

# MEDICATION ADMINISTRATION

TRAINING FOR SCHOOL PERSONNEL  
SCHOOL HEALTH SERVICES

## OVERVIEW

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

This course covers the legal guidelines set forth in Oregon's legal guidelines pertaining to such.

Medication training is required annually.

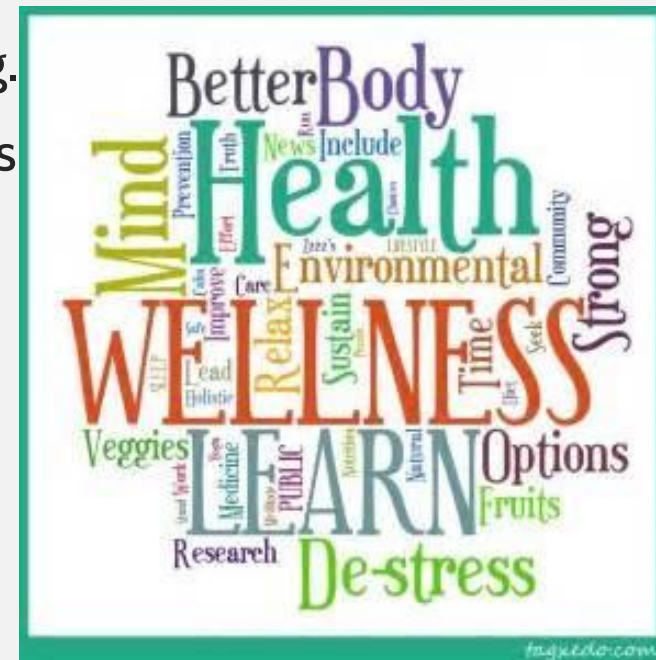
Only Medication Trained staff can administer medication.

## LAWS

- ORS 339.869 AND 870
- ORS 433.815
- OAR 581-021-0037

# GOOD HEALTH AND LEARNING GO HAND IN HAND

- Continuation of care for kids with chronic health needs is required in the school setting.
  - They have improved health and well-being.
  - They 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 and separate legislation. This includes:
  - Premeasured epinephrine
  - Glucagon kits
  - 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 or essential oils.
- 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

**MOLALLA RIVER**

**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%;"> <input type="checkbox"/> <b>PRESCRIPTION:</b> REQUIRES MEDICATION TO BE IN THE ORIGINAL CONTAINER WITH PRESCRIPTION LABEL. PRESCRIPTION MUST BE WRITTEN BY OREGON LICENSED PRESCRIBER. DOSAGE/DIRECTIONS MUST BE CONSISTENT WITH PRESCRIBER'S WRITTEN PRESCRIPTION.         </div> <div style="width: 45%;"> <input type="checkbox"/> <b>NON-PRESCRIPTION:</b> REQUIRES MEDICATION TO BE IN THE ORIGINAL CONTAINER WITH DOSAGE AND DIRECTIONS VISIBLE. DOSAGE/DIRECTIONS MUST BE CONSISTENT WITH MANUFACTURER'S DOSAGE/DIRECTIONS OR WRITTEN ORDERS FROM A PRESCRIBER.         </div> </div>	
<p>Medication Name: _____ Dosage (e.g. "5mg") _____</p>	
<p>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"/> Injectable <input type="checkbox"/> Other _____</p> <p><small>Tablets that require cutting should be cut by the parent before being brought to school. Liquid medications require dosage spoons which are available from your pharmacist, and must also be supplied by parent.</small></p>	
<p>Time of day to be given at school (must be consistent with label or manufacturer's directions): <input type="checkbox"/> as needed ("PRN")</p>	
<p>Duration: Start date: _____ End date: _____ <input type="checkbox"/> last day of school</p>	
<p>Reason for Medication: _____  <small>Must be required for student to remain in school.</small></p>	
<p>Special Instructions: <input type="checkbox"/> Please allow my student to self-administer per signed agreement (back of form).</p>	
<p>By signing this form I understand and agree that:</p> <ul style="list-style-type: none"> <li>As the parent I must provide and transport medication and maintain supply as needed.</li> <li>Notify the school in writing of any changes in medication or prescriber.</li> <li>Pick up all unused medication by the last day of school or it will be disposed of.</li> </ul>	
<p>By signing below, I accept responsibility and authorize or acknowledge:</p> <ul style="list-style-type: none"> <li>Permission for the exchange of information between school personnel, school nurse and provider as necessary.</li> <li>That this agreement is only good for the individual, dose and medication listed on this form for the duration of one year or limitations of dates noted.</li> </ul>	
<p>Parent Signature: _____ Date: _____</p>	
<p><b>OREGON LICENSED PRESCRIBER'S DIRECTION</b></p> <p><small>(Required in writing per OAR 881-021-0037 if the pharmacy label is not provided or if directions on this authorization deviate from the prescription label or manufacturer's directions of a non-prescription medication. This may include MD, NP, PA, ND, DO, DPO. Prescriber should sign below.)</small></p>	
<p><input type="checkbox"/> I have prescribed the above medication for the student whose name appears on this form, and instructions are consistent with my medical directions which deviate from the prescription label or manufacturer's recommendations.</p> <p><input type="checkbox"/> Please allow this student to carry and self-administer this medication (as per agreement on the back of this form)</p>	
<p>Oregon Prescriber's Name: _____ Clinic/Contact Info: _____</p>	
<p>Oregon Licensed Prescriber's Signature: _____</p>	

MRSO Board Policy JHCD, JHCD, JHCD-AR, OAR 881-021-0037 Initials: \_\_\_\_\_ Date: \_\_\_\_\_

- 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). Any 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 manufacturer's 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 permitted to self-administer prescription and nonprescription medication, subject to the following:

- This signed agreement must be submitted for any self-medication of all prescription and nonprescription medication (which requires):
  - Parent signature, if the student is under 18.
  - Permission from the prescriber; a prescription label prepared by a pharmacist will be deemed sufficient to meet the requirements for a prescriber's order. If the directions deviate from the pharmacy label, the prescriber should sign the authorization (front of form) which authorizes that change.
  - The School RN must sign indicating a review of the order or rx label has occurred.
  - An Administrator must sign agreeing that this student does not pose behavioral or developmental risk with carrying medication in the school setting.
  - Student must sign the agreement indicating intent to comply with rules.
- All prescription and nonprescription medication must be kept securely in the 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.
  - Nonprescription medication must have the student's name affixed to the original container with original label intact.
- 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 state rules or school district policy governing administration medication and/or these regulations. I have read and agree to the above criteria and give permission for my child/self/student to self-carry and self-administer.

I have read and agree to the above criteria and give my child permission to carry the following medication:

Albuterol MDI  Epinephrine Auto-injector

Medication \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

This student may carry and self-administer medication as prescribed:  Pharmacy label  Prescriber written order

School RN's Signature \_\_\_\_\_

Date \_\_\_\_\_

I agree to comply with the above criteria, and understand this privilege may change if contingencies are not met.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

This student is developmentally and behaviorally capable of administering medication in the school setting.

School Administrator's Signature \_\_\_\_\_




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)

- Students who self carry emergency medications (covered in other courses) must have written permission and an individual health protocol authored by the school nurse.
- Students 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:	DOB:
<b>MAINTENANCE THERAPY:</b> Medication taken daily at a set time for long term control and symptom prevention: <i>No Cough, No Wheezing, No Shortness of Breath</i>			 GO BREATHING IS EASY
<b>MEDICATION</b>	<b>HOW MUCH TO TAKE (MG/PUFFS)</b>	<b>WHEN TO TAKE IT</b>	
<input type="checkbox"/> Steroid Inhaler <input type="checkbox"/> Oral Medication <input type="checkbox"/> Metered Dose Inhaler	<input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs	<input type="checkbox"/> Before Exercise <input type="checkbox"/>	
<small>Please include the name of the medication and the prescribed dose. The noted regimen must be consistent with physician's prescription. Please note a physician's order is required for inhalers used more frequently than the prescription label describes. Physician's signature on this plan qualifies as a physician's order for the purposes of asthma management in the school setting. If the student has no maintenance therapy, please leave this section blank.</small>			
<b>STEP UP THERAPY: PRESCRIBED quick relief (Rescue Inhaler) medication:</b> <i>Coughing, Wheezing, Shortness of breath, Tightness of chest, Difficulty with activity</i>			 CAUTION FLARE-UP OF SYMPTOMS
<input type="checkbox"/> Albuterol <input type="checkbox"/> Levalbuterol	<input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs	As needed for shortness of breath, wheezing or coughing	
<small>Expect symptoms to resolve within 20 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 or severe and cannot be controlled or if worsening of symptoms, proceed to red zone.</small>			
<input type="checkbox"/> THIS STUDENT SELF MANAGES/CARRIES THEIR OWN RESCUE MEDICATION			
<b>EMERGENCY TREATMENT:</b> <i>BREATHING IS DIFFICULT, CANNOT WALK OR TALK, CHANGE IN LEVEL OF CONSCIOUSNESS, BLUENESS</i>			 STOP EMERGENCY
FOLLOW UP DOSE OF RESCUE INHALER IF 15 MINUTES HAVE PASSED WITH NO RELIEF OR SYMPTOMS ARE WORSENING		<b>IMMEDIATELY DELEGATE CALLS TO:</b>	
IMMEDIATELY BEGIN CPR AS NECESSARY STAY WITH STUDENT UNTIL EMS ARRIVES		EMS (9-1-1) Parents: _____ Nurse: _____	
<small>MD Signature (required if plan deviates from prescription label directions):</small>			Date: _____
<small>Parent Signature (required):</small>			Date: _____
<small>School RN Signature (required):</small>			Date: _____

# SELF-ADMINISTRATION OVERVIEW

- Self-administration agreement is signed
- Signatures include:
  - Parent/guardian
  - Student
  - Building administrator
  - Physician ( prescription medication) or RN via order or label.
- 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.

# 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.
  - If the dosage changes of a medication the parent must provide written information from a provider. Only certain medications can be cut. Please defer to your school nurse for communication to the provider.
- Parents should provide pill crushers if the student's medication needs to be crushed before administration.
  - Note: time released 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 unless students are old enough to provide consent.

## SAFE STORAGE (CONTINUED)

- Medication which required refrigerator may be kept in a refrigerator only for medication or in a refrigerator with a secure container
- 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
  - Anticonvulsive 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 preferable 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 Medication Administration Record (MAR).
- MAR's 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.

The image shows a Medication Administration Record (MAR) form. At the top, it is titled "Medication Administration Record (MAR)". Below the title is a grid with columns for "Medication", "Dose", "Time", and "Administered". The grid is mostly empty, with some faint markings. Below the grid, there are fields for "Patient Name", "Room Number", and "Nurse". To the right of these fields, there are instructions: "1. For each medication administered, mark the appropriate dose and time." and "2. Do not use white out." Below the instructions, there are fields for "Date" and "Signature".

# RECORD RETENTION & CONFIDENTIALITY

- At the end of the year any medication administration records and authorizations should be placed in the student's 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.
- Staff should initial and date the bottom of the medication authorization form indicating that they verified the label and authorization match and that the document is appropriately signed.
- These forms are legal documents.
- Once medication trained, staff practice under their own liability, not the training RN's license.

## Staff Responsibility Continued...

- 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 students 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 students 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 students 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 Department of Education. Medication Training for School Personnel Retrieved from:  
<http://www.ode.state.or.us/groups/supportstaff/hklb/schoolnurses/medicationtrainingpacket.pdf>
- 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//index.asp>
- Images from: [lafayettecountyhealth.org](http://lafayettecountyhealth.org); [eou.edu](http://eou.edu); [campusaccess.com](http://campusaccess.com); [eastsidefriendsofseniors.com](http://eastsidefriendsofseniors.com); [cdc.gov](http://cdc.gov); [fda.gov](http://fda.gov)



CERTIFICATE OF COMPLETION

MEDICATION TRAINING IN THE SCHOOL SETTING

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Content as per the Oregon Department of Education Medication Administration Protocol, ORS.339.870, OAR 581-021-0037 and MRSD Policies JHCD, JHCD-AR.

MEDICATION TRAINING IS REQUIRED ANNUALLY

By signing this completion I attest that I understand these laws and policies as they pertain to safe administration of medication in the school setting and individual responsibility of medication trained staff.

Signature: \_\_\_\_\_

Trainer: \_\_\_\_\_