

Sheridan School District No. 48J



Medication Administration

435 South Bridge Street
Sheridan, Oregon 97378

INTRODUCTION

The law in Oregon which relates to administering medication to students by school personnel was amended in 1997. The significant changes in this law include the following:

- Specifies that law covers only non-injectable medication;
- Administrative Rules were adopted by Oregon Department of Education;
- Designated school personnel are now required to receive appropriate training which has been approved by the Department of Education for the administration of prescription and nonprescription medication;
- School districts may not require school personnel who have not received appropriate training to administer medication to students;
- Administration of nonprescription medication by school personnel requires only written instructions from the student's parent;
- School district must adopt policies and procedures for this rule including policies which address student self-medication.

The Oregon Administrative Rules (OAR's)

- Expands the definition of physician;
- Defines medication as prescription and nonprescription;
- Defines authorized training;
- Outlines parental instructions;
- Defines 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 only prescription medications scheduled to be given during school hours or nonprescription medications necessary for the child to remain in school.

After the medication law was signed by Governor John Kitzhaber, a task force appointed by the Oregon Department of Education convened to develop administrative rules pertaining to school personnel administering prescription and nonprescription medication to students. The Oregon Department of Education in March 1998 adopted these administrative rules.

The Oregon Administrative Rules list definitions, directs school districts to adopt specific policies and procedures and describe the elements of the procedure. (See OAR 581-021-0037). The Oregon School Boards Association developed a sample policy and pertinent administrative regulations which are applicable to medication administration by school personnel.

Sheridan School District Policies and Procedures

ADMINISTERING NONINJECTABLE MEDICINES TO STUDENTS

Policy JHCD

The district recognizes that administering of medication to students and self-medication may be necessary when the failure to take such medication would jeopardize the health of the student or the student would not be able to attend school if medication were not made available during school hours. Consequently, students may be permitted to take noninjectable prescription or nonprescription medication at school, on a temporary or regular basis.

When directed by a physician or other licensed health care professional, students grades K-12 will be allowed to self administer medication. A medical protocol regarding each student who self administers medication will be developed, signed by a physician or other licensed health care professional and kept on file. Permission for self administered medication may be revoked at any time if the student violates policy or medical protocol.

All requests for the district to administer medication to a student shall be made by the parent in writing. Requests shall include the written instructions of the physician for the administration of a prescription medication to a student or the written instructions of the parent for the administration of a nonprescription medication to a student. A prescription label will be deemed sufficient to meet the requirements for written physician instructions.

The district shall designate school staff authorized to administer medication to students. Training shall be provided as required by law.

The district reserves the right to reject a request to administer prescription or nonprescription medication when such medication is not necessary for the student to remain in school.

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

The superintendent shall develop administrative regulations as needed to meet the requirements of law, Oregon Administrative Rules and for the implementation of this policy. Regulations will include provisions for student self-medication.

ADMINISTERING INJECTABLE MEDICINES TO STUDENTS

Policy JHCDA

In order to ensure the health and well-being of district students who require regular injections of medication, who may experience allergic reactions, or suffer from hypoglycemia, asthma or diabetes, epinephrine, glucagon or other medication as prescribed by a physician and allowed under Oregon Law (OAR 851-047-0030) may be administered by means of injection to students by trained staff in situations when a licensed health care professional is not immediately available.

When directed by a physician or other licensed health care professional students in grades K-12 will be allowed to self administer medication. A medical protocol regarding each student who self administers injectable medication will be developed, signed by a physician or other licensed health care professional and kept on file. Permission for self administered medication may be revoked if the student violates policy or medical protocol.

All requests for the district to administer injectable medication to a student shall be made by the parent in writing. Requests shall be accompanied by the physician's order for administering epinephrine, glucagon, or other medication as allowed by law. A prescription label will be deemed sufficient to meet the requirements for a physician's order for epinephrine, glucagon or other medication.

The district may designate staff authorized to administer epinephrine and glucagon or other medication as allowed under Oregon law. Training shall be provided as required by law in accordance with approved protocols as established by Oregon Department of Human Services, Health Services. Staff designated to receive training shall also receive bloodborne pathogens training. A current first aid and CPR card will also be required.

Injectable medication will be handled, stored, monitored, disposed of and records maintained in accordance with established district regulations governing administering noninjectable medicines to students.

The superintendent will ensure student health management plans are developed as required by training protocols, maintained on file and pertinent health information is provided to district staff as appropriate. Such plans will include provisions for responding to emergency situations including those occurring during curricular and extracurricular activities held after regular school hours and on or off district property.

Types of Medication and Mandates for Administration at School

This does not include nebulizer treatments or rectal medication administration. The administration of medication by those routes is best managed by a health professional who may be able to delegate the task to an unlicensed school staff.

Prescription Medication

1. These medications include any non-injectable drugs, chemical compounds, suspensions or preparations which are taken either internally or externally by a student under the instructions of a physician.
2. Prescription medications must be prepared and labeled by a pharmacist at the direction of a physician (as defined in Administrative Rule).
3. Prescription medication should be administered at school only if its prescribed frequency requires it be given during school hours. School employees must assure that the following parameters are in place in order to administer prescription medication to students.
 - A written request with signed permission instruction from the student's parent which includes name of student, name of medication, route, dosage and frequency of administration.
 - Written instruction from a physician for administration of the prescription to the student which includes name of student, name of medication, route of administration, dosage and frequency of administration. If there are any special instructions, these should be included. (A prescription label meets the

requirement for physician written instructions if it includes all of this information).

- Prescription medication must always be brought to school and remain in the original container from the pharmacy or doctor's office.
- Verbal physician orders can only be taken by a licensed nurse.

Nonprescription Medication

1. Nonprescription medication means only commercially prepared, non-alcohol based medication to be taken at school that is necessary for the student to remain in school. This shall be limited to eyes, nose, cough drops, cough suppressants, analgesics (pain relievers), decongestants, antihistamines, topical antibiotics, anti-inflammatories and antacids.
2. School employees must assure that the following parameters are in place in order to administer nonprescription medication to students.
 - A written, signed permission from the parent which includes name of student, name of medication, route, dosage and frequency of administration. If applicable, any special instructions should also be included.
 - Nonprescription medication must be brought to school in original container or packaging.

ADMINISTERING MEDICATION

Always follow the "FIVE RIGHTS" before administering any medication to students.

1. RIGHT STUDENT

The first "R" is to check that you have the right student. Ask the student his name, even if you believe you know him. To clarify, repeat student's name to him in a phrase, as in "OK, John Doe, how is your day going?" Consider using the space available on the medication record or a picture of student. If you are unsure as to identity of student, do not give medication. Consult with school administrator or school nurse for direction.

2. RIGHT MEDICATION

Make sure you're assisting the student with the right medication. Compare the prescription label to the physician's written instructions on the medication record. For nonprescription medication, compare the instructions on the medication label to the parent's written instructions as well as the medication record.

3. RIGHT DOSE

Be sure to give the exact amount of medication specified by the physician and/or parent in the written instructions, and as written on medication label/or packing instructions. If parent's request conflicts with label instruction, do not administer medication. Consult with school's nurse and/or report to school administrator.

4. RIGHT TIME

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

5. RIGHT ROUTE

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

HANDLING MEDICATION

- A. Obtain water for medication administration from a clean source (not from sink where first aid is provided). When a clean water source is not available, secure a container of water from kitchen, staff room or other clean area.
- B. Hand washing
Before you give any medication to a student, always wash your hands! It is essential not to pass along any germs from your hands. Students should also wash their hands if they are going to touch their own medication.
- C. Avoid touching medication
 - 1) Pour medication (pills) into a medicine cup, the lid of the bottle, or a small paper cup.
 - 2) Have the student pick up her own medication and put in her mouth or pour into her hand.
 - 3) You may need to assist students who don't have the developmental or motor skills to take their own tablets or capsules.

When you have to place medication in to a student's mouth, wear disposable gloves to prevent the transfer of germs to the student or to yourself. If student is known to be allergic to latex, vinyl gloves should be worn. Dispose of gloves according to district policies regarding contaminated items.

Do not use your fingers to place medication into mouth if student is known to have a history of biting.

D. Cutting or crushing tablets

- 1) Tablets that require cutting should be cut by parent and sent to school.
 - If the student brings in tablets that are supposed to be cut, contact parents to remind them of this need.
 - A pill cutter should be used only if there is an urgent, one time need to cut pill/tablet. Use caution not to cut yourself.
- 2) Some tablets may need to be crushed if students gag or cannot swallow them. Physician and parent will notify you of this need.

- Direct parent to provide a pill crusher. Pour all the crushed medication onto soft food or into liquid for the student to take.

- 3) Be sure to wash and dry pill cutters and crushers thoroughly after each use to avoid any residual medication. Store in clean, safe area.

E. Measuring liquid medication

- 1) Liquid medication needs to be measured accurately.
- 2) Use only medicine cups which are calibrated or a special dosage spoon or syringe for this purpose. Request parents to provide this equipment. Household utensils are not accurate for medication measurements.
- 3) When you use a medicine cup, place it on a flat surface and read it at eye level for accuracy.
- 4) Always pour liquids from the side of the bottle opposite the label so that the label stays clean and readable.
- 5) Clean any medication off the outside of the bottle after pouring by rinsing and wiping with a clean paper towel.
- 6) Be sure the student takes all of the medication.

IV. COMMON FORMS AND ROUTES OF MEDICATION

- A. ORAL MEDICATION includes solid forms such as tablets or capsules, and liquid forms such as syrups, elixirs and suspensions.

1. Tablets come in two forms:
 - a. Chewable tablets are meant to be chewed completely before swallowing. These will be labeled as chewable.
 - b. Regular tablets are meant to be swallowed, and some may be scored for cutting in half. Tablets should not be cut or crushed if directions on label caution against such action.
2. Capsules are coated and are designed to be swallowed whole like tablets. Some capsules can be broken apart and sprinkled onto soft food, such as applesauce. When a capsule is supposed to be “sprinkled”, the direction on the prescription label will specifically state the capsule is to be administered in this way.
3. Syrups and elixirs are clear liquids. Suspensions are liquids which are not clear. They contain medication that does not dissolve completely in the liquid. Suspensions most often need to be refrigerated and may separate when stored. Shake bottle for at least 5 seconds.

Have student drink a paper cup or two of water, following taking oral

medication.

B. TOPICAL MEDICATION are those medications applied as eye drops, ear drops and any ointments or creams applied to the skin.

1. It is recommended that the person administering topical medication always wear gloves to avoid coming into contact with a student's skin, body fluids, or mucous membranes.
2. Eye drops/ointments
 - a. Wash hands before using eye drops. Some eye drops need to be refrigerated. You can warm them by rolling the bottle between the palms of your hands.
 - b. Read the label to see if the eye drops need to be shaken.
 - c. Have student lie on his back or sit with head tilted back.
 - d. Put on disposable barrier gloves and have the student close his eyes. Caution him to stay very still. Using a clean tissue, wipe the eye from the inside (near the nose) toward the outside.
 - e. While instructing student to look up, open the eyelid gently pulling down on lower lid. A "pocket" should form, exposing the inner side of the lower lid.
 - f. Use extreme caution not to touch the eye with the tip of the bottle/tube, as this could cause infection or injury to the eye.
 - g. Gently squeeze bottle or tube to drop medication into "pocket".
 - h. Student will want to "blink" after drops/ointment applied. Allow student to close eye, but caution him not to squeeze eye or continue blinking.
3. Ear drops/ointments
Have the student lie down on a cot with the affected ear facing up or sit in a chair with the head tilted to the side.
 - a. It may be necessary to clean the ear with a cotton ball or tissue before putting the ear drops in.
 - b. Gently grasp top of outer ear and pull ear up and back.
 - c. Without touching the tip of the bottle/tube, drop the medication on the inside of the ear canal.
 - d. Have the student wait for about a minute, then repeat procedure with the other ear if prescribed.

- e. The special instructions may include the use of a dampened cotton ball to be loosely placed in the ear canal after instilling the eardrops.
4. Ointments/Creams
- a. Tongue blades, cotton swabs, or gauze can be used as an applicator for ointments and creams.
 - b. After applying the ointment or cream, apply gauze if directed. Do not remove your gloves until after the gauze is in place.
 - c. Follow your district's communicable disease control plan and guidelines for disposing items contaminated with body fluids.
5. Inhaled Medication
- a. Inhaled medication is administered through the nose or mouth using spray bottles or "pump type" inhalers.
 - b. Nasal sprays are usually prescribed to treat allergies.
 - 1) When assisting with nasal sprays, direct student to hold one nostril shut, insert tip of spray bottle into the open nostril.
 - 2) Squeeze the bottle as the student breathes in through his nose.
 - 3) Repeat with other nostril.
 - 4) Nasal medication may require the student to rinse mouth following administration.
 - 5) Allow student to wipe his nose with tissue but caution him against "blowing nose" immediately after use.
6. Nose spray used for allergies can cause slight nasal bleeding after extended use.
- c. Metered dose inhalers deliver a fine mist of medication to the lungs. Inhalers may often present a challenge due to difficulty in coordinating the quick puff from the inhaler and breathing in the medication. Some students use a spacer or holding chamber to ensure an adequate dose of medication to the lungs.
 - d. Using the inhaler:
 - Remove the cap from the canister, shake well
 - Place spacer on canister mouthpiece
 - Instruct student to blow out a deep breath
 - Student should immediately place mouth around opening, press down once on canister and breathe deep
 - Direct student to hold his breath for a count of 10 seconds

- Follow directions for second “puff” if prescribed

OAR and OSBA policy support the need for students with asthma to be allowed to carry their inhaler on their person for immediate access.

V. SAFE STORAGE AND MONITORING SUPPLIES OF MEDICATION

- A. Store all medication in its original container
 - 1) Parents must always bring prescription and non-prescription medication to school in original labeled containers.
 - 2) Prescription medication must always be kept in original, labeled container.
 - 3) Non-prescription medication should be kept in original, labeled bottle or box. Only persons authorized by the board of pharmacy may dispense, repackage, or label medication.
 - 4) Never administer medication sent to school in unlabeled containers. Violation of law, rule and policy jeopardizes student’s safety along with placing school liability at risk.
 - 5) Never empty medication into a plastic bag or other container for any reason.
- B. Medication should always be stored in a clean, locked cabinet in a secure area.
- C. Medication in capsule or tablet form categorized as a sedative, stimulant, anti-convulsant, narcotic analgesic, or psychotropic medication will be counted by designated school staff in the presence of another staff member when received at school. Consult with your school nurse or dispensing pharmacy if you are unsure a particular prescription is classified in one of these categories. The number of capsules or tablets received shall be documented on student medication record and initialed by the two staff members who counted or witnessed the procedure. Any discrepancies should be reported to school nurse and/or building administrator, and parent immediately.

Medication in this category has the potential for abuse; careful monitoring, storage and documentation is required.
- D. Medication which requires refrigeration should be stored in a separate refrigerator or in a locked box kept in a refrigerator. The temperature should be maintained between 36 and 46 degrees Fahrenheit. A refrigerator thermometer is recommended along with periodic checks to insure that medication does not freeze or become too warm.
- E. Medication should be brought to school and returned home by the parent. This will help to assure safety for other students and provide protection for school personnel.
- F. It is the parent’s responsibility to inform the school in writing if any changes are made in medication instructions. This includes written instruction from parent and

physicians. Do not act on verbal requests to change medication amount or frequency.

- G. Designated school staff will be responsible for monitoring all medication supplies and for ensuring medications are secure at all times.
- H. When medication is low or inadequate dosage available to administer the medication, the designated school staff will notify the parent immediately.
- I. Most district policies will direct parents to pick up 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 and documented on the student medical record.

VI. DOCUMENTATION AND RECORD-KEEPING

- A. Record keeping is required when medication is administered at school.
- B. A medication record must be kept for each student receiving medication.
- C. Document in blue or black ink. Never use pencil. Never use white out. If you make a mistake in entry, cross through and mark “ME” (mistaken entry) and always initial.
- D. All records relating to administration of medicines, including permission slips and written instructions, will be maintained in a separate, medical file, apart from the student’s education records file unless otherwise related to the student’s educational placement and/or individualized education plan. Records will be retained in accordance with applicable provisions of OAR 166 414-0010 (22), (23) and (24).
- E. 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 parents. Information may be shared with school staff with a legitimate educational interest in the student or others authorized by the parent in writing.
- F. Confidentiality
 - a. Privacy/confidential matters
 - 1) All matters related to medication administration for any student is considered to be confidential, and cannot be discussed with anyone without the parent’s authorization.
 - b. Retaining medication records at the end of school year
 - 1) When medication is administered as part of an IEP goal, the medication record should be maintained in the IEP record.
 - 2) 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 OAR 166-414-0010 (22), (23) and (24).

VII. HANDLING UNEXPECTED SITUATIONS

- A. Student does not come for the medication at the scheduled time
- 1) Send for the student immediately. Remember that medication must be given 30 minutes before and after the scheduled time.
 - 2) If the student cannot be found, notify school nurse, building administrator, and contact parent. Carefully document the circumstances, including your actions.
- B. Student refuses the medication.
- 1) Encourage student to take medication without coercion.
 - 2) Document on the medication record and contact the parent and school nurse if continues to refuse.
- C. Student vomits or spits out the medication
- 1) Document on the medication record.
 - 2) Notify the parent and school nurse about the occurrence, including time of vomiting.
 - 3) Any student who has symptoms of a communicable disease, as referenced on the Communicable Disease Chart (Health Services for the School Community), should be excluded for medical diagnosis.
- D. Medication errors
- 1) Reporting is in everyone's best interest and safety.
 - 2) Report errors immediately to the school nurse, building administrator and parent.
 - 3) Report the following:
 - Medication omission
 - Medication administered to the wrong student
 - Administering wrong medication or incorrect dose
 - Administering medication by the wrong route
 - Administering medication at the wrong time (30 minutes before or after the prescribed time is acceptable). Consult with school nurse, parent and/or pharmacist regarding action required.

Side effects of medication

- 1) ALL prescription and nonprescription medication have the potential of causing side effects.
- 2) Individuals respond to medications in different ways. Some students experience side effects which do not affect others in taking the same medication.
- 3) Promptly report any unusual symptoms or behaviors to the school nurse and parents.

E. Serious allergic reactions to medication

- 1) Most side effects are generally minor and usually are not a cause for great concern; however, serious allergic reactions can occur at school.
- 2) Procedures should be in place to call 9-1-1 or local emergency response agency and a trained, on-site staff member when a student exhibits symptoms of a severe allergic reaction. The trained staff member should be a school nurse or individual certified to administer epinephrine (ORS 433-805-830).
- 3) Life-threatening, allergic reactions may cause an absence of pulse and breathing; therefore, it is recommended that some school personnel are also trained in CPR.

VII. STUDENT SELF-MEDICATION

- A. Self-medication means that a student must be able to take his 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. Individual school districts must outline and adapt policies regarding student self-medication. Older students are often allowed to manage their own medication in order to maintain their self-care needs. Each district will need to clearly define any parameters which are necessary for student self-medication.
- D. A student who self-medicates may be required to demonstrate the ability, developmentally, and behaviorally, to administer medication to himself. Student must also be able to safely manage and secure their own medication.

IX. MEDICATION FOR FIELD TRIPS OR OFF-CAMPUS ACTIVITIES

- A. “The building principal will designate school staff authorized to administer medication to students...while participating in school sponsored activities on or off district property. The building principal will insure building and activity practices and procedures consistent with the requirements of the law.”

1. A staff person trained in medication administration should accompany any group leaving the building when medication is required by any students participating in off-campus activities.
2. The trained person assigned to administer the medication must carry medication in its original container.
3. Schools may choose to use fanny packs or other secure containers to carry medication on field trips.
4. The trained staff member must sign the medication out on the student's medication record.
5. When returning from the off-campus activity, the trained staff person must sign the medication in and document that medication was given.
6. Districts may recommend adding a reminder to notify their nurse or medication trained office personnel of their need to check medication out on the date of the scheduled activity to their teacher field trip or bus request form. A notice of three school days is recommended.

X. PARENT COMMUNICATION

School districts are advised to address the new changes in the Medication Law by communicating with the parents at the beginning of the school year. This can be accomplished by:

- PTA/School newsletter articles
- Informational flyers
- Registration packets
- Student handbooks

POSITIVE POINTS FOR PARENTS

- Parent permission only required for nonprescription medication
- District policy may allow student self-administration
- Trained staff will assist students
- Concise, accurate written document available for physician and parent review

When parents have language barriers, refer to district policy regarding the procedures for translation/interpretation; exercise caution in the written translation of health information.

Cultural factors may impact accuracy of translation. Individuals with appropriate training can provide the most accurate written translation. The prescription label must be in English. When the prescription label is not in English, parents should be directed to request a second container for school use with directions in English.

DEALING WITH CONCERNED PARENT

School personnel may encounter confrontations with parents who express a lack of understanding or acceptance of the new regulations. Offer parents the opportunity to reference the district policy and discuss concerns with the building administrator or school nurse.

- Validate emotions expressed by the parent. “I can see this is upsetting to you. I understand that a change is difficult and I am having some challenges with it too, but the focus is on safety for your child.”
- Consider interjecting appropriate humor when often diffuses a potentially volatile situation.
- Give written information (e.g., permission forms, district policy).
- Suggest parent read information at home or offer quiet space at the school site.
- Always ensure your own personal safety-know your own personal boundaries.
- Hold up hand to communicate boundaries if necessary.
- Do not invite individual into a close door office.
- Seat yourself closest to the door in open door office.
- Include school administrator when appropriate.

ESTABLISHING A COOPERATIVE SCHOOL ENVIROMENT

- Districts are required under language of statute to administer medication in compliance with physician and/or parent instruction.
- Success requires a team effort.
- Inform the teacher of student’s medication and schedule.
- Enlist teacher support to send student to “the office” at scheduled time.
- Share information at a staff meeting.
- Work “one-on-one” with teacher to problem solve scheduling conflicts.
- Involve building administrator as necessary.

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