

MEDICATION ADMINISTRATION

TRAINING FOR SCHOOL PERSONNEL

SCHOOL HEALTH SERVICES

OVERVIEW

This training is intended for non-nursing staff in the school setting that have been assigned to give medication at school.

This course covers the legal guidelines set forth in Oregon's legislation pertaining to such and Molalla River School District's Board Policies pertaining to such.

Medication training is required annually.

Only trained staff can administer medication.

GOOD HEALTH AND LEARNING GO HAND IN HAND

- Continuation of care for kids with chronic health needs is required in the school setting. Student's who receive care for chronic health needs in the school setting:
 - have improved health and well-being.
 - have improved educational outcomes

*“Kids bring their whole life to school...
and it does not fit in a locker.”*



THE LAW

ORS 339.869 & OAR 581-021-0037

- Medications are classified as either prescription or non-prescription.
- Non-injectable medications are not covered in medication administration laws or in this course, they have separate training requirements, separate legislation and separate policies. This includes:
 - Premeasured epinephrine
 - Premeasured glucagon
 - Medication for treating adrenal insufficiency



PRESCRIPTION MEDICATION

- Any non-injectable drug, chemical compound, suspension or preparation in suitable form used as a curative or remedial substance taken either internally or externally by a student under written direction of a physician and with written permission from the parent.
- This does not include dietary supplements under Oregon law.



PRESCRIPTION MEDICATION (CONTINUED)

- Prescription medications require written instruction (a pharmacy label fulfills this requirement).
 - If a prescription label is illegible or missing (such as an inhaler box), the pharmacy may print a new label or the provider must provide a written order.
- Medication must be in the original pharmacy container.
- Verbal doctor's orders can only be taken by a registered nurse.
 - If the dosage changes this requires a verbal order from the provider to the nurse OR a written note from the physician.
- Parent's verbal orders are not legal.

DEFINITION OF PHYSICIAN

- The definition of “physician” for the purposes of medications prescribed to students, per Oregon law, include the following people licensed by the respective board in the State of Oregon:
 - Medical Doctor
 - Doctor of Osteopathy
 - Physician Assistant
 - Nurse Practitioner
 - Dentist
 - Optometrist
 - Naturopathic Physician



NON-PRESCRIPTION MEDICATION

- Commonly referred to as “Over The Counter” or “OTC” medication.
- Means only commercially prepared, non-alcohol based medication.
- Medication must be necessary for the child to remain in school.
- Non-prescription does not include dietary supplements.
- The parent/guardian must provide written permission to administer medication and the instructions must match the directions on the commercially prepared product.




NON-PRESCRIPTION (CONTINUED)

- Only the following are permitted without written or oral instructions from a physician:
 - eye, nose, and cough drops
 - cough suppressants
 - analgesics
 - decongestants
 - antihistamines
 - topical antibiotics
 - anti-inflammatories
 - antacids



WRITTEN AUTHORIZATION



Authorization for Medication Administration

Student:	DOB:
<p>I am giving school personnel permission to administer medications to my child per the following:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> PRESCRIPTION: REQUIRES MEDICATION TO BE IN ITS ORIGINAL CONTAINER WITH PRESCRIPTION LABEL; PRESCRIPTION MUST BE WRITTEN BY OREGON LICENSED PHYSICIAN. DOSAGE/DIRECTIONS MUST BE CONSISTENT WITH PROVIDERS WRITTEN PRESCRIPTION.</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> NON-PRESCRIPTION: REQUIRES MEDICATION TO BE IN ORIGINAL CONTAINER WITH DOSAGE AND DIRECTIONS VISIBLE. DOSAGE/DIRECTIONS MUST BE CONSISTENT WITH MANUFACTURERS DOSAGE/DIRECTIONS.</p> </div> </div>	
Medication Name:	Dosage (e.g. "5mg")
Route: <input type="checkbox"/> Mouth (oral) <input type="checkbox"/> Ear <input type="checkbox"/> Eye <input type="checkbox"/> Nose (Nasal) <input type="checkbox"/> Skin (topical) <input type="checkbox"/> Inhaled <input type="checkbox"/> Other:	Tablets requiring cutting should be cut by the parents before being brought to school. Liquid medications require dosage spoons which are available from your pharmacist, and must also be supplied by parent.
NOTE: Injectable Medications require Authorization for Specialized Care	
Time of day to be given at school (must be consistent with the label):	<input type="checkbox"/> As needed (PRN)
Duration: Start date:	End date: <input type="checkbox"/> last day of school
Reason for Medication:	
Special Instructions: <input type="checkbox"/> Please allow my student to self-administer per district policy and signed agreement (back of form).	
By signing this form I understand and agree that: <ul style="list-style-type: none"> • As the parent I must provide and transport medication and maintain supply as needed. • Notify the school in writing of any changes in medication or prescriber. • Pick up all unused medication by the last day of school or it will be disposed of. 	By signing below, I accept responsibility and authorize or acknowledge: <ul style="list-style-type: none"> • Permission for the exchange of information between school personnel, school nurse and provider as necessary. • That this agreement is only good for the medication listed for the duration of one year.
Parent Signature:	Date:
OREGON LICENSED PHYSICIAN DIRECTION (Required in writing per OAR 581-021-0007 if pharmacy label is not provided)	
<input type="checkbox"/> I have prescribed the above medication for the student whose name appears on this form, and instructions are accurate (sign below)	
<input type="checkbox"/> Please allow this student to carry and self-administer this medication (sign the agreement on the back of this form)	
Oregon Physician's Name:	Physician's Clinic/Contact Info:
Oregon Licensed Physician's Signature	

- Written authorization is required for ALL medication and the document must be completed before medication can be legally administered.
- Authorization for Medication Administration is not used for emergency medications (injectable medications). Emergency medications require Authorization for Specialized Care.
- Authorization must include:
 - Student's name & date of birth
 - Medication name
 - Medication dosage, frequency & route
 - Medication time

THE FIVE RIGHTS

RIGHT STUDENT

RIGHT MEDICATION

RIGHT DOSE

RIGHT TIME

RIGHT METHOD OF ADMINISTRATION

- **RIGHT STUDENT**-Always ask the student's name.
- **RIGHT MEDICATION**- Compare the label to the written instructions.
- **RIGHT DOSE**-Do not administer if the dose conflicts with written orders or manufacturers directions.
- **RIGHT TIME**- Giving medication 30 minutes before or after the prescribed time is acceptable, earlier or later is considered a medication error.
- **RIGHT METHOD OF ADMINISTRATION**- Always double check orders and instructions for medication route.

These items must all be right before any medication can be administered. These items must be checked on the written authorization and medication when the medication trained staff accepts the document and medication. This information must also be correct for medications that are self-administered.

SELF-ADMINISTRATION



Self-Medication Agreement

Students, who are developmentally and/or behaviorally able, will be allowed to self-administer prescription and nonprescription medication, subject to the following:

- A permission form must be submitted for all self-medication of all prescription and nonprescription medication.
 - Self-administration of prescription medication requires permission from parent, school administrator and physician. Physician consent is to be included on the prescription label or on the medication consent form.
 - Self-administration of non-prescription medication requires permission from parent and school administrator.
- All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
 - Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions. Physicians consent for self-administration is to be on the label or on the medication consent form.
 - Nonprescription medication must have the student's name affixed to the original container.
- The student may have in his/her possession only the amount of medication needed for that school day.
- Sharing and/or borrowing of medication with another student is strictly prohibited.
- Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations. I have read and agree to the above criteria and give permission for my child to carry.

I have read and agree to the above criteria and give my child permission to carry the following medication:
 Albuterol MDI Epinephrine Auto-injector

I agree to comply with the above criteria

Medication _____

Parent's Signature _____ Student's Signature _____

Date _____ Date _____

This student is developmentally and behaviorally capable of carrying and self-administering the above referenced medication:
 Permission provided on pharmacy label

This student may carry and self-administer medication as prescribed





Physician's Signature _____ School Administrator or Designee Signature _____

Date _____ Date _____

- The student must be behaviorally and developmentally capable of self-administration.
- The student may only have enough medication in their possession for the current school day.
- Sharing or borrowing is prohibited.
- Self-Medication requires an agreement to be signed by the parents, student, building administrator and physician.

SELF-ADMINISTRATION (CONTINUED)

- Student's who self carry emergency medications (covered in other courses) must have written permission and an individual health protocol authored by the school nurse.
- Student's who self carry inhalers must have written treatment plan from the provider .
 - An Asthma Action Plan serves this purpose

 SCHOOL ASTHMA ACTION PLAN		Student Name: _____ LMS: _____ RU: _____ Severity Classification: <input type="checkbox"/> Mild Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
BREATHING IS EASY: <input type="checkbox"/> No cough <input type="checkbox"/> No wheezing <input type="checkbox"/> No shortness of breath PEAK FLOW > _____	MAINTENANCE THERAPY 	PRESCRIBED maintenance medication taken at home: Med/dose/route/frequency: _____ Med/dose/route/frequency: _____ PRESCRIBED controller medication before activities/re at school: Med/dose/route: _____
FLARE-UP OF SYMPTOMS: <input type="checkbox"/> Coughing <input type="checkbox"/> Wheezing <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Tightness of chest <input type="checkbox"/> Difficulty with activity PEAK FLOW BETWEEN _____ and _____	STEP UP THERAPY 	PRESCRIBED quick relief medication: Med/dose/route/frequency: _____ Expect symptoms to resolve within _____ minutes. If relieved, return to green zone, student may return to class. If symptoms are mild, but medication provides no relief, student should stay in office and parents should be contacted. If symptoms are moderate and cannot be controlled or if worsening of symptoms, proceed to red zone. <input type="checkbox"/> THIS STUDENT SELF MANAGES/CARRIES THEIR OWN RESCUE MEDICATION
EMERGENCY: BREATHING IS DIFFICULT CANNOT WALK OR TALK CHANGES IN LEVEL OF RESPONSIVENESS PEAK FLOW < _____	EMERGENCY TREATMENT 	IMMEDIATELY BEGIN CPR AS NECESSARY, DO NOT LEAVE STUDENT, DELEGATE CALLS TO: EMS: 911 PARENT: _____ SCHOOL NURSE: (503) 793-5651
Medical Provider: Clinic: _____ Phone: _____	Parent's signature acknowledges above information as the current medical plan for student, as agreed upon by provider and authorizes the school or school nurse to speak with the named provider or clinic, or release medication information to EMS in the event of an asthma related emergency. MD signature indicates review and agreement of plan. RN signature indicates review of plan. A MEDICATION ADMINISTRATION FORM MUST ALSO BE SIGNED.	
MD Signature (only required with medically complicated asthma) _____ Parent Signature (required) _____ School RN Signature (required) _____	Date _____ Date _____ Date _____	

SELF-ADMINISTRATION OVERVIEW

- Self-administration agreement must be signed.
- Signatures include:
 - Parent/guardian
 - Student
 - Building administrator
 - Physician (prescription medication)
- Self-administration agreement is kept on file.
- Agreement may be revoked if not appropriately followed.
- Staff is not required to document when medication is given.
- Student may only carry enough medication on them for that day.

HANDLING MEDICATION

- Obtain water from a clean source, or student may use their own water bottle.
 - Per Or-OSHA 1910.1030(2)ix&x Do NOT use water from a first aid sink.
- Always wash hands prior to administration.
- Avoid touching the medication.
- Wear gloves if you must touch the medication directly.

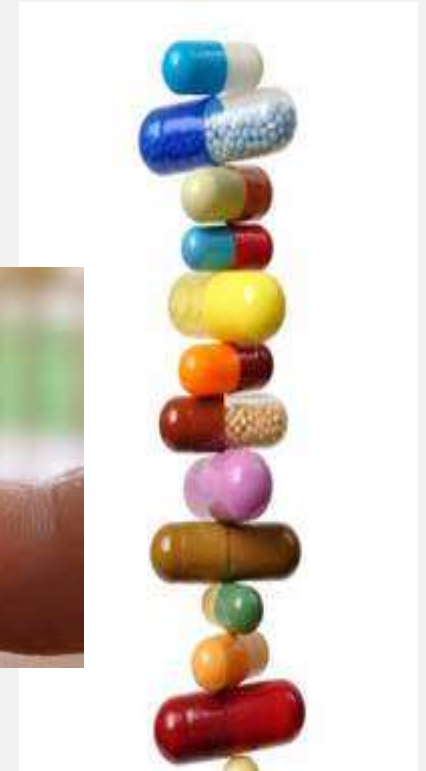


HANDLING MEDICATION (CONTINUED)

- Tablets requiring cutting should be cut by the parent and placed in bottle that is delivered to school.
 - In rare circumstances where a dosage of a medication changes to require splitting pills, defer to the school nurse for provider and parent communication.
- Parents should provide pill crushers if the students medication needs to be crushed before administration.
 - Note: time release or extended release medication cannot be crushed.
- Parents must provide calibrated measuring devices for liquid medication.

ROUTES OF MEDICATION

- By Mouth
 - Tablets
 - Pills
 - Capsules
 - Syrup, Elixir, Suspension
- Inhalers
 - Nasal
 - Oral
- Topical
 - Skin
 - Eyes
 - Ears
 - Nose



SAFE STORAGE

- All medication must be in its original container- never transfer to alternate containers, even for field trips.
- Never administer medication from an unlabeled container.
- Never accept medication in an unmarked container.
- Store in a clean and secure location.
- All medication should be transported by parents.

SAFE STORAGE (CONTINUED)

- Medication which requires refrigeration may be kept in a refrigerator designated for medication or in a refrigerator with a secure container for medication.
- The refrigerator temperature must be maintained between 36 and 46 degrees; a thermometer is recommended.
- Expired medications cannot be administered.
- Parents should be notified to pick up medications.
- Medications not picked up the last day of school will be disposed of.

CONTROLLED SUBSTANCES

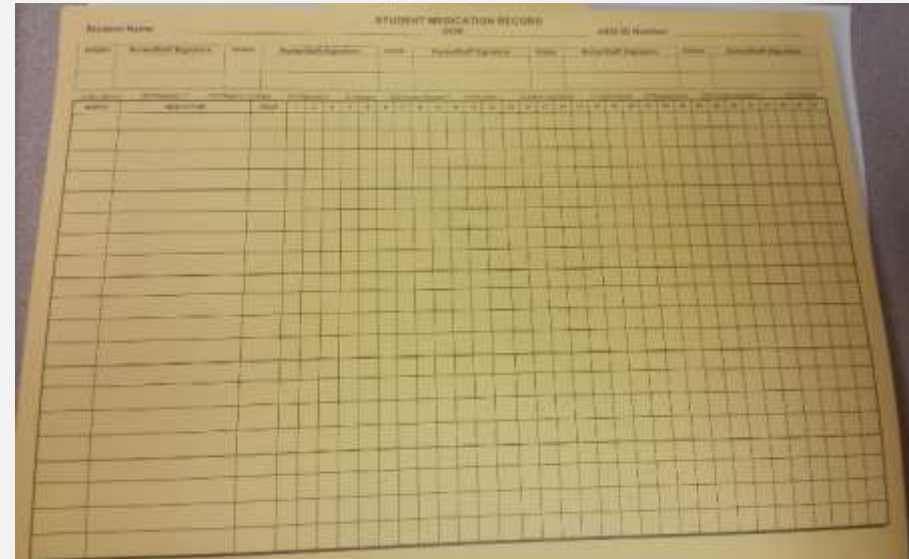
- Certain medications require counting by two individuals upon arrival to school.
 - Sedatives
 - Stimulants
 - Anti-convulsive medication
 - Narcotics
 - Psychotropic medication
 - Anything considered a controlled substance
- The number of capsules or tablets received shall be documented on the record and initialed by the two witnesses.
- Any discrepancies should be reported to the school nurse, building administrator and parent.

DISPOSAL OF MEDICATION

- Medications should be disposed of in the presence of two staff.
- It should be documented on the record that the medication was disposed of.
- Medication should not be disposed of in the sink or toilet.
- Medication should be disposed of in the garbage preferably crushed and mixed with water.
- FDA protocol should be followed for controlled substances.
 - Medication should be mixed with undesirable substances such as pencil shavings or coffee grounds and placed in a sealed bag.
- Injectable medications should be taken to a community agency that disposes of sharps (police or fire).
- Student information should always be removed from containers before discarding.

DOCUMENTATION

- All medication administration must be documented on a Student Medication Record.
- Records must be complete, legible and accurate and completed at the time of administration.
- If an error is made on a paper record, cross the error out with a single line and with “ME” for mistake entry and initial. Do not use white out.



RECORD RETENTION & CONFIDENTIALITY

- At the end of the year any medication administration records and authorizations should be placed in the students health record in their cumulative file.
- The student's health record is confidential. Only authorized staff and parents should access student's medication or health information.
- Parents authorization is required to release medical information.



STAFF RESPONSIBILITY

- It is the medication trained staff's responsibility to ensure all documents are complete when the parent turns authorizations in and that the information matches the label information.
- It is the medication trained staff's responsibility to send for students who do not come to get their medication at scheduled times
- It is the medication trained staff's responsibility to document missed doses and report issues to the nurse, principal and parents, this includes a when student's refuse a dose, spit out a dose or vomit after taking medication.
- It is the school's responsibility to provide information regarding medication policy to parents, either on the website, handbook or registration packets.

MEDICATION ERRORS

- Medication errors include:
 - Missed dose
 - Medication given to the wrong student
 - Inaccurate dose or wrong medication
 - Wrong time
 - Incorrect route
- ALL MEDICATION ERRORS SHOULD BE REPORTED TO THE SCHOOL NURSE, PRINCIPAL AND PARENT IMMEDIATELY.



FIELD TRIPS

- During off campus trips medications must still be provided on schedule.
- A medication trained staff must accompany student's requiring medication if the parent is not attending.
- Medications must be in the original container.
- Medications should be signed out to the assigned staff person and documents administration upon return, and signs the medication back in.
- For overnight field trips and field trips lasting longer than 24 hours, medication administration records should be taken to record administration.
- Medications not typically taken at school (i.e. morning or bedtime meds) must have all authorizations complete and self medication agreement rules apply.

PROTECTION

- School staff are protected by careful observation of regulations of the medication laws and rules and by their own district policy.
- Staff must follow the laws and rules in order to be civilly protected.



COOPERATIVE SCHOOL ENVIRONMENT

- The school environment must be cooperative in order to allow for medication administration at school.
- Teachers should be notified of times students require medication and teachers must permit student's to take their medication as needed.
- Teachers should report medication and health concerns brought to their attention to medication staff and the school nurse.



REFERENCES

- Adapted from Oregon Department of Education Medication Administration Training and Multnomah Education Service District Medication Administration Training.
- Oregon legislation Oregon Revised Statutes 339.869 and 339.870 and Oregon Administrative Rule 581-021-0037
- Molalla River School District Board Policies, Students, Retrieved from: <http://policy.osba.org/mriver/J/index.asp>
- Images from: lafayettecountyhealth.org; eou.edu; campusaccess.com; eastsidefriendsofseniors.com; cdc.gov; fda.gov