### POLICY READINGS
April 8, 2019
2019 POLICY UPDATE

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### SECOND READING, NO ADOPTION

None

### ADOPTION

None

The following symbol(s) are used on some policies:

* May be subject to collective bargaining.

** 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 125.005(4) and 125.300 - 125.325. 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 109.056. For special education students, parent also includes a surrogate parent, an adult student to whom rights have transferred and foster parent as defined in OAR 581-015-2000.
Section 504 – Students

In order to meet the requirements of Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amendments Act of 2008 (ADA), the following procedures have been established:

Definitions

1. A student is considered a “qualified individual with disabilities” under Section 504 if he/she:
   a. Has a physical or mental impairment which substantially limits one or more major life activities, even when mitigating measures, such as medication, prosthetics, hearing aids, etc., ameliorate the effects of the disability (e.g., any student receiving services under the Individuals with Disabilities Education Act (IDEA), students with diabetes). The term does not cover students disadvantaged by cultural, environmental or economic factors;
   b. Has a record or history of such an impairment (e.g., a student with learning disabilities who has been decertified as eligible to receive special education under IDEA, a student who had cancer, a student in recovery from chemical dependencies);
   c. Is regarded as having such an impairment. A person can be found eligible under this provision if he/she:
      (1) Has a physical or mental impairment that does not substantially limit a major life activity but is treated by the district as having such a limitation;
      (2) Has a physical or mental impairment that substantially limits a major life activity only as a result of the attitudes of others towards such impairment (e.g., a student who is obese); or
      (3) Has no physical or mental impairment but is treated by the district as having such an impairment (e.g., a student who tests positive with the HIV virus but has no physical effects from it).
   d. Has a qualifying disability that is episodic or in remission.

2. “Physical or mental impairment” means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as mental retardation, intellectual disability, organic brain syndrome, emotional or mental illness and specific learning disabilities;

3. “Major life activities,” as defined by the ADA, means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating; and major bodily functions including but not limited to functions of the immune system, normal cell growth,
digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions;

4. “Program or activity” includes all district programs and activities. The district will also ensure that contracts with those who provide services to the district, such as alternative programs, also provide students with disabilities an equal opportunity to participate in the program or activity;

5. “Potentially disabling conditions” under Section 504, if they substantially limit a major life activity, may include, but are not limited to:
   a. Attention deficit disorder (ADD);
   b. Behavior disorders;
   c. Chronic asthma and severe allergies;
   d. Physical disabilities such as spina bifida, hemophilia and conditions requiring students to use crutches;
   e. Diabetes.

**District Responsibilities**

The superintendent or his/her designee will:

1. Provide written assurance of nondiscrimination whenever the district receives federal money in accordance with application guidelines;

2. Designate an employee to coordinate the district’s compliance efforts with Section 504;

3. Provide procedures to resolve student, parent and employee complaints of discrimination;

4. Provide notice to students, parents, employees, including those with vision or hearing impairments, of the district’s policy of compliance with Section 504 prohibiting nondiscrimination in admission or access to or treatment or employment in district programs or activities. District aids, benefits and services will afford students with disabilities equal opportunity to obtain the same result, gain the same benefit or reach the same level of achievement as students without disabilities, in the most integrated setting appropriate to the student’s needs. Notice will specify the employee designated by the district to coordinate the district’s Section 504 compliance efforts;

5. Annually identify and locate Section 504 qualified students with disabilities in the district who qualify for services;

6. Annually notify students with disabilities and their parents or guardians of the district’s responsibilities under Section 504;

7. Provide parents or guardians with procedural safeguards:
   a. Notice of their rights under Section 504, including the right to request an impartial hearing as provided by Oregon Administrative Rule (OAR) 581-015-04092390;
   b. An opportunity to review relevant records.
Transportation

1. If the district proposes to terminate transportation services for a student who qualifies for services under Section 504, the district will first determine the relationship between the student’s behavior and his/her disability and provide the parent with notice of his/her rights.

2. If the district places a student in a program not operated by the district, the district will ensure that adequate transportation to and from the program is provided at no additional cost to the parent or student than would be incurred if the student were placed in programs operated by the district.

Evaluation

3. The district will conduct an evaluation of any student who, because of a disability, needs or is believed to need accommodations or related services under a 504 plan. Such evaluation will be completed by an evaluation team comprised of a group of persons knowledgeable about the student, the meaning of the evaluation data and placement options. The team will be appointed by the superintendent or designee. Such evaluation will be completed before any action is taken with respect to the initial placement of the student in a regular or special education program and any subsequent, significant change in placement. Even in instances where a student is a “qualified individual with disabilities” under Section 504 as defined above, the decision whether a student requires a 504 Plan is not automatic and must be made on a case by case basis. The District will convene a 504 eligibility meeting and will seek the participation and involvement of relevant individuals including but not limited to the guardians or parents of the student and relevant school staff. The determination of whether a given student requires accommodations or related services under a 504 Plan shall be addressed during the 504 eligibility meeting.

2. Tests and other evaluation materials will:
   a. Be validated and administered by trained personnel;
   b. Tailored to assess educational need and not merely based on IQ scores;
   c. Reflect aptitude or achievement. All tests must measure what they purport to measure.

Placement

1. In interpreting evaluation data and making placement decisions, the evaluation team will:
   a. Draw upon information from a variety of sources;
   b. Ensure that all relevant information is documented and considered;
   c. Ensure that the student is educated with students without disabilities to the maximum extent possible.

Re-evaluations

1. The evaluation team will periodically re-evaluate all students identified as qualified to receive services under Section 504. Minimally, students will be re-evaluated every three years.

2. A re-evaluation will be conducted by the evaluation team whenever a significant change in placement occurs. Examples of significant changes in placement include, but are not limited to:
a. Expulsion;
b. Serial suspensions which exceed 10 school days in a school year. Consideration will be given to the frequency of suspensions, the length of each and their proximity to one another;
c. Transferring or placing the student in alternative education or other such programs;
d. Graduation;
e. Significantly changing the composition of the student’s class schedule (e.g., moving the student from regular education to the resource room, etc.).

**Discipline**

1. Before implementing a suspension or expulsion that constitutes a significant change in the placement of a student with disabilities under Section 504, the evaluation team will conduct a re-evaluation of the student to determine whether the misconduct in question is caused by the student’s disability and, if so, whether the student’s current educational placement is appropriate:
   a. If it is determined that the misconduct of the student is caused by the student’s disability, the evaluation team will continue the evaluation, following the requirements of Section 504 and ADA for evaluation and placement, to determine whether the student’s current educational placement is appropriate. Due process procedures that meet the requirements of IDEA may be used to meet the procedural safeguards of law;
   b. If it is determined that the misconduct is not caused by the student’s disability, the student may be excluded from school in the same manner as are similarly situated students who do not have disabilities.

2. When the placement of a student with disabilities under Section 504 is changed for disciplinary reasons, the student and his/her parents are entitled to the procedural protections as specified above. These protections include appropriate notice to parents, an opportunity for their examination of pertinent records, an impartial hearing with the participation of the parents and an opportunity for representation by counsel and a review procedure.

3. The district may take disciplinary action against a student with disabilities under Section 504 who is engaged currently in the use of alcohol or illegal drugs to the same extent that it takes disciplinary action against students not having disabilities. As provided by law, due process procedures specified above will not apply to disciplinary actions arising from the use or possession of alcohol or illegal drugs. Regularly established district due process procedures will, however, be provided.

4. Students with disabilities under Section 504 who are also covered by IDEA will be disciplined in accordance with Board policy JGDA/JGEA - Discipline of Disabled Students with Disabilities and accompanying administrative regulation.

**Complaints**

Student, parent or staff complaints of noncompliance with the provisions of Section 504 will be reported to the superintendent or designee and processed in accordance with established district complaint procedures.
Oregon City School District

Code: JG
Adopted: 4/14/08
Revised/Reviewed: 6/06; 6/01; 4/14/08; 4/09/18
Readopted: 4/14/08; 4/09/18
Revised/Readopted: 3/10/14
Orig. Code: JG

Student Discipline**

Discipline in the district is based upon a philosophy designed to produce behavioral changes that will enable students to develop the self-discipline necessary to remain in school and to function successfully in their educational and social environments.

The major objectives of the district discipline program are to teach the following fundamental concepts for living:

1. Understanding and respect for individual rights, dignity and safety;
2. Understanding and respect for the law, Board policies, administrative regulations and school rules;
3. Understanding of and respect for public and private property rights.

The Board seeks to ensure a school climate which is appropriate for learning and which assures the safety and welfare of personnel and students. The Superintendent or designee will develop administrative regulations whereby those students who disrupt the educational setting or who endanger the safety of others will be offered corrective counseling and be subject to disciplinary sanctions that are age appropriate, and to the extent practicable, that use approaches that are shown through research to be effective to correct behavioral problems, while supporting a student’s attendance to school and classes. Examples include, but are not limited to, reprimands, conferences, detention and denial of participation in cocurricular and extracurricular activities. Titles and/or privileges available to or granted to students may be denied and/or revoked (e.g., valedictorian, salutatorian, student body, class or club office positions, field trips, senior trip, prom, etc.).

The district shall enforce consistently, fairly and without bias all student conduct policies, administrative regulations and school rules.

A student whose conduct or condition is seriously detrimental to the school’s best interests may be suspended. Students may be expelled for any of the following circumstances: a) when a student’s conduct poses a threat to the health or safety of students or employees; b) when other strategies to change the student’s behavior have been ineffective, except that expulsion may not be used to address truancy; or c) when required by law. The district shall consider the age of the student and the student’s past pattern of behavior prior to imposing the suspension or expulsion. The district will ensure careful consideration of the rights and needs of the individual concerned, as well as the best interests of other students and the school program as a whole.

The use of out-of-school suspension or expulsion for discipline of a student in the fifth grade or below, is limited to:
1. Nonaccidental conduct causing serious physical harm to a student or employee;

2. When a school administrator determines, based on the administrator’s observation or upon a report from an employee, the student’s conduct poses a threat to the health or safety of students or employees; or

3. When the suspension or expulsion is required by law.

When an out-of-school suspension is imposed on a student in the fifth grade or lower, the district shall take steps to prevent the recurrence of the behavior that led to the out-of-school suspension, and return the student to a classroom setting to minimize the disruption of the student’s academic instruction.

Parents, students and employees shall be notified by handbook, code of conduct or other document of acceptable behavior, behavior subject to discipline and the procedures to address behavior and the consequences of that behavior. These procedures will include a system of consequences designed to correct student misconduct and promote acceptable behavior.

END OF POLICY

Legal Reference(s):
ORS 243.650
ORS 332.061
ORS 332.072
ORS 332.107
ORS 339.115
ORS 339.240 to -339.280
ORS 339.240 to -339.280
ORS 659.850
OAR 581-021-0045
OAR 581-021-0050 to -0075

Shorb v. Grotting and Powers Sch. Dist., Case No. 00CV-0255 (Coos County Circuit Ct.) (2000).
Use of Restraint and Seclusion

General Guidelines

1. Parents will be provided verbal or electronic notification by the school staff following the use of physical restraint or seclusion by the end of the day on which the incident occurred.

2. Parents will be provided written documentation of the incident within 24 hours that provides:
   a. A description of the physical restraint and/or seclusion;
   b. The date of the physical restraint or seclusion;
   c. The time the physical restraint or seclusion began and ended, and the location;
   d. A description of the student’s activity that prompted the use of physical restraint or seclusion;
   e. The efforts used to de-escalate the situation and the alternatives to physical restraint or seclusion that were attempted;
   f. The names of personnel of the public education program who administered the physical restraint or seclusion;
   g. A description of the training status of the personnel who administered the physical restraint or seclusion, including any information that may need to be provided to the parent or guardian; and
   h. Timely notification of a debriefing meeting to be held and of the parent’s or guardian’s right to attend the meeting.

3. If the physical restraint or seclusion was administered by a person without training the district will provide that information along with the reason why a person without training administered the physical restraint or seclusion.

4. An administrator will be notified as soon as practicable whenever physical restraint and/or seclusion has been used.

5. If physical restraint or seclusion continues for more than 30 minutes the student must be provided with adequate access to bathroom and water every 30 minutes. If physical restraint or seclusion continues for more than 30 minutes, every 15 minutes after the first 30 minutes an administrator for the public education program must provide written authorization for the continuation of the physical restraint or seclusion, including providing documentation for the reason the physical restraint or seclusion must be continued. Whenever physical restraint or seclusion extends beyond 30 minutes, personnel of the district will immediately attempt to verbally or electronically notify a parent.

6. A district Physical Restraint and/or Seclusion Incident Report must be completed and copies provided to those attending the debriefing meeting for review and comment.

7. A documented debriefing meeting must be held within two school days after the use of physical restraint or seclusion; staff members involved in the intervention must be included in the meeting.
The debriefing team shall include an administrator. Written notes shall be taken and a copy of the written notes shall be provided to the parent or guardian of the student.

The completed Physical Restraint and/or Seclusion Incident Report Form shall include the following:

8. Name of the student;

9. Name of staff member(s) administering the physical restraint or seclusion;

10. Date of the physical restraint or seclusion and the time the physical restraint or seclusion began and ended;

11. Location of the physical restraint or seclusion;

12. A description of the physical restraint or seclusion;

13. A description of the student’s activity immediately preceding the behavior that prompted the use of physical restraint or seclusion;

14. A description of the behavior that prompted the use of physical restraint or seclusion;

15. Efforts to de-escalate the situation and alternatives to physical restraint or seclusion that were attempted;

16. Information documenting parent contact and notification; and

17. A summary of the debriefing meeting held.

Physical restraint and/or seclusion as a part of a behavioral support plan in the student’s Individual Education Program (IEP) or Section 504 plan.

18. Parent participation in the plan is required.

19. The IEP team that develops the behavioral support plan shall include knowledgeable and trained personnel, including a behavioral specialist and a district representative who is familiar with the physical restraint training practices adopted by the district.

20. Prior to the implementation of any behavioral support plan that includes physical restraint and/or seclusion a functional behavioral assessment must be completed. The assessment plan must include an individual threshold for reviewing the plan.

Use of physical restraint and/or seclusion in an emergency by school administrator, staff or volunteer to maintain order or prevent a student from harming his/herself, other students or school staff.

Use of physical restraint and/or seclusion under these circumstances with a student who does not have physical restraint and/or seclusion as a part of their IEP or Section 504 plan is subject to all of the requirements established by this administrative regulation with the exception of those specific to plans developed in an IEP or 504 plan.
Oregon City School District

Suspension**

The Board authorizes student suspension for one or more of the following reasons:

1. Willful violation of Board policies, administrative regulations or school rules;
2. Willful conduct which materially and substantially disrupts the rights of others to an education;
3. Willful conduct which endangers the student, other students, staff members or volunteers;
4. Willful conduct which endangers, damages or injures district property.

Students and parents are given notice of possible discipline actions resulting from student misconduct that may result in suspension in the Student/Parent Handbook made available by the district.

Each suspension will include a statement of the reasons for suspension, the length of the suspension, and a plan for readmission and may include a plan for the student to make up school work. No suspension shall extend beyond 10 school days. The district may require a student to attend school during nonschool hours as an alternative to suspension. Every reasonable and prompt effort must be made to notify the parents of suspended students.

In emergency situations that are a result of risk to health and safety, the district may postpone the suspension notice process above until the emergency condition has passed.

Students who are suspended may not attend after-school activities and athletic events, be present on district property without a parent or participate in activities directed or sponsored by the district.

Suspensions may be appealed to the Board.

END OF POLICY

Legal Reference(s):
ORS 339.240 ORS 339.250 OAR 581-021-0050 to -0075
Suspension Procedures

Before a student is to be suspended, the administrator in charge shall give oral or written notice to the student of the following:

1. The specific rules or regulations alleged to have been violated.
2. The conduct constituting the alleged violation, including the nature of the evidence of the violation.
3. The period of suspension to be imposed. At the option of the administrator, a suspension may be served out of school or in school.
5. The procedure for arranging a conference if desired by the student, parents or the school.

The student will be given an opportunity to present his/her version of the alleged misconduct to the administrator in charge before a suspension decision is made.

Parents shall be notified as soon as possible, by telephone if possible, that the student has been suspended and the reasons for the suspension and the procedures to be followed for reinstatement.

Following initial, verbal contact, a letter shall be mailed to the parents, stating the time, date and specific reasons for the suspension and the procedures to be followed for reinstatement.

An informal conference may be arranged at a mutually satisfactory time to review the student's achievements and difficulties and to determine additional steps to be taken by the school, the student and the parent.

The procedures listed above may be postponed in emergency situations, when the student’s presence endangers persons or property or threatens the academic process. The suspended student will be afforded the rights outlined above as soon as practicable.

A suspended student may appeal the decision of the student manager or assistant principal to the building principal; from the principal to the Superintendent; and from the Superintendent to the Board. Suspension will commence as soon as practical. A request for appeal does not delay the implementation of a suspension. The appeal of a suspension to the principal, Superintendent or Board is a review of the records and an opportunity to question the principal or designee; it is not an opportunity to rehear witnesses and the presentation of evidence.
Any student committing a violation that results in a suspension so close to the end of the school year that it cannot be served before the end of that school year, may be asked to serve the suspension at school during the summer months or suspended the corresponding number of days at the start of the following school year.
Expulsion**

A principal, after reviewing available information, may recommend to the Superintendent that a student be expelled. Expulsion of a student shall not extend beyond one calendar year.

No student may be expelled without a hearing unless the student’s parents, or the student is 18 years of age, waive the right to a hearing, either in writing or by failure to appear at a scheduled hearing. By waiving the right to a hearing, the student and parent agree to abide by the findings of a hearings officer.

When an expulsion hearing is not waived, the following procedure is required:

1. Notice will be given to the student and the parent by personal service\(^1\) or by certified mail\(^2\) at least 48 hours prior to the scheduled hearing. Notice will include:
   a. The specific charge or charges;
   b. The conduct constituting the alleged violation, including the nature of the evidence of the violation and reason for expulsion;
   c. A recommendation for expulsion;
   d. The student’s right to a hearing;
   e. When and where the hearing will take place; and
   f. The right to representation.

2. The Board delegates the authority to decide on an expulsion to the superintendent or superintendent’s designee, who may also act as the hearings officer. The district may contract with an individual who is not employed by the district to serve as the hearings officer. The hearings officer will conduct the hearing and will not be associated with the initial actions of the building administrators;

3. Expulsion hearings will be conducted in private and will not be open to the general public unless the student or the students’ parents request an open session;

4. In case the parent or student has difficulty understanding the English language or has other serious communication disabilities, the district will provide a translator;

\(^1\) The person serving the notice shall file a return of service. (OAR 581-021-0070)

\(^2\) When “certified mail is given to a parent of a suspended student, the notice shall be placed in the mail at least five days before the date of the hearing.” (OAR 581-021-0070)
5. The student will be permitted to have a representative present at the hearing to advise and to present arguments. The representative may be an attorney and/or parent. The district’s attorney may be present;

6. The student will be afforded the right to present his/her version of the charges underlying the expulsion recommendation and to introduce evidence by testimony, writings or other exhibits;

7. The student will be permitted to be present and to hear the evidence presented by the district;

8. The hearings officer or the student may record the hearing;

9. Strict rules of evidence shall not apply to the proceedings. However, this shall not limit the hearings officer’s control of the hearing;

10. The hearings officer will determine the facts of each case on the evidence presented at the hearing. Evidence may include the relevant past history and student education records;

11. The hearings officer’s decision is final. However, a decision of the hearings officer may be appealed by the parent or the student if age 18 or over to the Board for review. If the decision of the hearings officer is appealed to the Board for review, the findings as to the facts and the hearings officer’s decision will be submitted to the Board, and will be available in identical form to the Board, the student and the student’s parents at the same time. At its next regular or special meeting, the Board will review the hearings officer’s findings as to the facts and their decision (this material shall be made available at the same time to the parent or guardian and to the student if age 18 or older) and will affirm, modify or reverse the decisions. Parents of students who wish to appeal the hearings officer’s decision will have the opportunity to be heard at the time the Board reviews the decision;

12. Expulsion hearings will be conducted in private and a Board review of the hearings officer’s decision will be conducted in executive session unless the student or the student’s parent requests a public hearing. If an executive session is held by the Board or a private hearing held by the hearings officer, the following will not be made public:

   a. The name of the minor student;
   b. The issues involved, including a student’s confidential medical record and that student’s educational program;
   c. The discussion;
   d. The vote of Board members, which may be taken in executive session when considering an expulsion.

Prior to expulsion, the district must propose alternative programs of instruction or instruction combined with counseling to a student subject to expulsion for reasons other than a weapons policy violation. The district must document to the parent of the student that proposals of alternative education programs have been made.

END OF POLICY
Legal Reference(s):

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<th>ORS 192.660</th>
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<td>ORS 332.061</td>
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Oregon City School District

Alternative Education Programs Following Expulsion**

Prior to a student leaving school or a student’s expulsion unless the expulsion is for a weapons policy violation, the district will propose in writing to the student or student’s parent appropriate, accessible educational alternatives as determined by the district to any student leaving school or subject to an expulsion. Such alternative education program(s) will consist of instruction or instruction combined with counseling.

The proposal of potential alternative education programs will be hand-delivered or sent by certified mail to assure that the parent receives it prior to the time of an actual expulsion or leaving school.

Appropriate accessible alternative education programs may be either public or private (nonsectarian). Programs may be provided by the district as a separate school, evening classes or tutorial instruction. Homebound instruction could be considered an appropriate alternative.

Payment to private alternative education providers must be made. The district shall pay the actual cost of the district-proposed alternative education program or an amount at least equivalent to 80 percent of the district’s estimated current year’s average per student net operating expenditure, whichever is less. The district shall provide or pay for transportation.

If a parent receives an exemption on a semi-annual basis to withdraw a student age 16 or 17, the district has no obligation to pay for an alternative education program.

If a student is not successful in the alternative education program selected or the alternative education programs offered are not accepted by the student and/or parent, there is no obligation to propose or fund other alternatives.

END OF POLICY

Legal Reference(s):
ORS 336.615 to -336.665
ORS 339.240
ORS 339.250
ORS 339.615 to -336.665
ORS 339.240
ORS 339.250
OAR 581-021-0070
OAR 581-021-0071
OAR 581-022-1350
OAR 581-022-1620
OAR 581-023-0006
OAR 581-023-0008
Oregon City School District

Alternative Education Programs Following Expulsion**

Notification to students, parents, and guardians of the availability of alternative programs which are registered with the Oregon Department of Education shall be provided in the following situations:

1. Upon the occurrence of a second or any subsequent occurrence of a severe disciplinary problem within a three-year period;

2. When the district finds a student’s attendance pattern to be so erratic that the student is not benefitting from the educational program;

3. When the district is considering expulsion as a disciplinary alternative for reasons other than a weapons policy violation;

4. When a student is expelled pursuant to subsection (4) of ORS 339.250 for reasons other than a weapons policy violation; and

5. When the student or the student’s parent or legal guardian notifies the district of intent to withdraw from the program as provided under ORS 339.250(9 (d)).

The notification must include but is not limited to the following:

1. Student action which is the basis for consideration of alternative education;

2. Listing of alternative programs available for this student for which the district would provide financial support in accordance with ORS 336.635 except that when notice is given in accordance with section 5 above the district shall not be obligated to provide financial support;

3. The program or programs recommended for the student based on student’s learning styles and needs; and

4. Procedures for enrolling the student in the recommended program.

Students will not be enrolled in a private alternative program unless the private alternative program meets all requirements of OAR581-021-0045.

Notification is defined as written notice, by personal service or certified mail, to the parent or guardian and student.
The district shall inform all parents or guardians of the law regarding alternative education and educational services available to students by such means as a statement in the student/parent handbook, notice in newspapers, or individual letters to parents when circumstances are appropriate.

The district shall annually evaluate the alternative programs it operates, participates in, or contracts with in accordance with OAR 581-022-1350.

Each August the Board shall approve the list of alternative educational programs pursuant to OAR 581-022-1350.
Student Health Services and Requirements

In cases of student illness or injury to a student or staff member, first aid will be given by school staff. Further medical attention to students is the parents’ responsibility, or of someone the parents designate in case of emergency.

Each principal is charged with providing for the immediate care of ill or injured persons within his/her area of responsibility.

Staff members shall report self-administered first-aid treatment to an immediate supervisor.

In each school, procedures for handling health emergencies will be established and made known to the staff. Each school and school vehicle will be equipped with appropriate first-aid supplies and equipment.

All employees are expected to know where first-aid supplies and equipment are kept in their work areas. Designated employees in each building shall hold current first-aid cards. In compliance with Oregon Administrative Rules, each school shall have, at a minimum, at least one staff member with a current first-aid card for every 60 students enrolled or an emergency response team per building. Such team shall consist of no less than six persons who hold current first-aid/CPR cards and who are trained annually in the district and building emergency plans. Names of the designated employees will be posted.

Although the district’s primary responsibility is to educate students, the students’ health and general welfare is also a major Board concern. The Board believes school programs should be conducted in a manner that protects and enhances student and employee health and is consistent with good health practices.

The nurse(s) employed by the district shall be licensed to practice as a registered nurse or nurse practitioner in Oregon and will function as an integral member of the instructional staff, serving as a resource person to teachers in securing appropriate information and materials on health-related topics. The district may use the most cost effective means available to meet the above requirements.

The district shall maintain a prevention-oriented health services program which provides:

1. Pertinent health information on the students, as required by Oregon statutes or rules;
2. Health appraisal to include screening for possible vision or hearing problems;
3. Health counseling for students and parents, when appropriate;
4. Health-care and first-aid assistance that are appropriately supervised and isolates the sick or injured child from the student body;

5. Control and prevention of communicable diseases as required by Oregon Department of Human Services, Health Services, Health Authority, Public Health Division, and the county health department;

6. Assistance for students in taking prescription and/or nonprescription medication according to established district procedures;

7. Services for students who are medically fragile or have special health care needs;

8. Integration of school health services with school health education programs.

The Board directs its district health staff to coordinate with health personnel from other public agencies in matters pertaining to health instruction or the general health of students and employees.

In accordance with the requirements of the No Child Left Behind Act of 2001 Every Student Succeeds Act of 2015 (ESSA), the district recognizes its responsibility to notify parents in advance of any nonemergency, invasive physical examination or screening that is required as condition of attendance; administered and scheduled by the school in advance; and not necessary to protect the immediate health and safety of the student, or of other students.

Notification will be provided at least annually at the beginning of the school year or when enrolling students for the first time in school and will include the specific or approximate dates during the school year when such activities are scheduled or expected to be scheduled.

Procedures shall be developed and implemented to carry out this policy. All district employees will be appraised of their responsibilities in this area. Parents shall have the opportunity to request their students be exempt from participation in vision or hearing screening. The district will abide by those requests.

END OF POLICY

Legal Reference(s):

1 The term “invasive physical examination,” as defined by law, means any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision or scoliosis screening. The term does not include any physical examination or screening that is permitted or required by state law, including physical examinations or screenings that are permitted without parental notification.
Oregon City School District

Code: JHCC-AR
Adopted: 

Communicable Diseases – Student

In accordance with state law, administrative rule, the local health authority and the Communicable Disease Guidance, the procedures established below will be followed.

1. “Restrictable diseases” are defined by rule and include but are not limited to chickenpox, diphtheria, hepatitis A, measles, mumps, pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis and tuberculosis disease, and may include a communicable stage of hepatitis B infection if, in the opinion of the local health officer, the person poses an unusually high risk to others (e.g., a child that exhibits uncontrollable biting or spitting). Restrictable disease also includes any other communicable disease identified in an order issued by the Oregon Health Authority or the local public health officer as posing a danger to the public’s health. A disease is considered to be a restrictable disease if it is listed in Oregon Administrative Rule (OAR) 333-019-0010, or it has been designated to be a restrictable disease by Board policy¹ or by the local health administrator, after determining that it presents a significant public health risk in the school setting.

2. “Susceptible” means being at risk of contracting a restrictable disease by virtue of being in one or more categories described in law.

3. “Reportable diseases” means a human reportable disease, infection, microorganism or condition as specified in OAR Chapter 333, Division 18.

Restrictable Diseases

1. An administrator that has reason to suspect that a student has or has been exposed to any restrictable disease for which the student is required to be excluded, shall exclude that student from school and send him/her home. If the disease is reportable, the administrator will report the occurrence to the local health department.

2. The student will be excluded in such instances until such time as the student or the parent or guardian of the student presents a certificate from a physician, a physician assistant licensed under Oregon Revised Statute (ORS) 677.505 to -677.525, a nurse practitioner licensed under ORS 678.375 to -678.390, local health department nurse or school nurse stating that the student does not have or is not a carrier of any restrictable diseases.

¹ “OAR 333-019-0010(7) Nothing in these rules prohibits a school or children’s facility from adopting more stringent exclusion standards under ORS 433.284.”
3. An administrator will exclude a susceptible student that has been exposed to a restrictable disease that is also a reportable disease unless the local health officer determines that exclusion is not necessary to protect the public’s health, or the local health officer states the diseases is no longer communicable to others or that adequate precautions have been taken to minimize the risk of transmission. The administrator may request the local health officer to make a determination as allowed by law.

4. The district may, for the protection of both the student who has a restrictable disease and the exposed student, provide an educational program in an alternative setting. A student may remain in an alternative educational setting until such time as a certificate from a physician, physician assistant, nurse practitioner, local health department nurse or school nurse states that the student does not have or is not a carrier of any restrictable disease, or until such time as a local health officer states that the disease is no longer communicable to others or that adequate precautions have been taken to minimize the risk of transmission. A restrictable disease exclusion for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea or vomiting may also be removed by a school nurse or health care provider.

5. More stringent exclusion standards for students from school may be adopted by the local health department or by the district through Board adopted policy.

6. A disease is considered to be a restrictable disease if it is listed in OAR 333-019-0010, or it has been designated to be a restrictable disease through Board policy or by the local health administrator, after determining that it presents a significant public health risk in the school setting.

7. The district’s emergency preparedness plan shall address the district’s plan with respect to a declared public health emergency at the local or state level.

**Reportable Diseases Notification**

1. All employees shall comply with all reporting measures adopted by the district and with all rules set forth by the Oregon Health Authority, Public Health Division and the local health department.

2. An administrator may seek confirmation and assistance from the local health officer to determine the appropriate district response when the administrator is notified that a student or an employee has been exposed to a restrictable disease that is also a reportable disease.

3. An administrator shall determine other persons with a legitimate educational interest who may be informed of the communicable nature of an individual student’s disease, or an employee’s communicable disease, within guidelines allowed by law.

**Education**

1. The administrator or designee shall seek information from the district’s school nurse or other appropriate health officials regarding the health needs/hazards of all students and the impact on the educational needs of a student diagnosed with a restrictable disease or exposed to a restrictable disease.

2. The administrator or designee shall, utilizing information obtained above, determine an educational program for such a student and implement the program in an appropriate (i.e., regular or alternative) setting.
3. The administrator or designee shall review the appropriateness of the educational program and the educational setting of each individual student.

**Equipment and Training**

1. The administrator or designee shall, on a case-by-case basis, determine what equipment and/or supplies are necessary in a particular classroom or other setting in order to prevent disease transmission.

2. The administrator or designee shall consult with the district’s school nurse or other appropriate health officials to provide special training in the methods of protection from disease transmission.

3. All district personnel will be instructed annually to use the proper precautions pertaining to blood and body fluid exposure per the Occupational Safety and Health Administration (OSHA).
Communicable Diseases

(Note: Assuming this version will be deleted)
In accordance with state law, rule and health authority communicable disease guidelines, procedures, as established below, will be followed:

School Restrictable/School Reportable Diseases

1. Restrictable diseases are communicable diseases which occur in a setting where predictable and/or serious consequences may occur to the public. School restrictable diseases are defined as a disease which can be readily transmitted in a school setting and to which students and/or employees in a school may be particularly susceptible;

2. A district employee who is diagnosed to have a school restrictable disease shall not engage in any occupation which involves contact with students as long as the disease is in a communicable stage;

3. A student who is diagnosed to have a school restrictable disease shall not attend school as long as the disease is in a communicable stage. These restrictions are removed by the written statement of the local health officer or designee or a licensed physician (with the concurrence of the local health officer) that the disease is no longer communicable to others in the school setting. For those diseases indicated by an asterisk (*) the restriction may be removed by a school nurse. For pediculosis, or head lice (indicated by a double asterisk **) the restriction may be removed after the parent provides a signed statement that a recognized treatment has been initiated. School restrictable diseases include, but are not limited to:

   a. Chicken pox*;
   b. Cholera;
   c. Diphtheria;
   d. Measles;
   e. Meningococcal disease;
   f. Mumps*;
   g. Pediculosis** (head lice);
   h. Pertussis (whooping cough);
   I. Plague;
   j. Rubella (German measles);
   k. Scabies*;
   l. Staphylococcal skin infections*;
   m. Streptococcal infections*;
   n. Tuberculosis;
   o. Influenza.

Oregon City School District

Code: JHCC/GBEB-AR
Adopted: 4/04
Revised/Reviewed: 4/04; 3/10/08; 1/13/14
Readopted: 8/12/11; 4/09/183
Revised/Readopted: 3/10/08; 1/13/14
Orig. Code: JHCC/GBEB-AR
The school administrator may, when he/she has reasonable cause to believe the student has a school restrictable disease, exclude that student from attendance until a physician, public health nurse or school nurse certifies that the student is not infectious to others;

4. The local health officer or designee may allow students and employees with diseases in a communicable stage to continue to attend and to work in a school when measures have been taken to prevent the transmission of the disease;

5. More stringent rules for exclusion from school may be adopted by the local health department or by the district through Board-adopted policy;

6. A disease may not be considered to be a school restrictable disease unless it is listed in section 3. above, in accordance with OAR 333-019-0015 (2), it has been designated to be a school restrictable disease through Board policy or the local health administrator determines that it presents a significant public health risk in the school setting;

7. When a person is diagnosed as having diphtheria, measles, pertussis (whooping cough) or rubella (German measles), the local health officer may exclude from any school in his/her jurisdiction any student or employee who is susceptible to that disease.

8. The district’s emergency preparedness plan shall address the districts plan with respect to a declared public health emergency at the local or state level.

**Notification**

1. Any staff member who has reason to suspect that a student is infected with a reportable, but not school restrictable disease shall so inform the school administrator. All employees shall comply with all reporting measures adopted by the district and with all rules set forth by Oregon Department of Human Services, Health Services, and county health department.

2. Employees have a responsibility to report to the district when infected with a school restrictable communicable disease unless stated otherwise by law.

3. In the event a school administrator is informed that a staff member or student may have a reportable disease, he/she will seek confirmation and assistance from the local health department to determine the appropriate district response. Reportable diseases include, but are not limited to:

   a. Acquired immunodeficiency syndrome (AIDS);
   b. Amebiasis;
   c. Anthrax;
   d. Botulism;
   e. Brucellosis;
   f. Campylobacteriosis;
   g. Chancroid;
   h. Chlamydia trachomatis infection of the genital tract;
   i. Cholera;
   j. Cryptosporidiosis;
   k. Diphtheria;
   l. Escherichia coli 0157-caused illness;
m. Food-borne illness;

n. Giardiasis;

o. Gonococcal infections;

p. Haemophilus influenzae-caused invasive disease;

q. Hemolytic uremic syndrome;

r. Hepatitis (A; B; non-A, non-B and delta);

s. HIV infection*;

t. Leprosy;

u. Leptospirosis;

v. Listeriosis;

w. Lyme disease;

x. Lymphogranuloma venereum;

y. Malaria;

z. Measles (Rubeola);

aa. Meningococcal disease;

bb. Pelvic inflammatory disease, acute, nongonococcal;

c. Pertussis;

dd. Plague;

e. Poliomyelitis;

ff. Psittacosis;

gg. Q fever;

hh. Rabies (human and animal cases);

ii. Rocky Mountain spotted fever;

jj. Rubella (including congenital rubella syndrome);

kk. Salmonellosis (including typhoid fever);

ll. Shigellosis;

mm. Syphilis;

nn. Tetanus;

oo. Trichinosis;

pp. Tuberculosis;

qq. Tularemia;

rr. Yersiniosis.

*Does not apply to anonymous HIV testing.

4. With consultation and direction from the district’s school nurse or appropriate health authorities, the school administrator or designee shall determine which other persons may be informed of the infectious nature of the individual student or employee within guidelines provided in statute.

**Education**

1. The school administrator or designee shall seek information from the district’s school nurse or other appropriate health officials regarding the health needs/hazards of all students and the educational needs of the infected student.

2. The school administrator or designee shall, utilizing information obtained in section 1. above, determine an educational program for the infected student and implement same in an appropriate (regular or alternative) setting.
3. The school administrator or designee shall, from time-to-time, review the appropriateness of the educational program and the setting of each individual student.

**Equipment and Training**

4. The school administrator or designee shall, on a case-by-case basis, determine what equipment and/or supplies are necessary in a particular classroom or other setting in order to prevent disease transmission.

5. The school administrator or designee shall consult with the district’s school nurse or other appropriate health officials as to whether it is necessary to provide special training in the methods of protection from such communicable disease.
Oregon City School District

Code: JHCCF
Adopted: 4/04
Revised/Reviewed: 6/01; 4/14/08
Readopted: 8/12/1; 4/09/18
Revised/Readopted: 3/10/08; 1/13/14
Orig. Code: 5312

Pediculosis (Head Lice)
(Excludes students with 10 or more live lice only. Allows attendance of students with nits and less than 10 live lice.)

The Board recognizes that district programs should be conducted in a manner that protects and enhances student and employee health and is consistent with recognized health practices. Consequently, in order to prevent the spread of pediculosis (head lice) in the school setting, district staff shall institute guidelines for classrooms that will assist in the prevention and spread of head lice. A student with a suspected case of head lice will be referred to the school nurse or administrator for assessment. A student found with live lice will may be excluded from school. A parent of the student will be notified and treatment will be requested. A student excluded from school that has been treated will be readmitted after an assessment by designated personnel to confirm no lice are present. Students found with nits (lice eggs) only or returning after exclusion with the presence of nits only will not be excluded, but will be subject to periodic checks to confirm continuing absence of live lice. The student may be subject to periodic checks.

Successful treatment of head lice requires a coordinated approach and may involve the use of antilouse products, combing and implementation of preventative measures recommended by health authorities. The district will provide parents of students found to have contracted head lice with treatment information. It is the district’s intent to not only eliminate the current infestation, but also to prevent a repeat episode.

The superintendent will develop administrative regulations, as necessary, to implement this policy.

END OF POLICY

Legal Reference(s):
ORS 433.255 OAR 333-019-0010 OAR 581-022-0705
ORS 433.260 OAR 437-002-0360
Oregon City School District

Code: JHCCF-AR
 Adopted: 4/04
 Revised/Reviewed: 4/04; 3/10/08; 1/13/14
 Readopted: 8/12/1; 4/09/183
 Revised/Readopted: 3/10/08; 1/13/14
 Orig. Code: 5312R

**Pediculosis (Head Lice)**

(Excludes students with 10 or more live lice only. Allows attendance of students with nits and less than 10 live lice.)

Students found to have contracted head lice will be subject to the following procedures:

Suggested school measures for head lice control, as provided in “Health Services for the School Community: Communicable Disease” issued through the Oregon Department of Education will be followed.

1. Periodic student head lice checks of students are not recommended; however, screening recommendations are as follows:
   a. Criteria for screening an individual for lice are:
      i. Persistent itching or scratching;
      ii. Known exposure to siblings or other close contact with head lice (e.g., seat mate in classroom, locker partners, overnight sleep activities, scouts, etc.); or
      iii. Self (student or parent) referral;
   b. Three unrelated cases of head lice in a classroom within 10 consecutive school days requires that all children students in the classroom be screened by the following school day;
   c. If there is infestation among three percent of the entire student population within 10 consecutive school days, there should be a screening of all students in the school within one week. Multiple cases from a single household count as one case for purposes of calculating the percentage of students infested.

2. As provided by Oregon Administrative Rule (OAR) 333-019-0010, students found to have contracted head lice will be excluded from school at the discretion of the local school or health district. The presence of nits (lice eggs) only is not considered excludable.

3. Treatment information, district policy requirements and readmittance provisions will be provided to the parent. A parent will be advised to:
   a. Use a lice-killing agent that a health care provider, school nurse or local health authority has recommended on all family members who demonstrate symptoms of infestation; and
   b. Follow the personal and household cleaning instructions provided by the district, health care provider or local health authority, as appropriate.
   c. Remove all nits after treatment.

4. Following treatment, the student will may be readmitted to school. Parents must either accompany their student to school for readmittance or provide a signed statement that treatment has been initiated.

5. The student will be subject to screening by designated personnel to determine the treatment’s effectiveness. The student will be readmitted to school or denied admittance, as appropriate. The absence of nits is not required for readmittance. In the event the student is not readmitted to school because of the continued presence of live lice, parents will be notified.

6. A student who has been readmitted to school will be subject to follow-up screening by designated personnel;

7. The parent should contact their local health department in the event additional assistance and/or information is needed regarding the treatment of the student, other family members, close contacts and the home environment (e.g., bedding, linens, grooming equipment, etc.). Parents should contact their local health department;

8. A student with chronic head lice may be referred for follow-up to the school’s nurse or local health department, as appropriate;

9. A parent who identifies head lice on their student(s) at home are to should complete treatment prior to the readmission of their student, as required above. Parents are also encouraged to notify the school of their student’s condition so that appropriate preventative measures may be implemented at school.
The district recognizes that administering a medication to a student and/or permitting a student to administer a medication to themselves, may be necessary when the failure to take such medication during school hours would prevent the student from attending school, and recognizes a need to ensure the health and well-being of a student who requires regular doses or injections of a medication as a result of experiencing a life-threatening allergic reaction or adrenal crisis, or a need to manage hypoglycemia, asthma or diabetes. Accordingly, the district may administer or a student may be permitted to administer to themselves prescription (injectable and noninjectable) and/or nonprescription (noninjectable) medication at school.

The district shall designate personnel authorized to administer medications to students. Training shall be provided to designated personnel as required by law in accordance with guidelines approved by the Oregon Department of Education (ODE).

When a licensed health care professional is not immediately available, personnel designated by the district may administer to a student, epinephrine, glucagon or another medication to a student as prescribed and/or allowed by Oregon law.

The district reserves the right to reject a request for district personnel to administer, or to permit a student to administer to themselves, a medication when such medication is not necessary for the student to remain in school.

The superintendent and/or designee will require that an individualized health care plan and allergy plan is developed for every student with a known life-threatening allergy, and an individualized health care plan for every student for whom the district has been given proper notice of a diagnosis of adrenal insufficiency. Such a plan will include provisions for administering medication and/or responding to emergency situations while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity.

A student may be allowed to self-administer a medication for asthma, diabetes, hypoglycemia or severe allergies as prescribed by an Oregon licensed health care professional, upon written and signed request of the parent or guardian and subject to age-appropriate guidelines. This self-administration provision also requires 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.

A request to the district to administer or allow a student to self-administer prescription medication or a nonprescription medication that is not approved by the Food and Drug Administration (FDA) shall include a signed prescription and treatment plan from a prescriber or an Oregon licensed health care professional.

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1 Under proper notice given to the district by a student or student’s parent or guardian.

2 A registered nurse who is employed by a public or private school, ESD or local public health authority to provide nursing services at a public or private school may accept an order from a physician licensed to practice medicine or osteopathy in Oregon.
A written request and permission form signed by a student’s parent or guardian, unless the student is allowed to access medical care without parental consent under state law, is required and will be kept on file.

If the student is deemed to have violated Board policy or medical protocol by the district, the district may revoke the permission given to a student to self-administer medication.

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

A process shall be established by which, upon parent or guardian written request, a back-up prescribed autoinjectable epinephrine is kept at a reasonably, secure location in the student’s classroom as provided by state law.

A premeasured dose of epinephrine may be administered by designated personnel to any student or other individual on school premises who a staff member believes, in good faith, is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

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

A school administrator, teacher or other district employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of prescription and/or nonprescription medication, subject to state law.

A school administrator, school nurse, teacher or other district employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of a student’s self-administration of the medication, subject to state law.

A school administrator, school nurse, teacher or other district employee designated by the school administration is not liable in a criminal action or for civil damages, when that person in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy, who is unable to self-administer the medication, subject to state law.

The district and the members of the Board are not liable in a criminal action or for civil damages when a student or individual is unable to self-administer medication, when any person in good faith administers autoinjectable epinephrine to a student or individual, subject to state law.

The superintendent shall develop administrative regulations as needed to meet the requirements of law, Oregon Administrative Rules and the implementation of this policy.

another state or territory of the U.S. if the order is related to the care or treatment of a student who has been enrolled at the school for not more than 90 days.

3 Subject to ORS 109.610, 109.640 and 109.675.
END OF POLICY

Legal Reference(s):

ORS 109.610  |  ORS 433.800 to -433.830  |  OAR 333-055-0000 to -0035
ORS 109.640  |  ORS 475.005 to -475.285  |  OAR 581-021-0037
ORS 109.675  |  OAR 581-022-2220
ORS 332.107  |  OAR 166-400-0010(17)     |  OAR 851-047-0030
ORS 339.866 to -339.871 | OAR 166-400-0060(29) | OAR 851-047-0040


Oregon City School District

Code: JHCD/JHCDA-AR
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Orig. Code: JHCC/GBEB-AR

Medications**/*

Students may, subject to the provisions of this administrative regulation, have prescription or nonprescription medication administered by designated personnel, or may be permitted to administer prescription or nonprescription medication to themself.

1. Definitions
a. “Medication” means any drug, chemical compound, suspension or preparation in suitable form for use as a curative or remedial substance taken internally or externally but not injected except for premeasured doses of epinephrine, medication to treat adrenal insufficiency and glucagon to treat severe hypoglycemia. Medication includes any prescription for bronchodilators or autoinjectable epinephrine prescribed by a student’s Oregon licensed health care professional for asthma or severe allergies.
b. “Prescription medication” means any medication that under federal law requires a prescription by a prescriber.
c. “Nonprescription medication” means medication that under federal law does not require a prescription from a prescriber.
d. “Adrenal crisis” means adrenal crisis as defined in Oregon Revised Statute (ORS) 433.800.
e. “Adrenal insufficiency” means adrenal insufficiency as defined in ORS 433.800.
f. “Notice of a diagnosis of adrenal insufficiency” means written notice to the district from a student or the parent or guardian of a student who has been diagnosed as adrenal insufficient with a copy of an order from the student’s primary care provider that includes the student’s diagnosis, description of symptoms indicating the student is in crisis, prescription for medication to treat adrenal insufficiency crisis and instructions for follow-up care after medication to treat adrenal insufficiency crisis has been administered.
g. “Prescriber” means a doctor of medicine or osteopathy, a physician assistant licensed to practice by the Board of Medical Examiners for the state of Oregon, an Oregon-licensed, advance practice registered nurse with prescriptive authority, a dentist licensed by the Board of Dentistry for the state of Oregon, an optometrist licensed by the Board of Optometry for the state of Oregon, a naturopathic physician licensed by the Board of Naturopathy for the state of Oregon or a pharmacist licensed by the Board of Pharmacy for the state of Oregon.
h. “Qualified trainer” means a person who is familiar with the delivery of health services in a school setting and who is a registered nurse licensed by the Oregon State Board of Nursing, a doctor of medicine or osteopathy or a physician assistant licensed by the Board of Medical

1 A registered nurse who is employed by a public or private school, ESD or local public health authority to provide nursing services at a public or private school may accept an order from a physician licensed to practice medicine or osteopathy in another state or territory of the U.S. if the order is related to the care or treatment of a student who has been enrolled at the school for not more than 90 days.
Examiners for the state of Oregon or a pharmacist licensed by the Board of Pharmacy for the state of Oregon.

i. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen, dust or insect sting.

j. “Asthma” means a chronic inflammatory disorder of the airways that requires ongoing medical intervention.

k. “Designated personnel” means the school personnel designated to administer medication pursuant to district policy and procedure.

2. Designated Staff/Training

a. The principal will designate personnel authorized to administer prescription or nonprescription medication to a student while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity, as required by Oregon law. The principal will supervise and ensure building and activity practices and procedures are consistent with the requirements of laws, rules and this administrative regulation.

b. The principal will ensure the training required by Oregon law is provided to designated personnel. Training must be conducted by a qualified trainer. Training will be provided annually to designated personnel authorized to administer medication to students. The first year and every third year of training requires in-person instruction; during the intervening years, designated personnel may complete an online training that has been approved by the Oregon Department of Education (ODE) so long as a trainer is available within a reasonable amount of time following the training to answer questions and provide clarification.

c. Training will provide an overview of applicable provisions of Oregon law, administrative rules, district policy and administrative regulations and include, but not be limited to, the following: safe storage, handling, monitoring medication supplies, disposing of medications, record keeping and reporting of medication administration and errors in administration, emergency medical response for life-threatening side effects, allergic reactions or adrenal insufficiency and student confidentiality. Materials as recommended and/or approved by the ODE will be used.

d. A copy of the district’s policy and administrative regulation will be provided to all staff authorized to administer medication to students and others, as appropriate.

3. Administering Premeasured Doses of Epinephrine to a Student or Other Individual

A premeasured dose of epinephrine may be administered by trained, designated personnel to any student or other individual on school premises who the personnel believe, in good faith, is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

4. Administering of Medication to a Student Experiencing Symptoms of Adrenal Crisis

A student experiencing symptoms of adrenal crisis while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from a school or a school-sponsored activity, may be treated by designated personnel and shall be subject to the following:
a. Upon notice of a diagnosis of adrenal insufficiency, as defined in Oregon Administrative Rule (OAR) 581-021-0037, the building principal will designate one or more school personnel to be responsible for administering the medication to treat adrenal insufficiency;

b. The designated personnel will successfully complete training to administer medication to treat a student who has adrenal insufficiency and is experiencing symptoms of adrenal crisis in accordance with the rules adopted by the Oregon Health Authority;

c. The student or the student’s parent or guardian must provide adequate supply of the student’s prescribed medication to the district;

d. The district will require the development of an individualized health care plan for the student that includes protocols for preventing exposures to allergens, and establishes if or when a student may self-carry prescription medication when the student has not been approved to self-administer medication;

e. In the event that a student experiences symptoms of adrenal crisis and the designated personnel determines the medication to treat adrenal insufficiency should be administered, any available staff member will immediately call 911 and the student’s parent or guardian.

5. Administering Medication to a Student

a. A request to permit designated personnel to administer medication to a student may be approved by the district and is subject to the following:

(1) A written request for designated personnel to administer prescription medication to a student, if because of the prescribed frequency or schedule, the medication must be given while the student is in school, at a school-sponsored activity, while under the supervision of school personnel and in transit to or from school or a school-sponsored activity, must be submitted to the school office and shall include:

   (a) The written permission of the student’s parent or guardian or the student if the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675; and

   (b) The written instruction from the prescriber for the administration of the medication to the student that includes:

      (i) Name of the student;

      (ii) Name of the medication;

      (iii) Method of administration;

      (iv) Dosage;

      (v) Frequency of administration;

      (vi) Other special instructions from the prescriber, if any; and

      (vii) Signature of the prescriber.

The prescription label prepared by a pharmacist at the direction of the prescriber, will be considered to meet this requirement if it contains the information listed in (i)-(vi) above.

(2) A written request for designated personnel to administer nonprescription medication to a student must be submitted to the school office and is subject to the following:

   (a) The nonprescription medication is necessary for the student to remain in school;

   (b) The nonprescription medication is provided in the original manufacturer’s container by the parent or guardian of the student;
(c) The written instruction from the student’s parent or guardian for the administration of the nonprescription medication includes:

(i) Name of the student;
(ii) Name of the medication;
(iii) Method of administration;
(iv) Dosage;
(v) Frequency of administration;
(vi) Other special instructions, if any; and
(vii) Signature of the student’s parent or guardian.

If the written instruction is not consistent with the manufacturer’s guidelines for the nonprescription medication, the written instruction must also include a written order allowing the inconsistent administration signed by a prescriber.

(d) If the nonprescription medication is not approved by the Food and Drug Administration (FDA), a written order from the student’s prescriber is required and will include:

(i) Name of the student;
(ii) Name of the medication;
(iii) Dosage;
(iv) Method of administration;
(v) Frequency of administration;
(vi) A statement that the medication must be administered while the student is in school;
(vii) Other special instructions, if any; and
(viii) Signature of the prescriber.

b. An individualized health care and allergy plan will be developed for a student with a known life-threatening allergy and will include protocols for preventing exposures to allergens and procedures for responding to life-threatening allergic reactions while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity, and will include a determination on if or when the student may self-carry prescription medication if the student has not been approved to self-administer medication;

c. It is the student’s parent or guardian’s, or the student’s if the student is allowed to seek medical care without parental consent, responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student’s need to take medication;

d. It is the student’s parent or guardian’s, or the student’s if the student is allowed to seek medical care without parental consent, responsibility to ensure that the school is informed in writing of any changes in medication instructions;

e. In the event a student refuses medication, the parent or guardian will be notified immediately, except where a student is allowed to seek medical care without parental consent. No attempt will be made to administer medication to a student who refuses a medication;

f. Any error in administration of a medication will be reported to the parent or guardian immediately, except where a student is allowed to seek medical care without parental consent[,] and documentation will be made on the district’s Accident/Incident Report form. Errors
include, but are not limited to, administering medication to the wrong student, administering the wrong medication, dose, frequency of administration or method of administration;
g. Medication shall not be administered until the necessary permission form and written instructions have been submitted as required by the district.

6. Administration of Medication by a Student to Themself

a. A student, including a student in grade K through 12 with asthma or severe allergies, may be permitted to administer medication to themself without assistance from designated personnel and is subject to the following:

   (1) A student must demonstrate the ability, developmentally and behaviorally, to self-administer prescription medication and must have:

      (a) A permission form from a parent or guardian, except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675, and other documentation requested by the district must be submitted for self-medication of all prescription medications;

      (b) If the student has asthma, diabetes and/or a severe allergy, a medication that is prescribed by a prescriber and a written treatment plan developed by a prescriber or other Oregon licensed health care professional for managing of the student’s asthma, diabetes and/or severe allergy, and directs use by the student while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity. The prescriber will include acknowledgment that the student has been instructed in the correct and responsible use of the prescribed medication;

      (b) The permission to self-administer the medication from a building administrator and a prescriber or registered nurse practicing in a school setting.

   (2) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication and must have:

      (a) The written permission of the student’s parent or guardian, except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675;

      (b) The student’s name affixed to the manufacturer’s original container; and

      (c) The permission to self-administer medication from a building administrator.

   (3) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication that is not approved by the FDA and must have:

      (a) The written permission of the student’s parent or guardian, except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675; and

      (b) A written order from the student’s prescriber that includes:

         (i) Name of the student;

         (ii) Name of the medication;

         (iii) Dosage;

         (iv) Method of administration;
(v) Frequency of administration;
(vi) A statement that the medication must be administered while the student is in school;
(vii) Other special instructions, if any; and
(viii) Signature of the prescriber.

b. The student may have in his/her possession only the amount of medication needed for that school day, except for manufacturer’s packaging that contains multiple dosage, the student may carry one package, such as, but not limited to, autoinjectable epinephrine or bronchodilators/ inhalers;

c. Sharing and/or borrowing of any medication with another student is strictly prohibited;

d. For a student who has been prescribed bronchodilators or epinephrine, the designated personnel will request that the parent or guardian provide backup medication for emergency use by that student. Backup medication, if provided, will be kept at the student’s school in a location to which the student has immediate access in the event the student has an asthma and/or severe allergy emergency;

e. Upon written request from a parent or guardian, and with a prescriber’s written statement that the lack of immediate access to a backup autoinjectable epinephrine may be life threatening to a student, and the location the school stores backup medication is not located in the student’s classroom, a process shall be established to allow the backup autoinjectable epinephrine to be kept in a reasonably secure location in the student’s classroom;

f. A student shall not administer medication to themself until the necessary permission form and written instructions have been submitted as required by the district;

g. Permission for a student to administer medication to themself may be revoked if the student violates the Board policy and/or this administrative regulation;

h. A student may be subject to discipline, up to and including expulsion, as appropriate;

i. A student permitted to administer medication to themself may be monitored by designated personnel to monitor the student’s response to the medication.

7. Handling, Monitoring and Safe Storage of Medication Supplies for Administering Medication to Students

a. Medication administered by designated personnel to a student or self administered by a student, must be delivered to the school in its original container, accompanied by the permission form and written instructions, as required above.

b. Medication in capsule or tablet form and categorized as a sedative, stimulant, anticonvulsant, narcotic analgesic or psychotropic medication will be counted by designated personnel in the presence of another district employee upon receipt, documented in the student’s medication log and routinely monitored during storage and administration. Discrepancies will be reported to the principal immediately and documented in the student’s medication log. For such medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.

c. Designated personnel will follow the written instructions of the prescriber and the student or the student’s parent or guardian, and training guidelines as may be recommended by the ODE for administering all forms of prescription and/or nonprescription medications.

d. Medication will be secured as follows:

(1) Nonrefrigerated medications will be stored in a locked cabinet, drawer or box used solely for the storage of medication;
(2) Medications requiring refrigeration will be stored in a locked box in a refrigerator;
(3) Access to medication storage keys will be limited to the principal and designated personnel.

e. Designated personnel will be responsible for monitoring all medication supplies and for ensuring medication is secure at all times, not left unattended after administering and that the medication container is properly sealed and returned to storage.

f. In the event medication is running low or an inadequate dosage is on hand to administer the medication, the designated personnel will notify the student’s parent or guardian or the student (in situations involving ORS 109.610, 109.640 and 109.675) immediately.

8. Emergency Response

a. Designated personnel will notify 911 or other appropriate emergency medical response systems and administer first aid, as necessary, in the event of life-threatening side effects that result from district-administered medication or from student self-medication or allergic reactions. The parent or guardian[, school nurse] and principal will be notified immediately.

b. Minor adverse reactions that result from district-administered medication or from student self-medication will be reported to the parent or guardian immediately, except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675.

c. Any available district staff will immediately call 911 and the student’s parent or guardian if the designated personnel believes the student is experiencing symptoms of adrenal crisis and plans to administer medication.

9. Disposal of Medications

a. Medication not picked up by the student’s parent or guardian, or the student when allowed pursuant to ORS 109.610, 109.640 and 109.675, at the end of the school year or within 10 school days of the end of the medication period, whichever is earlier, will be disposed of by designated personnel in a nonrecoverable fashion as follows:

(1) Medication will be removed from its original container and personal information will be destroyed;
(2) Solid medications will be crushed, mixed or dissolved in water, liquid medications will be mixed or dissolved in water; and
(3) Mixed with an undesirable substance, e.g., coffee grounds, kitty litter, flour; and
(4) Placed in impermeable non-descriptive containers, e.g., empty cans or sealable bags, and placed in the trash.

Prescriptions will be flushed down the toilet only if the accompanying patient information specifically instructs it is safe to do so.

Other medication will be disposed of in accordance with established training procedures including sharps and glass.

b. All medication will be disposed of by designated personnel in the presence of another school employee and documented as described in Section 10, below.

10. Transcribing, Recording and Record Keeping
a. A medication log will be maintained for each student administered medication by the district. The medication log will include, but not be limited to:

(1) The name of the student, name of medication, dosage, method of administration, date and time of administration, frequency of administration and the name of the person administering the medication;
(2) Student refusals of medication;
(3) Errors in administration of medication;
(4) Incidents of emergency and minor adverse reaction by a student to medication;
(5) Discrepancies in medication supply;
(6) Disposal of medication including date, quantity, manner in which the medication was destroyed and the signature of the staff involved.

b. All records relating to administration of medications, including permissions and written instructions, will be maintained in a separate medical file apart from the student’s education record file unless otherwise related to the student’s educational placement and/or individualized education program. Records will be retained in accordance with applicable provisions of OAR 166-400-0010(17) and OAR 166-400-0060(29).

c. Student health information will be kept confidential. Access shall be limited to those designated personnel authorized to administer medication to students, the student and his/her parent or guardian. Information may be shared with other staff with a legitimate educational interest in the student or others as may be authorized by the parent or guardian in writing or others as allowed under state and federal law.