

Portland Public School District 1st Reading

DATE OF FIRST READING: May 10, 2022

PUBLIC COMMENT FOR **Policy 4.50.26-P:** **Administering Medicines to Students**

The Portland Public School District is providing Notice of Proposed Revised Policy and Public Comment to offer interested parties reasonable opportunity to submit data or comments on the proposed policies noted below.

Public comment may be submitted in writing directly to the district or through the district website noted below. Written comments must be submitted by 5:00pm on the Last Date for Comment listed below.

COMMENT OPEN UNTIL AT LEAST **May 31, 2022**

Summary: **Administering Medicines to Students 4.50.026-P**

1st Reading by: **Director Julia Brim-Edwards**
Portland Public School Board, Policy Committee Chair

Recommended for a 1st Reading by:
Portland Public Schools Board of Education
Policy Committee

Draft Policy Web Site: <http://www.pps.net/draftpolicies>

Contact: **Rosanne Powell, Senior Board Manager**
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Draft Policy Comment Form: <https://forms.gle/VqYbmVA36qqADj6n6>

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Administering Medicines to Students

Administering medication to students and self-medication by students 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, the District may administer or a student may be permitted to take prescription or nonprescription medication under the following conditions:

1) District Administration of Medication.

- A) All requests for the District to administer prescription medication to a student shall be made by the student's parent/guardian in writing. Requests shall include the written instructions of the prescriber for the administration of a prescription medication to a student or the written instructions of the parent/guardian 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.
- B) The District shall designate school staff authorized to administer medication to students. When a licensed healthcare professional is not immediately available, personnel designated by the District may administer medication to a student as prescribed and/or allowed by Oregon law.
- C) The District reserves the right to reject a request to administer prescription or nonprescription medication when, in the District's judgment, such medication is not necessary for the student to remain in school.
- D) The District may require an individualized health care plan for the administration of certain medications. These plans may address medication administration both in school and at school activities.
- E) Upon parent or guardian written request, a back-up prescribed autoinjectable epinephrine (epi-pen) may be kept at a reasonably secure location in the student's classroom.
- F) Epinephrine (epi-pens) may be available for administration by trained, designated personnel to any student or other individual on school premises who the person believes in good faith is experiencing a severe allergic reaction.
- G) Naloxone (NarCan), opioid antagonist, or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug may be administered by trained, designated personnel to any student or other individual on school premises who the person believes in good faith is experiencing an overdose of an opioid drug.

(2) Student Self-Administration of Medication.

- A) A student may be allowed to self-administer a medication as prescribed by an Oregon licensed health care professional, upon written and signed request of the parent/guardian and subject to age-appropriate guidelines. The parent/guardian must provide a signed prescription and a written and signed confirmation the student has been instructed by the Oregon licensed health care professional on the proper use of and responsibilities for the prescribed medication.
- B) The District may revoke the permission given to a student to self-administer medication.

(3) Handling of Medication.

- A) Prescription and nonprescription medication will be handled, stored, monitored, disposed of and records maintained in accordance with established District procedures governing the administration of prescription or nonprescription medications to students, including procedures for the disposal of sharps and glass.

(4) No Prohibition on Providing First Aid.

This policy shall not prohibit or restrict, in any way, the administration of recognized first aid to students by District employees in accordance with established state law, Board policy and regulations and District guidelines.

(5) Immunity and Limitations of Liability.

No District policy or procedure shall be interpreted to limit or detract from the immunities and other limitations on liability available under the law to persons who engage in or assist with the administration of medication to students.

Legal References: ORS 109.640; ORS 339.869; ORS 433.805 - 433.830; ORS 339.867; ORS 339.870; ORS 475.005 - 475.285; OAR 581-021-0037

History: Adpt 8/24/98; Amd 9/9/02; BA 2420; 5/22

OSBA: JHCD

4.50.026-P Administering ~~Non-injectable~~ Medicines To Students

~~The District recognizes that a~~ Administering of medication to students and self-medication by students 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, the District may administer or a student ~~may be permitted to take non-injectable~~ prescription or nonprescription medication under the following conditions:-

- 1) **District Administration of Medication.**
 - A) All requests for the District to administer prescription medication to a student shall be made by the ~~student's~~ parent/guardian* in writing. Requests shall include the written instructions of the ~~prescriber-physician~~ for the administration of a prescription medication to a student or the written instructions of the parent/guardian 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.
 - B) The District shall designate school staff authorized to administer medication to students. When a licensed healthcare professional is not immediately available, personnel designated by the District may administer medication to a student as prescribed and/or allowed by Oregon law.
 - C) ~~The District reserves the right to reject a request to administer prescription or nonprescription medication when, in the District's judgment, such medication is not necessary for the student to remain in school.~~
 - D) The District may require an individualized health care plan for the administration of certain medications. These plans may address medication administration both in school and at school activities. ~~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.~~
 - E) Upon parent or guardian written request, a back-up prescribed autoinjectable epinephrine (epi-pen) may be kept at a reasonably secure location in the student's classroom.
 - F) Epinephrine (epi-pens) may be available for administration by trained, designated personnel to any student or other individual on school premises who the person believes in good faith is experiencing a severe allergic reaction.

- G) Naloxone (NarCan), opioid antagonist, or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug may be administered by trained, designated personnel to any student or other individual on school premises who the person believes in good faith is experiencing an overdose of an opioid drug.

(2) Student Self-Administration of Medication.

- A) A student may be allowed to self-administer a medication as prescribed by an Oregon licensed health care professional, upon written and signed request of the parent/guardian and subject to age-appropriate guidelines. The parent/guardian must provide a signed prescription and a written and signed confirmation the student has been instructed by the Oregon licensed health care professional on the proper use of and responsibilities for the prescribed medication.
- B) The District may revoke the permission given to a student to self-administer medication.

(3) Handling of Medication.

- A) Prescription and nonprescription medication will be handled, stored, monitored, disposed of and records maintained in accordance with established District procedures governing the administration of prescription or nonprescription medications to students, including procedures for the disposal of sharps and glass.

(4) No Prohibition on Providing First Aid.

This policy shall not prohibit or restrict, in any way, the administration of recognized first aid to students by District employees in accordance with established state law, Board policy and regulations and District guidelines.

(5) Immunity and Limitations of Liability.

No District policy or procedure shall be interpreted to limit or detract from the immunities and other limitations on liability available under the law to persons who engage in or assist with the administration of medication to students.

~~* As used in this policy, the term parent includes legal guardian or person in a parental relationship. The status and duties of a legal guardian are defined in ORS 126.003 - 126.095. The determination of whether an individual is acting in a parental relationship, for purposes of determining residency, depends on the evaluation of the factors listed in ORS 419B.373.¶~~

~~The determination for other purposes depends on evaluation of those factors and a power of attorney executed pursuant to ORS 126.030.~~

History: Adpt 8/24/98; Amd 9/9/02; BA 2420; __/22

OSBA: JHCD

Portland Public Schools

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Portland, Oregon



To: PPS Board Policy Committee
From: Student Success and Health Department
Date: March 30, 2022
RE: Naloxone in schools

The recent tragic, accidental overdose deaths of two Portland students has created additional urgency within the District to find ways to address the concern of opioid overdoses. While these deaths did not occur on a PPS campus, a small workgroup has begun to take the necessary steps to explore having Naloxone (NarCan) available on every PPS high school and middle school campus as a potentially life-saving medical intervention.

This last fall the [Oregon Health Authority](#) (OHA) reported that there had been a 70% rise in overdose deaths from the previous year and the Oregon Health Authority estimates that 40% of those were fentanyl related. Unfortunately this trend mirrors what is happening in most of the country and what has been exacerbated by the pandemic.

Naloxone is a medication that can be used to reverse an opioid overdose (this includes heroin, morphine, fentanyl, or prescription opioids). It helps the person resume normal breathing and assists in bringing the person back into consciousness.

Naloxone is considered safe and there are no significant adverse reactions known at this time. The biggest risk from a dose of Naloxone is that the person is actually having some other medical reaction other than an opioid overdose (i.e. Naloxone does not work on overdoses from other substances such as alcohol, amphetamines and cocaine) and the Naloxone will have no effect in these instances: see the National Institute of Health report ([NIHA site](#)).

Ensuring ready access to Naloxone at schools aligns with one of the Substance Abuse and Mental Health Services Administration's (SAMHSA) five strategic approaches to prevent overdose deaths (SAMHSA, 2018)

Student Support & Health staff have engaged in discussions with Multnomah County to put in place a standing order, essentially a District wide prescription for Naloxone. Dr. Ann Loeffler, MD, Health Officer for Multnomah County, has agreed to sign off on this order, allowing PPS to obtain needed supply of Naloxone.

Multnomah Education Services District (MESD) nurses and School Health Assistants (SHAs) are beginning training on the OHA protocol for administration of Naloxone and the District has begun identification of additional designated PPS school staff who will also begin training, in the event a nurse or SHA is unavailable. Our hope is to have staff trained and Naloxone available in all PPS middle and high schools sometime this April.

As part of this work, we reviewed the District's Administering Non-injectable Medicines to Students Policy 4.50.026-P and determined that it was in need of update. This policy was last updated in 2002 and does not accurately reflect current practice, including the availability of Epi-pens in every school in the District. The proposed amendments to the policy explicitly reference the use of Epi-pens and Naloxone in schools.

Oregon Department of Education policy: Rule 581-021-0037 Administration of Medication speaks directly to the administration of Naloxone.

School districts may adopt policies and procedures that provide for the administration of naloxone or any similar medication that is designed to rapidly reverse an overdose of an opioid drug by trained school personnel to any student or other individual on school premises who the personnel believe in good faith is experiencing an overdose of an opioid drug.

Naloxone won't harm someone if they're overdosing on drugs other than opioids, so it's always best to use it if you think someone is overdosing.

Oregon has a Good Samaritan law that protects individuals from civil prosecution if they give someone naloxone in a good faith effort to reverse opioid overdose.

Research from the National Survey on Drug Use and Health has shown that drug use does not increase in areas where Naloxone is more readily available.

The addition of Naloxone to PPS campuses would be an emergency option in a continuum of substance use and mental health services that was initiated in the 2017-2018 school year. The mission and the goal is to offer a culturally responsive mental health and substance use supports that are available to every student in a tiered model that leverages staff skills and expertise, aligned policies and practices, comprehensive health curriculum K-12, community partnerships, family engagement and direct, student-centered interventions, supports and services.

[Visual of PPS Mental Wellness Supports on a Continuum](#)

Highlighted wellness services at each tier include but are not limited to;

Tier I

- The Healthy Substance Free Learning Environments Board Policy and Administrative Directive. Which is a national model policy in its focus on eliminating disciplinary responses for substance use violations and instead addressing them for what they are a mental health issue that is most effectively met with education, resources and supports. The completion of the policy and AD reflect several years of collaborative, cross departmental work that culminated in student and community focus groups. [Update Board Policy](#) (updated 10/19) and [Administrative Directive](#) (updated 9/21).
- [PPS Youth Resource App](#). A unique district and regionally specific resource that is available to students, families and staff. The app was designed through hours of focus groups with 6th-12th grade students throughout the district. The app is maintained and updated by the Department of Success & Health.
- We currently have alcohol, tobacco, and other drug (ATOD) prevention curriculum in grades K-12 and it is taught as a component of health education. The district's goal is to address drug and alcohol use and abuse from an upstream/primary prevention approach.
- Social and emotional learning (SEL) curriculum is utilized Tier 1 and promotes managing emotions, setting and achieving positive goals, feeling and showing empathy for others, establishing and maintaining positive relationships, and making responsible decisions.
- On-going training and resources for PPS staff is available in a number of modalities including:
 - On-going and topic specific virtual trainings on topics such as implementing the district's suicide screening tool and safety and support planning processes.
 - [A virtual asynchronous training video](#) written, created and edited by a students group about steps and strategies for staff to use to support students with substance use issues.
 - District-wide online mandatory suicide prevention training for all staff and a PPS [suicide prevention policy](#).
 - [The Healthy Choices Bulletin](#) is a monthly summary of substance use prevention resources that are curated for staff to use and share with students and families.

Tier II

- [Insight](#) is a longstanding and regionally respected program that offers 6 hours of psychoeducational programming to students and their families in response to the district's lowest level and most common type of substance use violations.
- Fentanyl specific lessons. These include lessons the [Staying Safe Lesson](#) for 6th-12th grade, [Understanding the Risks of Substance Use](#) for high school, and the district's [Prescription and Other Opioid lesson](#).

Tier III

- School based substance use supports were expanded in 2020-21 by hiring three full time Certified Alcohol Drug Counselors (CADCs). [This amazing team](#) has helped to bring culturally responsive services to students, families and schools district-wide.
- Comprehensive community partnerships that include [mental health providers](#), youth substance use resources and culturally specific supports. These partnerships are essential for a district the size of Portland Public to be able to offer services. They include school based supports that are focused on linking students with the most barriers to community based resources by being able to seamlessly have access to help during the school day.
- [SSH Dept Office Hours](#) and additional consultation to support child-serving systems navigation for students with the highest levels of mental health and substance use acuity.