to blow out a big breath, then place their lips tightly around the spacer mouthpiece and **breathe in quickly and forcefully**.
4. Direct the student to hold their breath for a count of 3 seconds (or up to 10 seconds if possible) then breathe out slowly.
5. Open the DPI chamber and check to see if powder was fully inhaled. If powder remains, close the device and direct the student to repeat steps 3 and 4.
6. If the second dose is ordered, re-prime or re-load the DPI device and repeat steps.
7. Use a dry cloth to wipe the mouthpiece, and store in a dry place. **Do not** use water as moisture can impair DPI function.
8. Document.

#### **Soft Mist Inhaler (SMI)** <sup>xvii</sup>

1. Prepare, and verify the SIX RIGHTS. Supplies may include gloves, face covering.
2. Follow SMI device instructions to prime the device before first use, or if it has not been used for 3 days or more. Example:
  - a. Hold capped inhaler upright. Twist the base clockwise until it clicks. Uncap. Point the inhaler at the floor, away from your face. Press the button on the side until mist comes out. Repeat 3 more times, for a total of 4 sprays.
3. Hold the inhaler upright with cap closed and turn the base to the right until it clicks. Then open the cap.
4. Instruct the student to blow out a deep breath, then place their mouth over the mouthpiece. Direct the student to hold SMI device horizontally so it points toward the back of the mouth and be sure lips do not cover air vents on the sides.



5. Instruct the student to **breathe in slowly and deeply** for as long as comfortable (3 to 5 seconds). As they inhale, press the button on the side of DPI to release the mist. The student may perform this action if developmentally able.
6. Direct the student to hold their breath for a count of 3 seconds (or up to 10 seconds if possible) and then breathe out slowly.
7. Use a clean damp cloth to wipe the mouthpiece. Store in a dry place.
8. Document.

## Medication Accessibility

### On Field Trips and Off-Campus Activities

School district policy must ensure necessary medications are available to students, even when participating in off-campus school-sponsored events. The building administrator (i.e. principal) is responsible for ensuring practices are consistent with legal requirements.

- a. School personnel trained in medication administration must be available when and where students require medications.
- b. The building administrator must designate school personnel who will be authorized and trained to administer medication to students.
- c. School protocols should require that personnel provide prior notice of upcoming trips so the school nurse and other designated personnel can prepare accordingly.
- d. Designated, trained school personnel must transport the medication in its original container.
- e. Designated, trained school personnel must sign the medication out when leaving, sign the medication in upon return, and document medication administration details on the student's MAR.

### When Designated School Personnel are Absent

School district policy must ensure necessary medications are available to students, even when primary health personnel are absent.

- a. School protocol should ensure that trained personnel provide medication often enough to maintain their skills.
- b. Verify who to contact if you are absent, to ensure your medication administration duties are covered.
- c. Verify your responsibilities if others are absent and medication administration duties need coverage.
- d. Verify your school protocol for medication storage, and who can access medication doses. Know who has keys or access codes, and how those will be transferred to back-up personnel when needed.

### During an Emergency

1. Prepare in advance for a medication reaction or adverse event by creating proactive policies and procedures. If applicable school district policy is in place, some emergency medications may be administered without a student-specific plan, such as epinephrine for signs of anaphylaxis, or naloxone/Narcan for suspected opioid overdose.
  - a. Ensure emergency medications are easily accessible (epinephrine, Narcan).
  - b. Know who can administer emergency medications and/or perform CPR.
  - c. Know how to activate school personnel and EMS response.
2. For an emergency that requires leaving the building or limits movement in the building, such as a fire drill or “hold,” ensure that emergency medications will remain accessible throughout the event.
  - a. Verify safe storage for emergencies, such as clear signage and designated locations of medications to be taken along during an emergency.
  - b. Protocol may include maintaining a go-bag with first aid supplies and stock emergency medications such as epinephrine and Narcan.
  - c. Protocol may include a designated bin or bag for student-specific emergency medications (those for seizure, anaphylaxis, hypoglycemia, etc.) so they are easily accessible and ready to grab-and-go as needed.
3. For an emergency related to a student’s chronic condition, ensure that all medications are clearly labeled and easily accessible.
  - a. Verify who has access and how to access the RN-authored care plans for students with known health conditions.
  - a. Verify how to alert school personnel trained for emergency medication administration.
  - b. Notify designated school personnel, follow available care plans, and call 9-1-1 as needed. Designated school personnel who are trained to administer the student’s emergency medications may do so.

## After Administering Medication

### Expected Actions, Monitoring and Responding

1. For every medication, follow standard precautions (handwashing, cleaning), return medication and supplies to safe storage, and complete all applicable documentation.
2. Additional monitoring is required in some situations, such as after administering certain PRN medications. Verify your responsibilities with your school RN:
  - a. Should a student’s response be monitored?
  - b. What is your role in monitoring?
  - c. What should you report, and to whom?

3. Side-effects and reactions are possible with any medication, and any student can develop a medication allergy. <sup>xix</sup>
  - a. Verify local protocols for documentation and notifications of adverse events.
  - b. School personnel providing student health support, including medication administration, should maintain CPR/first aid/AED certification. Otherwise, know how to rapidly access school personnel with those skills.
  - c. Follow local emergency response procedures if you suspect a life-threatening reaction or condition; see [Medication Accessibility: During an Emergency](#).

## Reporting a Problem or Error

Medication errors do happen. <sup>xix, xx</sup> To develop a culture of safety, many health programs adopt the practice that, “We don’t get in trouble for making mistakes, we get in trouble for hiding them.”

1. If there is a problem or error, promptly notify the school RN, building administrator, parent/guardian per local protocols, after calling 9-1-1 if needed. Document and notify individuals on the same day unless other instructions apply.
2. Timely and accurate reporting is critical. Communicating a problem or error can ensure:
  - a. Medication reactions are identified.
  - b. Rapid response is activated when needed.
  - c. Medical orders and treatments are changed when needed.
  - d. Gap areas are identified (staffing, supplies, training, etc.).
  - e. Future problems are reduced or prevented.

## Documentation, Record Keeping, and Confidentiality

Documentation is required when medication is administered, and when a scheduled medication is missed.

1. A MAR must be kept for each student receiving medication. The MAR may be in paper or electronic form. Use the MAR to verify SIX RIGHTS prior to administering medication, and document immediately after you administer medication to student. See [Documentation, Record Keeping, and Confidentiality](#)
  - a. Paper charting: Document in blue or black ink. Never use pencil. If you make a documentation mistake, cross through with a single line and initial the error.
  - b. Electronic charting: use available drop-down menus, check-box selections, and standardized wording to increase accuracy and access to information.

2. Ensure the school RN is aware when new information, permission form, or prescriber order is received. Enter updates promptly into the student's file.
3. If there is a problem or error, document what happened and what your actions were. See [Reporting a Problem or Error](#).
4. Protect confidentiality of student information
  - a. Administration of medications records are part of the student educational record.
  - b. Review local information sharing policies. In general, per the Family Education Rights and Privacy Act (FERPA), information in student education records may be shared:
    - i. With school personnel who have a legitimate educational interest, and with the parent/guardian.
    - ii. When parent, guardian or eligible student has authorized release of information in writing.
    - iii. Under FERPA's health or safety emergency provision.

See [Joint Guidance on the Application of FERPA and HIPAA to Student Health Records](#) for more information.

5. Retain records per federal and state regulations and school district policies.

## Section II: Medication Program Resources

### Medication Administration Regulations FAQ

#### Relevant Laws

#### **Q1: Which laws regulate school medication administration?**

A: Oregon regulates the administration of medication to students in both Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR).

Examples include:

- ORS 339.866 Self Administration of Medication by Students
- ORS 339.867 “Medication” defined for ORS 339.869 and 339.870
- ORS 339.869 Administration of medication to students
- ORS 339.870 Liability of school personnel administering medication
- ORS 339.871 Liability of school personnel for student self-administering medication or for student or individual unable to self-administer medication
- ORS 339.873 Recommendations on medication to affect or alter thought processes, mood, or behavior prohibited
- ORS 339.874 Use of sun-protective clothing and sunscreen
- ORS 433.830 Immunity of trained person and institution rendering emergency assistance
- OAR 581-021-0037 Medication Administration

#### Medication in the School Setting

#### **Q2: Why should medication be given in the school setting?**

A: School health services, including medication administration, are essential to ensure students can attend school safely.

#### **Q3: What is considered a “medication” in the school setting?**

A: OAR 581-021-0037 refers to these definitions in Statute:

- [ORS 339.867] “(1) “Medication” means: (a) medication that is not injected; (b) Premeasured doses of epinephrine that are injected; (c) Medication that is available for treating adrenal insufficiency; and (d) Naloxone or any similar medication and that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug. (2) “Medication” does not include non-prescription sunscreen.”
- [ORS 689.005] “(11) “Drug” means: (a) Articles recognized as drugs in the official United States Pharmacopoeia, official National Formulary, official Homeopathic Pharmacopoeia, other drug compendium or any supplement to any of them; (b) Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in a human or other animal; (c) Articles, other than food, intended to affect the structure or any function of the body of humans or other animals; and (d) Articles intended for use as a component of any articles specified in paragraph (a), (b) or (c) of this subsection.”

### Designated School Personnel

#### **Q4: Who can administer medication in Oregon schools?**

A: (1) Designated and trained school personnel. (2) Students approved for self-administration. (3) Individuals giving medication to rapidly reverse opioid overdose per district policy. [OAR 581-021-0037]

#### **Q5: How are school personnel designated to administer medication?**

A. School district policy will determine how personnel will be designated to administer medication to students.

- It is considered best-practice for one person to be assigned to routinely administer medication to provide safety and consistency.
- Backup school personnel must be assigned to cover personnel absences and workload issues.
- Backup school personnel should provide medication at a frequency that ensures they maintain their skills, such as filling in on certain days each month.

#### **Q6: Who can administer medications on a field trip or other special event?**

A: School district policy must include planning for handling medications during field trips and other events that occur outside the usual school setting.

- School personnel who administer medications to students must be trained, as outlined in this protocol, including for field trips and other off-campus events.
- Students may only self-carry or self-administer their own medications at off-campus events if this aligns with the student's care plan and school district policy. Student self-carry and self-administration is not permitted as a one-time option, such as due to lack of trained school personnel on a field trip.

### Qualified Trainers

#### **Q7: Who can provide medication administration training to school personnel?**

A: Qualified trainers are specified in OAR 581-021-0037 and include a registered nurse (school RN) or a prescriber familiar with the school setting.

#### **Q8: Should the parent/guardian provide training about their student's medication?**

A: No. Medication training must be provided by a qualified trainer. Parents/guardians are essential partners in student health support and may provide information specific to their student but are not considered qualified trainers for school personnel.

### Training

#### **Q9: What training is required for medication administration?**

A: Training means yearly instruction provided by a qualified trainer to designated school personnel on the administration of medications, based on requirements per OAR 581-021-0037.

The required training components for school medication administration include a discussion of applicable school district policies, procedures and materials, and include the following elements:

- Safe storage, administration, handling, and disposing of medications.
- Accessibility of the medication during an emergency.
- Record keeping.
- Whether response to medication should be monitored by designated school personnel and the role of designated school personnel in such monitoring.
- Emergency medical response procedures following administration of the medication.
- Confidentiality of health information; and
- Assessment of gained knowledge.

**Q10: Does the training have to be in person?**

A: Yes, some years. Per OAR 581-021-0037, the first annual training for designated school personnel, and every third year thereafter, must be completed in-person (years 1, 4, 7, 10, etc.). Recommendations for in-person training, including an option for synchronous virtual in-person training, can be found within OAR 581-021-0037.

During the intervening years (years 2 and 3, 5 and 6, 8 and 9, etc.), designated school personnel may complete an asynchronous online training that meets the content requirements \*if\* a qualified trainer is available within a reasonable time following the training to answer questions and provide clarification.

**Q11: Are injections and emergency medications part of the general training?**

A: No. For the three injectable medications named in OAR 581-021-0037 – epinephrine, glucagon, and medication to treat adrenal crisis – additional training is required and must follow OHA’s Lifesaving Treatment Protocols. A school RN is an approved trainer for Lifesaving Treatment Protocols. Other injections and emergency medications may require additional training. Some medication routes, and some student situations, will require direct care from the RN or licensed practical nurse (LPN).

**Q12: What about medication to rapidly reverse an opioid overdose (Narcan)?**

A: If any school personnel are designated to ONLY administer medication to rapidly reverse opioid overdose, such as naloxone/Narcan, ODE and OHA guidelines do not require individuals to complete Medication Administration training.

- Recommended practice includes ensuring that designated school personnel, and other individuals, know at minimum (1) when and why to administer; (2) where doses are kept, and (3) the importance of calling EMS. Additional training may be beneficial.
- ODE and OHA guidelines recommend against disciplinary action for any individual carrying and/or administering medication to rapidly reverse opioid, regardless of age or training status. No-discipline policies may align with Oregon’s good Samaritan law [ORS 689.681].

### Written Instructions

#### **Q13: Are written instructions required before medication is administered by school personnel?**

A: Yes. Per OAR 581-021-0037, the written instructions required for school personnel to administer medication to students include:

1. Name of student
2. Name of medication
3. Dosage
4. Method of administration
5. Frequency of administration
6. Verification that a medication must be given in the school setting, from the prescriber unless over-the-counter per labeled use.
  - a. *"because of its prescribed frequency or schedule,"* (for a prescription medication), or
  - b. because it *"is necessary for the student to remain in school,"* (for a non-prescription medication), or
  - c. *"a statement [from the student's prescriber] that the medication must be administered while the student is in school"* (for non-prescription medication that is not approved by the Food and Drug Administration (FDA)).
7. Any other special instructions
8. Signed permission from parent/guardian for school personnel to administer.

Additional written instructions are required in specific cases, such as for prescription medications.

#### **Q14: Are there differences in what's required in writing for prescription, non-prescription, and non-FDA approved medications?**

A: Yes. All require written permission and instructions from the parent/guardian, but other specific requirements apply. See OAR 581-021-0037 for full details. Examples:

1. For prescription medication, the written prescriber order is required; or alternatively, *"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."*
2. For non-prescription medication, if parent/guardian written instruction is not consistent with manufacturer's guidelines, *"the written instructions must also include a written order allowing the inconsistent administration signed by a prescriber."*
3. For non-prescription medication that is not approved by the FDA, written instructions must include *"a written order from the student's prescriber that includes [components 1-7 above] and the signature of the prescriber."*

### Students Handling Medications

#### **Q15: Can students ever self-administer their own medications?**

A: Yes, when certain conditions are met. Verify school district policy and see OAR 581-021-0037 for details.

- Self-administration means that a student must be able to take their own medication at school without requiring assistance from trained school personnel.



- A student may be allowed to self-administer a prescription or non-prescription medications when they are able to demonstrate the ability, developmentally and behaviorally, to self-administer medication and have permission to self-administer from a school-building administrator, and a prescriber or registered nurse practicing in the school setting.

**Q16: Can students ever carry their own medications at school?**

A: Yes, when certain conditions are met. Verify school district policy. See OAR 581-021-0037.

- Self-carry is distinct from self-administration. A student may be approved for one but not the other. Example: some students are permitted to self-carry emergency medications or medications for diabetes but still require assistance by school personnel.

**Q17: Does the law forbid self-carry or self-administration of certain medications?**

A: No. State law does not forbid students from handling specific types of medication. Verify school district policy.

- Per the American Academy of Pediatrics (AAP), students, *“should generally not carry controlled substances – such as the stimulants often prescribed for ADHD – or assume full responsibility for taking them at school. Medications like these should be secured in the school health office for the well-being of all students and staff.”*<sup>xxvii</sup>

**Q18: Does the law establish a minimum age for student self-carry or self-administration?**

A: No. Oregon law does not establish a minimum age. Verify school district policy. Oregon laws include the following:

- ORS 339.866 establishes that *“A school district board shall adopt policies and procedures that provide for self-administration of medication by kindergarten through grade 12 students with asthma or severe allergies.”*
- OAR 581-021-0037 establishes that, *“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 or nonprescription medication to themselves where the student can 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 district setting;”*
  - *“(f) Include a process for determining if or when a student may self-carry prescription medication when a student has not been approved to self-administer medication.”*
- OAR 581-022-2220 states that a school, district, or Education Services District’s prevention-oriented health services school plan shall include:
  - *“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 as allowed by 581-021-0037.”*

## Local Program Details

### Medication Program Overview

Verify medication program information for your school setting(s).

<b>Health Policies and Practices</b>	<ul style="list-style-type: none"> <li>• Where are policies and procedures kept?</li> <li>• Who oversees the medication program?</li> <li>• What supplies are maintained?</li> </ul>
<b>Medication Management</b>	<ul style="list-style-type: none"> <li>• Where are medications kept?</li> <li>• When are medications accepted; checked; replaced; disposed of?</li> <li>• What are your responsibilities related to storage, access, handling, and disposal?</li> </ul>
<b>Administering Medication</b>	<ul style="list-style-type: none"> <li>• How do you maintain standard precautions? (cleaning, gloves)</li> <li>• How do you verify the SIX RIGHTS?</li> <li>• How do you protect student privacy?</li> </ul>
<b>After Administering Medication</b>	<ul style="list-style-type: none"> <li>• What are your responsibilities after administering (monitoring, documentation)?</li> <li>• When (for what) should you contact the school RN or other school personnel?</li> </ul>
<b>Emergency Response Procedures</b>	<ul style="list-style-type: none"> <li>• What signs or symptoms are an emergency?</li> <li>• How do you activate school personnel and EMS 9-1-1 response?</li> <li>• What are your responsibilities after an event (notifications, documentation)?</li> </ul>
<b>Record Keeping</b>	<ul style="list-style-type: none"> <li>• What information may you access?</li> <li>• What information must you document?</li> <li>• When and to whom may you share information?</li> </ul>
<b>Other Program Details</b>	

**Roles and Responsibilities**

Verify or clarify local roles. Roles with (\*) are likely to require the school RN.

<b>Medication Program Duties Roles</b>	<b>School Personnel</b>
Accepts medications from parent/guardian	
Creates the Medication Administration Record (MAR)	
Completes medication counts to track when doses are needed	
Completes 2-person counts for controlled medications	
Enters orders & instructions into student record	
Reviews medication orders & instructions for safety & clarity*	
Contacts provider, parent/guardian for clarification as needed*	
Keeps keys or codes to safe-storage areas (if locked)	
Ensures “go-bag” is stocked for emergency departure	
Carries the “go-bag” / medications during emergency	
Notifies parent/guardian of medication events	
Reviews MAR for completeness / errors / quality improvement*	
School personnel to whom med-related concerns are reported*	
School personnel to contact when activating EMS/calling 911*	
School personnel to notify, if absent, for med administration coverage	
Tracks which school personnel are trained and when trainings are due	
Provides Medication Administration trainings*	
Other:	

### Communication and Teams

Timely, clear, concise communication is essential for student health and safety. Verify preferred communication methods with your school RN and other care team members. Verify your responsibilities related to communication, including what to document and what to communicate immediately. Verify your role in relation to other team members, including who shares duties such that you could fill in for one another when needed, and which aspects of the local program require oversight by the school RN.

Recommended practice: school RN(s) supervise the school medication administration program, including training school personnel, reviewing orders, identifying trends including medication errors, and supporting data analysis for quality improvement.

- American Academy of Pediatrics (AAP), the American Nurses Association (ANA), and the National Association of School Nurses (NASN), recommend that school personnel who perform medication administration in schools be trained and supervised by an RN. <sup>xxi</sup>
- Medication Administration training for designated school personnel does not cover the RN's pharmacological expertise to verify medications.
- School RNs with questions about administration, dosage, safety, or appropriateness of any therapeutic agent, including concern about off-label use, "must decline to execute the medical order" and should collaborate with the licensed prescriber to determine best practices for safe medication administration. <sup>xxi, xxii</sup>

## Section III: Training and Evaluation Resources

### Review and Practice

#### Medication Administration: Sample Script

Verifying the SIX RIGHTS is an essential part of safe medication administration. Student engagement helps to build medication awareness and self-management skills. The sample script, below, could be modified to engage the student while checking each of the SIX RIGHTS.

- Hello, *[Student]*. It's good to see you! We'll give your medication over here, for privacy. I'll wash my hands and then put your medicine in the cup ...*or* give your eardrops (etc.).
- PERSON: Please say your name and your birthday. ...Thanks! That matches this chart and the medication I'm holding.
- MEDICATION: What's the name of the medicine you're getting?
  - *If applicable:* What's the reason you're asking for *[PRN medication 1]*? Let's see, our instructions say the RIGHT medication for the symptoms you are describing is *[PRN medication 2]*.
- TIME: This medicine works best if you take it on time, and you were right on time today. Well done!
  - *If applicable:* It's been long enough since you took *[PRN medication 2]*, and since you have *[reason]*, you can have another dose now.
- ROUTE: Please tell me how you take this pill. Do you chew it, or swallow without chewing? ... That's right, you swallow this one whole. ...*or* please point to the ear where you get these drops.
- DOSE: Here is your one tab of *[name of medication]*. ... *or* I'm putting the two drops of *[name of medication]* in your ear now. Here's one, and two.
  - *If applicable:* I understand you take a different amount at home, but this is the dose in our written instructions, so that's what we give here at school.
- DOCUMENTATION: Well done, *[Student]*. I've recorded that you took your medicine.
  - *If applicable:* I'm going to check your *[sign or symptom]* in 15 minutes. ...Ok, your *[sign or symptom]* is where we want it. I'll record that.
  - You can go back to class now. I'll see you tomorrow!

## Communication: SBAR Example Report Format

### SBAR Reporting

A standardized report format can support clear, concise communication when issues arise. SBAR-style reporting is an example. SBAR reporting includes the following elements.

- **Situation:** What happened? What is the reason for communication?
- **Background:** What's the usual condition? What contributed to the situation?
- **Assessment / Actual state:** What are the specific problems? Does the student have new signs or symptoms?
- **Recommendations / Requests:** What support do you need? Do you recommend a response and/or ways to prevent future problems?

### SBAR Example: Suspected Medication Reaction

**Situation:** [Student] had a dizzy spell about 30 minutes after taking [name of medication] today. They are resting in the office now.

**Background:** [Student] has been taking [name of medication] for two weeks. Today the order was increased to double the dose.

**Assessment / Observed outcome:** [Student]'s heart rate is a little fast, at 125, but they say they can breathe fine and just want to rest.

**Recommendations / Requests:** Could you come assess the student? [and/or] I will notify the parents. Could you contact the doctor, and let me know if there are any follow-up orders?

### SBAR Example: Medication Error

**Situation:** [Student] received an extra dose of [name of medication] today. [Aide] gave the medication. [Student] returned later, and I gave it again.

**Background:** [Student] likes the taste of the medication and often asks for more. [Aide] doesn't have access to the electronic record; they write notes for me to enter later. I found the note after giving the medicine.

**Assessment / Observed outcome:** After 15 minutes in the office, [Student] asked to go back to class and doesn't seem to have any side effects.

**Recommendations / Requests:** I will notify the parents. Could you contact the doctor, and let me know if there are any follow-up orders? [and/or] We need to change access so [Aide] can chart on the record. [and/or] Could you do some teaching with [Student] about this?

### Strategies for Student Medication Acceptance

To build trust and increase medication acceptance, consider strategies appropriate for the student's developmental age and stage. Examples:

- Give frequent positive attention and specific praise: *"You came right on time today!"*  
*"You did a great job holding still for your drops!"*
- Avoid negative talk.
- Give clear, direct instruction. *"Each day when you come here, I'll give you your pill, you will drink a little water, and then you'll go back to class."*
- Share duties appropriate to developmental stage: *"You go fill your cup at the sink while I get your pill ready."*
- If medically appropriate, offer the medication with a small amount of food or drink that is desirable to the student.
- Offer either/or choices that both include taking the medication: *"Do you want to take it at the counter, or sitting at the table?"* ... *"Do you want me to spoon it into your mouth, or do you want to do it yourself?"*
- Actively engage with the student. Depending on the individual, consider asking what they are interested in, pets, classwork, general health, etc.

If a student is refusing a medication, try strategies appropriate to their developmental level to encourage them to take it.

- Remain calm. Never force medication on a student.
- Consider asking a reason for the refusal.
- Acknowledge their reason and emotions. *"I hear you when you say ..."*
- Consider explaining the consequences, with empathy: *"I know it's not fun, but this medicine is important for [reason]. If you miss a dose, it could mean [result]."*
- Offer either/or options that both include taking the medication.
- Consider options to reduce the negative, if possible, such as using a different food or drink with the medication; or letting the student indicate when they are ready, so drops don't come as a surprise.
- If refusals continue, contact the parent/guardian and school RN.

Work with the school RN and parent/guardian to identify appropriate strategies for the individual student.

## Strategies for Risk Reduction by Medication Route

ORAL MEDICATIONS	
Oral medications are taken by mouth into the stomach. Oral medications include solid forms such as tablets, and liquid forms such as syrups.	
<b>Types of Oral Medication</b>	<p>PILL is a generic term for oral medication that may be a tablet, capsule, gel-cap, lozenge, or troche.</p> <ul style="list-style-type: none"> <li>• TABLETS come in various forms <ul style="list-style-type: none"> <li>○ Standard tablets should be swallowed without chewing.</li> <li>○ Chewable tablets should be chewed fully.</li> <li>○ Dissolvable tablets dissolve on or under the tongue.</li> </ul> </li> <li>• CAPSULES may be coated, or in a form which can be opened. <ul style="list-style-type: none"> <li>○ Coated capsules have a protective coating around a solid medication and should be swallowed whole.</li> <li>○ Capsules that contain sprinkles are twisted apart and sprinkled onto soft food.</li> </ul> </li> <li>• GEL-CAPS have a gel coating around a liquid center and should be swallowed whole.</li> <li>• LOZENGES or TROCHES may be hard (i.e. cough drops) or soft (i.e. gummies); should be chewed or dissolved in the mouth.</li> </ul> <p>SUSPENSIONS are liquids which are not clear, because they contain medication that does not dissolve completely.</p> <ul style="list-style-type: none"> <li>• Suspensions typically need to be refrigerated and typically separate when stored. Always shake a suspension per label instructions prior to administering.</li> </ul> <p>SYRUPS and ELIXIRS are liquids in which medicines are fully dissolved; they may appear see-through or clear.</p>
<b>Possible Risks</b>	<p>ASPIRATION (liquid or solid entering the lungs) <sup>ii, xxiii, xxiv</sup></p> <ul style="list-style-type: none"> <li>• If the student has a care plan related to swallowing challenges, strictly follow instructions such as for positioning and thickness of liquids.</li> <li>• If the student is able, coach them to tilt their chin down towards the chest when swallowing. This helps to close the trachea (windpipe) while opening the esophagus.</li> </ul> <p>BITING</p>



	<ul style="list-style-type: none"> <li>• Avoid placing fingers into the student’s mouth while administering medication.</li> </ul>
<p style="text-align: center;"><b>TOPICAL MEDICATIONS</b></p> <p>Topical medications are applied to body surfaces (skin or mucosa) and include medicated patches and spreadable applications such as lotions, creams, and ointments. Topical medications via “transdermal route” are applied to the skin; “ophthalmic route” to the eyes, “otic route” to the ears, and “nasal route” to the nose.</p> <p>Some topical medications are intended to treat skin conditions (direct local action), while others are absorbed and enter the bloodstream to circulate throughout the body (systemic effects). <sup>xii</sup></p>	
<b>Types of Topical Medication</b> <sup>v,vi,xxv</sup>	<ul style="list-style-type: none"> <li>• DROPS, SUSPENSIONS, and SPRAYS are liquids, typically applied to areas that are difficult to reach or should not be touched, such as inner nasal passages or the eyeball.</li> <li>• GEL typically contains cellulose, alcohol, and water; often oil-free. Absorbs well into mucous membranes such as lips (interior), nasal passages, and rectal tissues.</li> <li>• FOAM has a light consistency due to tiny air bubbles. It spreads thinly and absorbs very quickly into the skin.</li> <li>• LOTION contains more water than oil. Spreads thinly and absorbs quickly into the skin.</li> <li>• CREAM contains equal parts oil and water. Spreads easily and absorbs more slowly, staying on the skin longer.</li> <li>• OINTMENT contains more oil than water. Stays on the skin a long time, absorbs more slowly for longer release of medication.</li> <li>• BALM is usually very thick and waxy, often used as a hydrating barrier. May be used when slower absorption is needed.</li> <li>• PATCHES contain medication and are held in place with adhesive. The medication in the patch is absorbed through the skin slowly over time.</li> </ul>
<b>Possible Risks</b>	<p>Accidental dosing when touched</p> <ul style="list-style-type: none"> <li>• ALWAYS use gloves during topical administration. For spreadable applications, cover the area with clothing or gauze to reduce accidental spread, if medically appropriate.</li> </ul> <p>Medication errors, such as applying to the wrong site</p>

	<ul style="list-style-type: none"> <li>• Pay careful attention to orders. Remember that “left” refers to the student’s left side.</li> </ul>
<b>RESPIRATORY ROUTE (MEDICATION INHALED INTO THE LUNGS)</b>  Inhaled medication is given through the nose or mouth. Specialized routes including nebulizer, oxygen, tracheostomy, and emergency medications require additional training beyond the scope of this protocol.	
<b>Types of Respiratory Medication (into the lungs)</b>	METERED-DOSE INHALER (MDI) has a propellant to spray a fine mist.  DRY POWDER INHALER (DPI) has a capsule or chamber of dry powder medication within the device.  SOFT MIST INHALER (SMI) release medication in a fine mist, which stays in the air longer than MDI aerosols.
<b>Possible Risks</b>	<ul style="list-style-type: none"> <li>• Incorrect technique leading to underdose and/or dose landing on throat mucosa rather than reaching the lungs             <ul style="list-style-type: none"> <li>○ Carefully review administration technique for the device</li> </ul> </li> <li>• Increased spread of respiratory droplets due to coughing             <ul style="list-style-type: none"> <li>○ Review local processes to reduce the spread of germs such as having a separate space for medication administration and/or school personnel access to appropriate Personal Protective Equipment (PPE) such as a facemask.</li> </ul> </li> <li>• Student developing infection in the mouth due to the secondary medication effects (oral candida, thrush) <sup>xxvi</sup> <ul style="list-style-type: none"> <li>○ Encourage students to rinse their mouth with water after use of an inhaled corticosteroid medication.</li> </ul> </li> </ul>

## Discuss and Evaluate

### Scenarios

#### What might you do?

1. *[Student]* has come in for a medication. Another student is in the office waiting to be picked up. The waiting student says, “Why is *[Student]* here? Is *[Student]* sick, too?”
2. Due to age and developmental stage, *[Student]* is unable to provide reliable information about their name, birthday, or other forms of ID.
3. *[Student]* has a preferred name, aligned with their gender identity, which is different than the name on the prescription label.
4. *[Student]* says, “My inhalers are here in the office. I want to use one now before PE.”
5. *[Student]* has a medication scheduled for 10 a.m. It is 10:15 a.m. and *[Student]* has not shown up to take the medication.
6. *[Student]* says, “This pill is too big for me. Can you crush it and mix it in pudding like my grandma does?”
7. *[Student]* says, “You only gave me one pill. At home I take two.”
8. You gave *[Student]*’s pills today. When you open the chart to document, you see that *[Student]*’s order changed from two pills – which you gave – to one pill.
9. *[Student]* refuses the medication or spits it out. What might you do?
10. *[Student]* vomits or feels ill after taking medication.

### Scenarios: Example Responses

1. *[Student]* has come in for medication. Another student is in the office waiting to be picked up. The waiting student says, “Why is *[Student]* here? Is *[Student]* sick, too?”

**This scenario relates to general practices.** Protect student confidentiality. Examples:

- Gently but firmly decline to share private information.
- Ensure sick care space is separate from well-care space. [OAR 581-022-2220]
- Ensure student records are visible only to need-to-know school personnel, including sign-in entries with health information, MAR, and other identifiable information.

2. Due to age and developmental state, *[Student]* is unable to provide reliable information about their name, birthday, or other forms of ID.

**This scenario relates to RIGHT PERSON.** Use alternative strategies to verify it is the right student. Examples:

- Verify ID with two school personnel members who know the student.
- Use photo ID and/or the photo on student record and/or MAR.

3. *[Student]* has a preferred name, aligned with their gender identify, which is different than the name on that prescription label.

**This scenario relates to RIGHT PERSON.** Respect the student’s preferred name while verifying identity. Examples:

- Seek options that do not require the student to state their legal name for every dose.
- May require individualized review, to determine to whom the student has disclosed their gender identity and preferred name, including provider and parent/guardian.
- Possible action could include written instruction kept with the medication container regarding the preferred name – from the parent/guardian or school RN – clarifying that the student’s preferred name has been verified and should be used for ID during medication administration.
- Contact the school RN for support as applicable.

4. *[Student]* says, “My inhalers are here in the office. I want to use one now before PE.”

**This scenario relates to RIGHT MEDICATION name and reason.** Check written instructions and medication order (pharmacy label).

- Verify the student has orders to use the inhaler as requested.
- If yes, administer the inhaler.
- If not, advise the student that it is not permitted (yet) and written instructions are needed.

5. *[Student]* has a medication scheduled for administration at 10am It is 10:15am and *[Student]* has not shown up to take the medication.

**This scenario relates to RIGHT TIME.** Send for the student immediately

- Remember that medication must be given within the hour window, 30 minutes before or after the scheduled time.
- Failure to give medication under these circumstances is dose omission and a medication error.

- If the medication cannot be administered, notify the school RN or building administrator, and contact the parent/guardian per local protocols.
  - Carefully document the circumstances, including your actions, on the MAR.
6. *[Student]* says, “This pill is too big for me. Can you crush it and mix it in pudding like my grandma does?”  
**This scenario relates to RIGHT ROUTE and method.** Check the medication instructions and label.
- If **written instructions** are to crush pills, and the student has a personal pill crusher, proceed.
  - Otherwise, DO NOT crush pills, and advise the student this is not permitted (yet).
  - Contact the parent/guardian and school RN for verification and **written instructions**.
7. *[Student]* says, “You only gave me one pill. At home I take two.”  
**This scenario relates to RIGHT DOSE.** Check the medication instructions and label.
- Advise the student that you must give what the orders say.
  - Follow up with parent/guardian and school RN to verify current orders.
8. You gave *[Student’s]* pills today. When you open the chart to document, you see that *[Student’s]* order just changed from two pills (which you gave) to one pill.  
**This scenario relates to RIGHT DOCUMENTATION and overall procedure.** Carefully check all RIGHTS before administering any medication. Report any errors promptly.
- **Remember:** reporting medication errors protects students and school personnel.
  - If you are aware of an error, report immediately to the school RN or building administrator, and parent/guardian per local protocols.
  - Coordinate actions with parent/guardian and health partners as applicable. Additional action may be required, depending on the type of error. Instructions may come from prescriber, school RN, pharmacist, or poison control.
  - Always report and document any of the following events:
    - Wrong medication or incorrect dose given.
    - Medication not given.
    - Medication administered to the wrong student.
    - Medication given by the wrong route or method.
    - Medication given at the wrong time (> 30 minutes from scheduled time).
9. *[Student]* refuses the medication or spits it out.  
**This scenario relates to RIGHT DOCUMENTATION and overall procedure.** Encourage students to take the medication, without forcing them.
- See *Strategies for Student Medication Acceptance*.
  - If the student is cooperative, and they have not yet taken any of the dose, make a second attempt to administer the correct dose.
    - If a dose was spit out and NOT intact, such as a chewed pill or partially swallowed liquid dose, DO NOT repeat the dose. This could result in overdose.
    - DO NOT re-administer medication that was spit out. Use fresh medication.

- Dispose of any spit out dose and document the dose as wasted, with a second school personnel member to witness if applicable by per local protocol.
- If the student continues to refuse, do not force them.
  - Document the event on the MAR. Record reason for refusal if any was given, and your actions.
  - Notify the parent/guardian and the school RN or school building administrator of the refusal and/or that a dose was wasted.

10. *[Student]* vomits or feels ill after taking medication.

**This scenario relates to RIGHT DOCUMENTATION and overall procedure.** Recognize that this could be a medication reaction or could be an illness.

- DO NOT repeat the medication dose.
- Have a trained school personnel member evaluate the student for illness and/or severe allergic response per local protocol.
  - Evaluation should be conducted by the school RN or school personnel member trained to administer epinephrine.
- If students show signs of severe allergic reaction, follow procedures to call 9-1-1 and have a trained school personnel member administer epinephrine.
  - Any medication can cause side effects, most of which are minor. However, serious allergic reactions can occur.
  - Examples of severe reactions may include trouble breathing, rash/hives, itching or burning sensation especially on the face or neck. If untreated, a severe allergic reaction can be life-threatening.
- Promptly report any unusual symptoms or behaviors to the school RN or school building administrator (after 9-1-1, if applicable).
- Document the incident on the MAR.
- Notify the parent/guardian and school RN or school building administrator of the occurrence, including time of vomiting or onset of other symptoms.

## Knowledge Assessment

Medication Training Evaluation      Name \_\_\_\_\_ Date \_\_\_\_\_ School \_\_\_\_\_

**1. School personnel are required to complete Medication Administration training annually before they can administer any medication to students.**

- a. True                      b. False

**2. This training authorizes the learner to administer ALL forms of medication, including nebulizer treatments, rectal medications, and injectable medications.**

- a. True                      b. False

**3. Which are the main SIX RIGHTS that must be verified each time you administer a medication?**

CONDITION... PROCEDURE... AREA... PERSON... HEIGHT... WEIGHT... MEDICATION ... ROUTE ...  
TIME ... RATE... DURATION ... DOSE ... DOCUMENTATION ... OUTCOME

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**4. The fourth grade is going on a field trip. Two students receive medications daily at noon, which will be during the field trip. How should the situation be handled?**

**5. Marsala's mother brought in a liquid medication in its original container, with a calibrated oral medication spoon, and written instructions to use the medication spoon to measure doses. This is an acceptable method to administer Marsala's medication.**

- a. True                      b. False

**6. Vera is due in 5 minutes to take her medications. It is acceptable practice to pour her medications into a medicine cup and leave it on the counter until she arrives.**

- a. True                      b. False

**7. Baylee and Haylee are identical twins who take medication daily. You have trouble telling them apart. How will you avoid giving the wrong medication to the wrong student?**

- a. Compare the prescription label with the medication administration record (MAR).
- b. Ask each student to say their full name each time you give medication.
- c. It is the teacher's responsibility to send the correct student.
- d. Compare the student with their school photo on the MAR.

**8. Huong has not arrived. His medication is 20 minutes past due. What should you do?**

- a. No immediate action is required. The student is responsible for remembering their medication.
- b. You should report the student for being late to the teacher by the end of the day.
- c. Send for the student immediately. Failure to administer would be an error by omission.
- d. Both a. and b.

**9. If you give as-needed (PRN) medications, it is necessary to check the last time given, and recommended to notify parent/guardian so they know next time it is available.**

- a. True
- b. False

**10. Giving medication within 30 minutes before or after the prescribed time is acceptable.**

**Medication given earlier or later is considered a med error.**

- a. True
- b. False

**11. Tomas is taking penicillin pills 4 times a day for 10 days. His parent wants to send the doses needed at school in a plastic bag with his name on. You should tell the parent:**

- a. Thanks! We'll be sure he gets them.
- b. Sorry, these need to be in a multi-day pill dispenser or other hard plastic container.
- c. Sorry, we can only accept medications in their original pharmacy-labeled container.
- d. Sorry, we don't give medications at school unless they are needed for chronic conditions.

**12. Ali refuses her medication. Which of the following is NOT an appropriate response?**

- a. Offer either/or options that both include taking the medication.
- b. Inform her the medication is necessary for her health and force her to take it.
- c. If she still refuses, document the refusal and actions taken, on the MAR.
- d. Notify the parent/guardian, school building administrator, and school RN of medication refusal.

**13. Kiara is taking Adderall 10 mg daily at noon. Dad calls to say the doctor increased the dose to 20 mg. He asks you to give her two tablets instead of one, and he will bring in the new bottle of 20 mg tablets once the 10 mg tablets are gone. You should tell him:**

- a. You cannot act on verbal requests to change medications.
- b. The school district requires updated doctor's orders in writing. The prescription label may be used as doctor's orders if it contains all the needed information.
- c. Dad will need to fill out and sign a new form with updated instructions.
- d. All the above.

**14. Kiara's dad asks that you send home the old bottle of Adderall 10 mg tablets and a blank form home with Kiara, and he will send the new bottle of Adderall 20 mg and an updated form to school tomorrow in Kiara's backpack. You should tell him:**

- a. Your school district policy aligns with recommended practices; Kiara may carry in the medication and form.
- b. Your school district aligns with recommended practices; students may not transport this type of medication.
- c. Dad can come in to drop off the medication and the form or submit the form electronically.
- d. Both b. and c.



**Knowledge Assessment Answer Key**

1. (a) True
2. (b) False
3. (1) PROCEDURE, (2) PERSON, (3) MEDICATION, (4) ROUTE, (5) TIME, (6) DOSE, (7) DOCUMENTATION
4. (b) Trained school personnel should administer the medications, out of their original containers.
5. (a) True
6. (b) False
7. (b) Ask each student to say their full name each time you give medication.
8. (c) Send for the student immediately. Not giving the medication under these circumstances is an omission of a dose and a medication error.
9. (a) True
10. (a) True
11. (c) Sorry, we can only accept medications in their original pharmacy-labeled container.
12. (b) Inform her the medication is necessary for her health and force her to take it.
13. (d) All of the above.
14. (d) Both b. and c.

STATEMENT OF COMPLETION FOR MEDICATION ADMINISTRATION TRAINING

Name of Designated School Personnel

\_\_\_\_\_

The above person met the participation requirements of the Medication Administration training on the date indicated below. This training is required by ORS 339.866-339.874 and OAR 581-021-0037 for those school district personnel designated to administer medication in Oregon schools. The participant has passed a competency evaluation to the satisfaction of the qualified trainer.

The Medication Administration training is required annually for any designated school personnel who administers medication to students. The initial training and every third training thereafter must be provided in-person by a qualified trainer. During the intervening years, designated school district personnel may complete an online training option that meets the ODE established guidelines if a qualified trainer is available within a reasonable time following the training to answer questions and provide any clarification necessary. An online training may qualify as “in-person” when content is provided via synchronous, interactive online sessions with the trainer and learners visible on screen.

This statement of completion is valid only for the person named above; it cannot be transferred.

**Trainer** \_\_\_\_\_ **Date** \_\_\_\_\_

## References

- <sup>i</sup> Bergren M. D. (2022). NASN's Medication Administration Clinical Guideline. *NASN school nurse (Print)*, 37(4), 176–178. <https://doi.org/10.1177/1942602X221098735>
- <sup>ii</sup> Redstone, F., & West, J. F. (2004). The importance of postural control for feeding. *Pediatric nursing*, 30(2), 97–100. <https://pubmed.ncbi.nlm.nih.gov/15185730/>
- <sup>iii</sup> Children's Hospital of Philadelphia  
<https://www.chop.edu/health-resources/how-give-your-child-crushed-pills>
- <sup>iv</sup> NIOSH [2023]. Managing hazardous drug exposures: information for healthcare settings. By Hodson L, Ovesen J, Couch J, Hirst D, Lawson C, Lentz TJ, MacKenzie B, Mead K. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2023-130, <https://doi.org/10.26616/NIOSHPUB2023130>
- <sup>v</sup> Wong, W. F., Ang, K. P., Sethi, G., & Looi, C. Y. (2023). Recent Advancement of Medical Patch for Transdermal Drug Delivery. *Medicina (Kaunas, Lithuania)*, 59(4), 778. <https://doi.org/10.3390/medicina59040778>
- <sup>vi</sup> Payne, J., Habet, K. A., Pona, A., & Feldman, S. R. (2019). A Review of Topical Corticosteroid Foams. *Journal of drugs in dermatology : JDD*, 18(8), 756–770.
- <sup>vii</sup> NIH National Eye Institute (2021) How to Put Drops in Your Eyes  
<https://www.nei.nih.gov/Glaucoma/glaucoma-medicines/how-put-eye-drops#:~:text=Squeeze%20the%20prescribed%20number%20of,from%20draining%20into%20your%20nose>
- <sup>ix</sup> AAO American Academy of Ophthalmology (2023) How to Put in Eye Drops.  
<https://www.aao.org/eye-health/treatments/how-to-put-in-eye-drops>
- <sup>x</sup> AAP American Academy of Pediatrics (2022) How to Give Ear Drops to a Child.  
<https://www.healthychildren.org/English/safety-prevention/at-home/medication-safety/Pages/how-to-give-ear-drops.aspx>
- <sup>xi</sup> ENT UK (2022) How to Use Nasal Ointment  
[https://www.entuk.org/patients/conditions/76/how\\_to\\_use\\_nasal\\_ointment/](https://www.entuk.org/patients/conditions/76/how_to_use_nasal_ointment/)
- <sup>xii</sup> Open Resources for Nursing (Open RN); Ernstmeyer K, Christman E, editors.(2021) Nursing Skills [Internet]. Eau Claire (WI): Chippewa Valley Technical College. Chapter 16 Administration of Medications Via Other Routes. Available from:  
<https://www.ncbi.nlm.nih.gov/books/NBK593196/>
- <sup>xiii</sup> Allergy & Asthma Network (2024). How to use nasal spray.  
<https://allergyasthmanetwork.org/allergies/how-are-allergies-treatment/how-to-use-nasal-spray/>
- <sup>xiv</sup> Children's Hospital of Philadelphia (2024) How to Use A Metered Dose Inhaler with Spacer

<https://www.chop.edu/health-resources/how-use-metered-dose-inhaler-spacer>

- xv Türkeli, A., Yılmaz, Ö., & Yüksel, H. (2016). Metered dose inhaler-spacer use education effects on achieve asthma control in children. Ölçülü doz inhaler-spacer kullanımı eğitiminin çocuklarda astım kontrolü sağlanmasındaki etkileri. *Tuberkuloz ve toraks*, 64(2), 105–111. <https://doi.org/10.5578/tt.9142>
- xvi Allergy and Asthma Network (2024) How to Use Dry Powdered Inhaler <https://allergyasthmanetwork.org/what-is-asthma/how-is-asthma-treated/how-to-use-a-dry-powder-inhaler/>
- xvii UpToDate (2024) Patient Education: Inhaler techniques in adults (Beyond the Basics). <https://www.uptodate.com/contents/inhaler-techniques-in-adults-beyond-the-basics>
- xix Eluri, M., Spiller, H. A., Casavant, M. J., Chounthirath, T., Conner, K. A., & Smith, G. A. (2018). Analgesic-Related Medication Errors Reported to US Poison Control Centers. *Pain medicine (Malden, Mass.)*, 19(12), 2357–2370. <https://doi.org/10.1093/pm/pnx272>
- xx DeCoster, M. M., Spiller, H. A., Badeti, J., Casavant, M. J., Rine, N. I., Michaels, N. L., Zhu, M., & Smith, G. A. (2023). Pediatric ADHD Medication Errors Reported to United States Poison Centers, 2000 to 2021. *Pediatrics*, 152(4), e2023061942. <https://doi.org/10.1542/peds.2023-061942>
- xxi Butler, S. M., Boucher, E. A., Tobison, J., & Phan, H. (2020). Medication Use in Schools: Current Trends, Challenges, and Best Practices. *The Journal of Pediatric Pharmacology and Therapeutics : JPPT : the official journal of PPAG*, 25(1), 7–24. <https://doi.org/10.5863/1551-6776-25.1.7> Accessed June 2024.
- xxii Oregon Nurse Practice Act, Chapter 851, Division 45, Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse, 851-045-0065 Standards of Practice for the LPN and the RN. <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=314766>
- xxiii Miotto, Mary Beth, et al. (2024) Safe Administration of Medication in School: AAP Policy Statement. *Pediatrics*, 153 (6): e2024066839. <https://doi.org/10.1542/peds.2024-066839> Accessed June 2024.
- xxiv Patel, A., Jacobsen, L., Jhaveri, R., & Bradford, K. K. (2015). Effectiveness of pediatric pill swallowing interventions: a systematic review. *Pediatrics*, 135(5), 883–889. <https://doi.org/10.1542/peds.2014-2114>
- xxv Kotloski, R. J., & Gidal, B. E. (2022). Rescue Treatments for Seizure Clusters. *Neurologic clinics*, 40(4), 927–937. <https://doi.org/10.1016/j.ncl.2022.03.016>
- xxvi Doğan, M., Şahiner, Ü. M., Ataç, A. S., Ballıkaya, E., Soyer, Ö. U., & Şekerel, B. E. (2021). Oral health status of asthmatic children using inhaled corticosteroids. *The Turkish journal of pediatrics*, 63(1), 77–85. <https://doi.org/10.24953/turkjpeds.2021.01.009>
- xxvii American Academy of Pediatrics (2024) When Your Child Needs to Take Medication at School. <https://www.healthychildren.org/English/safety-prevention/at-home/medication-safety/Pages/Administering-Medication-at-Child-Care-or-School.aspx>