

MEDICATION ADMINISTRATION IN OREGON SCHOOLS

A MANUAL FOR SCHOOL PERSONNEL

Updated 5/16/16
ODE Approved



CREDITS

To the late Leslie Currin, RN of the Oregon Department of Education for the development of the original Medication Administration for School Personnel protocol that has subsequently been updated to this most current version.

To the School Nurse Advisory Group (SNAG) for their expertise in reviewing and finalizing this protocol and helping keep it updated.

To the numerous school nurses in the field that request and expect the most up-to-date, best practice tools they can get to most efficiently provide for the health and safety of students across the great state of Oregon.

THE LAW AND MEDICATION ADMINISTRATION BY SCHOOL PERSONNEL

The law in Oregon which relates to administering medication to students by school personnel (ORS 339.867-339.870) was last amended in 2015. In it, the following points are addressed:

- Designated school personnel are required to receive appropriate training which has been approved by the Department of Education (ODE) for the administration of prescription and non-prescription medication.
- School districts may not require school personnel who have not received appropriate training to administer medications to students.
- Specifies that the law covers only non-injectable medication with the exception of (separate trainings):
 - Auto-injectable epinephrine for the treatment of life-threatening anaphylaxis
 - Glucagon for the treatment of severe hypoglycemia
 - Injectable medication (Solu-Cortef) for the treatment of an Adrenal Crisis
- Specifies that school districts must adopt policies and procedures for:
 - Student self-medication (requires specific signatures)
 - Administration of prescription and nonprescription medication to students by trained school personnel
 - A process to designate, train and supervise appropriate staff that takes into account when a student is in school, at a school sponsored activity, 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 Oregon Administrative Rules (OAR 581-021-0037) define:

- Who can write a prescription for medications given in school
- Defines 'prescription' as different than 'non-prescription'
- Defines authorized training
- Outlines parental and physician instructions
- Outlines school district policy requirements
- Excludes dietary/food supplements

The general intent of the law is to address the responsibility of school personnel for administering prescription medications scheduled to be given during school hours and nonprescription medications necessary for the child to remain in school.

- School employees trained to give medications to students are advised to obtain a copy of the district's medication policy and become thoroughly familiar with its contents.

DESIGNATED SCHOOL PERSONNEL

- School administrators are responsible for identifying which school employees will be assigned the task of administering prescription and nonprescription medication to students. It is best for one person to be assigned to routinely administer medication to provide safety and consistency. Appropriate backup staff also needs to be assigned.
- Procedures for handling medications during field trips, and other events that occur outside the usual school setting, must be developed.

QUALIFIED TRAINERS

Oregon law recognizes the following as qualified trainers of medication administration in the school setting:

- A person who is familiar with the delivery of health services in a school setting and who is:
 - A registered nurse licensed by the Oregon State Board of Nursing
 - A physician
 - A pharmacist licensed by the State Board of Pharmacy for the State of Oregon

RESOURCES FOR SCHOOL PERSONNEL

"Training" means yearly instruction provided by qualified trainers to assigned school staff on the administration of prescription and nonprescription medications, based on requirements outlined in rules approved by the Department of Education, including discussion of applicable district policies, procedures and materials.

CATEGORIES OF MEDICATIONS IN THE SCHOOL SETTING

1) NONPRESCRIPTION MEDICATION

- a) Commercially prepared, FDA approved, non-alcohol based medication to be taken at school THAT IS NECESSARY FOR THE STUDENT TO REMAIN IN SCHOOL.
- b) School employees must be sure that the following parameters are in place in order to administer nonprescription medications to students:
 - i) A written, signed permission form from the parent/guardian, which includes name of student, name of medication, route, dosage, frequency of administration, and reason for use. Any special instructions should also be included (e.g. crush pills, etc.)
 - ii) Nonprescription medication must be brought to school in the original container or packaging.
 - iii) Dosing should follow manufacturer's recommendations. If outside of recommendations, a prescription is required.

2) STUDENT SELF-ADMINISTRATION

- a) Self-medication means that a student must be able to take their own medication at school without requiring assistance from a trained staff member.
- b) When students self-medicate, school personnel are not required to document the medication administration for record-keeping purposes.
- c) School districts must adopt policies regarding student self-medication
- d) The self-medication agreement must be signed by the student, the parent/guardian, the building administrator, and for prescription medication, a physician, as required by OARs.

3) PRESCRIPTION MEDICATION

- a) These medications may be given internally (i.e. swallowed, inhaled) or externally (i.e. applied to the skin)
- b) By law, they must be given under the direction of one of the following (licensed to practice in the state of Oregon):
 - i) Physician (MD/DO)
 - ii) Physician assistant
 - iii) Nurse practitioner
 - iv) Dentist
 - v) Optometrist
 - vi) Naturopathic physician
- c) Prescription medication must be prepared and labeled by a registered U.S. pharmacist, under the direction of one of the providers listed above.
- d) Prescription medication should be administered at school ONLY if it must be given during the school day.

- e) In order to give prescription medication, school employees must have the following:
 - i) A written request from the student's parent/guardian which includes signed permission for the school staff to give the medication. Written instruction from the parent/guardian includes:
 - (1) Name of student
 - (2) Name of medication
 - (3) Method (by mouth, etc.)
 - (4) Dosage
 - (5) Frequency - how often it is to be given
 - ii) Physician's order – (pharmacy label on the bottle counts)
 - (1) NOTE: parent permission form and physician order must be consistent

ADMINISTERING MEDICATIONS

(This training does not certify you to administer nebulizer treatments, rectal medications, or injectable medications. Check with your school health professional for more in-depth trainings regarding medications given by these routes.)

Transcribing to Medication Administration Record (paper or electronic)

- Carefully transcribe (copy) information from permission form/physician order to your district charting system (paper or electronic). The Medication Administration Record needs to include: full name of student, name of medication, dosage, method of administration, and time of administration.

BEFORE GIVING ANY MEDICATIONS TO STUDENTS, ALWAYS FOLLOW THE UNIVERSALLY RECOGNIZED STANDARD FOR SAFETY, WHICH INCLUDES THE "6 RIGHTS"

RIGHT STUDENT

- The first "R" you must check is that you have the RIGHT student. Ask the student their name, even if you believe you know them.
- *If* it is possible, place a picture of the student on that student's medication record.
- If you are unsure as to the identity of the student, DO NOT GIVE the medication. Consult with your school administrator or school nurse for direction.
- Confirm that you have the RIGHT student by comparing the stated name with the name on the bottle and the medication administration record. Then compare the student's name on the medication administration record and on the medication bottle.

RIGHT MEDICATION

- Compare the name of the medication on the bottle to the written instructions listed on the medication administration record.

RIGHT DOSE

- Compare the medication dosage on the bottle with the medication dosage on the medication administration record.
- Be sure to give the exact amount of the medication.
- If the parent requests an amount in conflict with the label directions, do NOT administer the medication. Consult with the school nurse/building administrator.

RIGHT TIME

- Check the medication record for the time when the medication should be given. Giving the medication 30 minutes before or after the prescribed time is within acceptable limits. Medication given earlier or later is considered a medication error.

RIGHT METHOD

- Be sure to check how the medication is to be given (e.g. by mouth, on the skin, etc.). Always check the parent/physician instructions as well as the medication label and your medication record.

RIGHT DOCUMENTATION

- Document the administration according to district procedure (typically signing with time given and your initials immediately after administration).
- Document any variation in medication administration according to district policy.

HANDLING MEDICATION

- 1) Water-you may need a glass of water to assist a student who is taking something by mouth.
 - a) Do not use water from a sink where first aid is provided
 - b) If you don't have a clean water source, get a container of clean water from the kitchen, staff room, etc.
- 2) Hand washing – wash your hands before you give any medications to a student
- 3) Avoid touching medications
 - a) Pour pills into a medicine cup, the lid of the bottle, or a paper cup
 - b) Have the student pick up their own medication and put it in their own mouth
 - c) If you need to assist students who cannot pick up their own pills;
 - i) Wear disposable gloves
 - (1) If the student is known to be allergic to latex, make sure to use vinyl gloves
 - (2) Place gloves in garbage when finished
 - ii) Do not use your fingers to place medication into mouth if student is known to have a history of biting.
- 4) Cutting or crushing tablets
 - a) Tablets that need to be cut, should be cut by the parent/guardian, and sent to school.
 - i) If the student brings in tablets that are supposed to be cut, contact the parent/guardian to remind them of this need.

- b) Some tablets may need to be crushed if students gag or cannot swallow them. Physician/parent/guardian will notify you of this need
 - i) Direct the parent/guardian to provide a pill crusher.
 - ii) Pour all crushed medication onto soft food or into liquid for the student to take
 - c) Be sure to wash and dry pill crushers thoroughly after each use, so that no medication is left in/on them.
 - d) Store pill crusher in a clean, safe area.
- 5) Measuring liquid medication
- a) Liquid medication needs to be measured accurately
 - b) Use only medicine cups which are calibrated, or a special spoon or syringe for this purpose.
 - i) Direct the parent/guardian to provide this equipment
 - ii) HOUSEHOLD UTENSILS SUCH AS TEASPOONS ARE NOT ACCURATE FOR MEDICATION MEASUREMENTS.
 - c) When you use a medicine cup, place it on a flat surface and read it at eye level, for accuracy.
 - d) Always pour liquids from the side of the bottle opposite the label so that the label stays clean and readable
 - e) Clean any medication off the outside of the bottle after pouring by rinsing and wiping with a clean paper towel
 - f) Be sure the student takes all the medication.



COMMON FORMS AND ROUTES OF MEDICINES

- 1) ORAL MEDICATIONS (includes solid forms such as tablets, and liquid forms, such as syrups.
 - a) TABLETS come in various forms
 - i) Chewable tablets are meant to be chewed completely before swallowing (these will be labeled 'chewable')
 - ii) Regular tablets are meant to be swallowed whole, and some may be scored for cutting in half. Tablets should NOT be cut or crushed if directions on label caution against doing this.
 - iii) Dissolvable tablets – dissolve on tongue as directed
 - b) CAPSULES are coated, and designed to be swallowed whole, like tablets.
 - i) Some capsules are designed to be broken apart and sprinkled onto soft food, such as applesauce. When a capsule is supposed to be 'sprinkled', the directions on the prescription label will say this specifically.
 - c) SYRUPS and ELIXIRS are clear liquids
 - d) SUSPENSIONS are liquids which are not clear, because they contain medication that does not dissolve completely in the liquid
 - i) Suspensions may need to be refrigerated
 - ii) Suspensions may separate when stored. If this is so, you will see this noted on the prescription label. Shake the bottle for at least 5 seconds, if you see the instruction.
 - e) Have the student take a drink of water after taking oral medication.



- 2) TOPICAL MEDICATIONS (includes medications applied to the outside of the body, such as eye drops, ear drops, and any ointments or creams applied to the skin)
- a) Always wear gloves when assisting a student with topical medications
 - b) Medication may be ordered on one side (right ear, left eye). Pay careful attention to these orders and remember that it is the student's right or left side.
 - c) EYE DROPS/OINTMENTS
 - i) Wash hands before using eye drops. Some eye drops will need to be refrigerated (this will be on the label).
 - (1) You can warm the drops by rolling the bottle between the palms of your hands
 - ii) Read the label to see if the eye drops need to be shaken
 - iii) Have student lie on his/her back, or sit with head tilted back.
 - iv) Put on your disposable gloves, and have the student close his eyes.
 - (1) Caution student to hold very still
 - (2) Using a clean tissue, wipe the eye from the inside (next to nose) toward the outside
 - v) While asking the student to look up, open the eyelid gently, pulling down on lower lid.
 - (1) A 'pocket' should form, exposing the inner side of the lower lid.
 - vi) Use extreme caution not to touch the eye with the tip of the bottle/tube, as this could cause injury or infection to the eye
 - vii) Gently squeeze bottle or tube to drop medication into 'pocket'.
 - viii) The student will want to 'blink' after drops/ointment is applied
 - (1) Allow student to close eye, but caution against squeezing eye, continued blinking, or rubbing the eye.
- 3) EAR DROPS/OINTMENTS
- a) Have student lie down on a cot with the affected ear facing up, or sit in a chair with the head tilted to the side
 - b) It may be necessary to clean the ear with a cotton ball or tissue before putting the ear drops in
 - c) Gently grasp the top of the outer ear and pull ear up and back
 - d) Without touching the tip of the bottle/tube to skin, drop the medication on the inside of the ear canal.
 - e) Have the student wait for about a minute, then repeat the procedure with the other ear if prescribed.
 - f) The special instructions may include the use of a cotton ball to be loosely placed in the ear canal after putting in the eardrops.
- 4) OINTMENTS/CREAMS
- a) Tongue blades, cotton swabs, or gauze can be used as an applicator for ointments and creams
 - b) If directed to do this, apply gauze to the area after applying the ointment or cream. Do not remove your gloves until after the gauze is in place.
 - c) Follow OSHA guidelines for disposing of items contaminated with body fluids, when discarding your gloves/tongue blade, etc.

5) INHALED MEDICATION

- a) Inhaled medication is given through the nose or mouth using spray bottles or 'pump type' inhalers
- b) Nasal Sprays – ***your school health professional will need to provide more in-depth training regarding Versed (or other medication) for seizures, if applicable***
 - i) When assisting with nasal sprays, direct student to hold one nostril shut, insert tip of spray bottle in the open nostril
 - ii) Squeeze the bottle as the student breathes in through his nose, then repeat with other nostril
 - iii) The label may direct you to have the student rinse his/her mouth following administration
 - iv) Allow student to wipe his nose with tissue, but caution him against 'blowing nose' immediately after use
 - v) Some nose sprays used for allergies may cause slight nasal bleeding after extended use – notify parent/guardian if this happens
- c) Metered dose inhalers
 - i) These deliver a fine mist of medication to the lungs, and some students use a spacer or holding chamber to make sure the medication gets to the lungs.
 - ii) Follow manufacturers direction for priming and washing canisters
 - iii) USING THE INHALER (omit #2 if student does not have spacer)
 - (1) Remove the cap from the canister, shake well
 - (2) Place spacer on canister mouthpiece
 - (3) Instruct student to blow out a deep breath
 - (4) Student should immediately place mouth around opening, press down once on the canister and breathe deep
 - (5) Direct student to hold his breath for a count of 10 seconds
 - (6) Follow this process for a second 'puff' if prescribed. Wait for at least 1 minute in between puffs.
 - d) Nebulizers - ***your school health professional will need to provide more in-depth training regarding nebulizers for asthma management, if applicable***
- 6) RECTAL MEDICATION - ***your school health professional will need to provide more in-depth training regarding Diastat for seizures, if applicable***

SAFE STORAGE AND MONITORING SUPPLIES OF MEDICATION

- 1) Store all medication in its original container
 - a) Parent, guardian or designated adult must always bring prescription and non-prescription medication to school in original labeled containers. Check expiration date. Do not give if expired.
 - b) Prescription medication must always be the most current prescription and kept in the original, labeled container
 - c) Nonprescription medication should be kept in original, labeled bottle or box (only persons authorized by the board of pharmacy may dispense, repackage or label medications)

- d) NEVER administer medication sent to school in unlabeled containers. To do so would be a violation of law, rule and policy and jeopardizes student's safety, and places the school at risk
 - e) NEVER repackage medication into a plastic bag or other container for any reason.
- 2) Medication should always be stored in a clean, locked cabinet or box in a secure area.
 - 3) **COUNTING MEDICATIONS:** Medication in any form categorized as a sedative, stimulant, anti-convulsive, narcotic analgesic, or psychotropic medication will be counted by designated school staff or parent in the presence of another staff member when received at school.
 - a) Consult with your school nurse or dispensing pharmacy if you are unsure a particular prescription is classified in one of these categories.
 - b) The number of capsules or tablets received shall be documented on the student medication record and initialed by the two individuals who counted or witnessed the procedure.
 - c) Any discrepancies should be reported to the school nurse/building administrator/parent/guardian immediately.
- ***MEDICATION IN THIS CATEGORY HAS THE POTENTIAL FOR ABUSE; CAREFUL MONITORING, STORAGE AND DOCUMENTATION IS REQUIRED.***
- 4) Medication which requires refrigeration may be kept in a refrigerator used only for medication, or in a locked box in a refrigerator.
 - a) The refrigerator temperature should be maintained between 36 and 46 degrees Fahrenheit
 - b) A refrigerator thermometer is recommended, as well as periodic checks to insure that the medicine doesn't freeze or get too warm
 - 5) Medication must be brought to school and returned home by the parent, guardian or designated adult. This will help to assure safety for other students and provide protection for school personnel.
 - 6) It is the parent/guardian's responsibility to inform the school **IN WRITING** if any changes are made in medication instructions. This includes written instruction from parent/guardian and physicians. **Do not act on verbal requests to change medication amount or frequency.** A new pharmacy label needs to be provided to the school if applicable.
 - 7) Designated school staff will be responsible for monitoring all medication supplies and for ensuring medications are secure at all times.
 - 8) When medication supply is low, or inadequate dosage available to administer the medication, the designated school staff will notify the parent/guardian immediately.
 - 9) Your district should have a policy that tells you how to handle medications which are no longer being given (end of school year, medication changed by doctor, etc.) Many districts direct the parents to pick up the remaining medication following the course of treatment or at the end of the school year. Disposal of all medication should be done in the presence of another school staff following DEQ guidelines and documented on the student medication record. Medication should never be flushed down the toilet or drain.

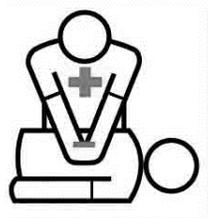
DOCUMENTATION AND RECORD-KEEPING

- 1) Record keeping is required when medication is administered at school
- 2) A medication administration record must be kept for each student receiving medication.
- 3) Document in blue or black ink. Never use pencil. Never use white-out. Document immediately after you give medications to students.
 - a) If you make a mistake in entry, cross through and mark "ME" ("mistaken entry"), and initial the error.
 - i) All records relating to administration of medicines, including permission slips and written instructions, will be maintained in a separate, medical file apart from the student's education records file unless otherwise related to the student's educational placement and/or individualized education plan. All records will be retained in accordance with the OAR's. (a minimum of five years, or until the student is 21 years old, whichever comes first)
 - ii) Student medical files will be kept confidential. Access shall be limited to those designated school staff authorized to administer medication to students, the student and his parent/guardian. Information may be shared with school staff with a legitimate educational interest in the student, or others authorized by the parent/guardian in writing.
- 4) Confidentiality
 - a) **All matters related to medication administration for any student are considered to be confidential, and cannot be discussed with anyone without the parent/guardian's authorization.**
 - b) Retaining medication records at the end of the school year will be done as follows:
 - i) When medication is administered as part of an IEP goal, the medication record should be maintained in the IEP record.
 - ii) All other medication records should be stored separately from the student's educational records according to district policies regarding confidential medical records and in accordance with the pertinent OAR's.

HANDLING UNEXPECTED SITUATIONS

- 1) Student does not come for the medication at the scheduled time
 - a) Send for the student immediately. Remember that medication must be given 30 minutes before or after the scheduled time.
 - b) If the student cannot be found, notify school nurse, building administrator, and contact the parent/guardian. Carefully document the circumstances, including your actions, on the student medication record.
- 2) Student refuses the medication
 - a) Encourage student to take the medication without coercion.
 - b) Document on the medication record and contact the parent/guardian, school nurse, building administrator

- 3) Student vomits or spits out the medication
 - a) Document this on the medication record. Do not repeat medication dose.
 - b) Notify the parent/guardian and school nurse about the occurrence, including the time of vomiting. Notifying the building administrator can also be appropriate.
 - c) Evaluate the student for illness per district policy.
- 4) Medication errors: reporting them protects the student and the staff
 - a) Report the following:
 - i) Medication omission
 - ii) Medication administered to wrong student
 - iii) Administering wrong medication or incorrect dose
 - iv) Administering medication at the wrong time (30 minutes before and after the prescribed time is acceptable)
 - v) Giving a medication by the wrong method
 - b) Report errors immediately to the school nurse, building administrator, and parent/guardian.
 - i) Any action required as result of the error may be directed by the physician, school nurse, parent/guardian, pharmacist or poison control
- 5) Side effects of medication
 - a) **All** prescription and nonprescription medication have the potential to cause side effects
 - b) Promptly report any unusual symptoms or behaviors to the school nurse, parent/guardian, and building administrator as needed.
- 6) Serious allergic reactions to medication
 - a) Most side effects are generally minor and usually not a cause for great concern. However, serious allergic reactions **can** occur at school
 - i) Examples of reactions include: trouble breathing, rash/hives, itching
 - b) Procedures should be in place to call 9-1-1 or local emergency response agency AND a trained on-site staff member if a student exhibits symptoms of a severe allergic reaction.
 - c) The trained staff member should be the school nurse, or a person certified to administer epinephrine
 - d) Some school personnel should be trained in CPR, since life- threatening allergic reactions may cause
 - i) Absent pulse
 - ii) Absent breathing



MEDICATION FOR FIELD TRIPS OR OFF-CAMPUS ACTIVITIES

- 1) "The building principal will designate school staff authorized to administer medications to students...while participating in school sponsored activities on or off district property. The building principal will insure building and activity practices and procedures are consistent with the requirements of the law."
 - a) A staff person trained in medication administration must be available to administer medications when medication is required by any students participating in off-campus activities.
 - b) The trained person assigned to administer the medication must carry medication in its original container.
 - c) Schools may choose to use fanny packs or other secure containers to carry medication on field trips.
 - d) The trained staff person must sign the medication out on the student's medication record.
 - e) When returning from the off-campus activity, the trained staff person must sign the medication in and document that medication was given.
 - f) Districts may recommend to amend the field trip request form so that three-day notice of the upcoming trip is available to the school nurse/designated school person who administers medications.

PARENT COMMUNICATION

- 1) Written notice of parent/guardian responsibilities may be delivered to parents by
 - a) PTA/school newsletter articles
 - b) Informational flyers
 - c) Registration packets
 - d) Student handbooks
- 2) If language barriers exist, refer to district policy re procedures for translation/interpretation
 - a) Cultural factors may impact the accuracy of translation. Individuals with appropriate training can provide the most accurate written translation.
 - b) The prescription label must be in English. If the label is not in English, the parent/guardian should be directed to request a second container for school use with directions in English.
- 3) If school personnel encounter a parent who expresses a lack of understanding or acceptance of the district's medication policy, the parent/guardian should be offered the opportunity to reference the policy and to discuss concerns with the building administrator or school health professional.

ESTABLISHING A COOPERATIVE SCHOOL ENVIRONMENT

- 1) Districts are required under language of statute to administer medication in compliance with physician and/or parent/guardian instruction.
- 2) Success requires a team effort:
 - a) Enlist teacher support to send student to 'the office' at scheduled time
 - b) Share information at a staff meeting re: scheduling needs
 - c) Work 'one-on-one' with teacher to problem-solve scheduling conflicts
 - d) Involve the building administrator as necessary

The only protection the school district and school staff have is to observe the regulations of the medication law, and follow district policy.

Whole School, Whole Community, Whole Child (WSCC) Model of School Health

Schools, health agencies, parents, and communities share a common goal of supporting the health and academic achievement of adolescents. Research shows that the health of students is linked to their academic achievement. By working together, the various sectors can ensure that every young person in every school in every community is healthy, safe, engaged, supported, and challenged.



The child in the center is at the focal point of the model; the child is encircled by the “whole child” tenets in green: being “healthy, safe, engaged, supported, and challenged.” The white band emphasizes the alignment, integration, and collaboration needed among the school, health, and community sectors to improve each child’s learning and health. Represented in the blue, the multiple school components surround the child, acting as the hub that provides the full range of learning and health support systems to each child, in each school, in each community. The community, represented in yellow, demonstrates that while the school may be a hub, it remains a focal reflection of its community and requires community input, resources, and collaboration in order to support its students.

<http://www.cdc.gov/healthyyouth/wsc/index.htm>

Attach copies of your local district JHCD and JHCD-AR policies.

Attach copies of your district medication forms (medication administration, self-medication agreement, and medication incident form).

Consider creating a quiz or test to assess participants' knowledge following training.