

SHALER AREA SCHOOL DISTRICT

No: 210.1

SECTION: PUPILS

TITLE: POSSESSION/USE OF LIFE SAVING MEDICATIONS

ADOPTED: MAY 18, 2005

REVISED: JUNE 22, 2011

210.1 POSSESSION/USE OF LIFE SAVING MEDICATIONS	
1. Authority SC 1414.1	<p>The Board shall permit authorized students to possess asthma inhalers, epinephrine auto-injectors and other life saving medications and to self-administer the prescribed medication in compliance with state law and Board policy.</p>
2. Definitions SC 1401	<p>Asthma inhaler shall mean a prescribed device used for self-administration of short-acting, metered doses of prescribed medication to treat an acute asthma attack. (This does not include long-acting inhalers.)</p> <p>1. Epinephrine auto-injector shall mean a prescribed disposable drug delivery system designed for the self-administration of epinephrine to provide rapid first aid for persons suffering the effects of anaphylaxis.</p> <p>2. Other life saving medications shall include insulin, abortive seizure medication and other prescribed drugs which require immediate administration during a medical emergency or medicines which have the potential to sustain life.</p>
3. Guidelines SC 1414.1 Title 22 Sec. 12.41	<p>Self-administration shall mean a student's use of a medication in accordance with a prescription or written instructions from a licensed physician, certified registered nurse practitioner or physician assistant with prescriptive privileges.</p> <p>Primary students may not carry or self administer life saving medication unless directed to do so by a licensed physician.</p> <p>Before a student may possess or use a life saving medication during school hours, the Board shall require compliance with the District's medication policy in addition to the following:</p> <p>1. Completed and signed action plan.</p> <p>2. Completed and signed self-administration ability verification assessment. (Except where self administration of the medication is not appropriate.)</p> <p>A student whose parent/guardian completes the written requirements for the student to possess a life saving medication and self-administer the prescribed medication in the school setting shall demonstrate to the school nurse the capability for self-administration and responsible behavior in use of the</p>

	medication.
SC 1414.1	<p>To self-administer medication, the student must be able to:</p> <ol style="list-style-type: none"> a. respond to and visually recognize his/her name. b. identify his/her medication. c. demonstrate the proper technique for self-administering medication. d. sign his/her medication sheet to acknowledge having taken the medication using the following parameters: <ol style="list-style-type: none"> 1. Elementary students must inform the Certified School Nurse after each use. 2. Secondary students must maintain their own medication log, which can be reviewed at any time by the Certified School Nurse at her discretion. <p>The school entity bears no responsibility for ensuring that the medication is taken.</p> <ol style="list-style-type: none"> e. demonstrate a cooperative attitude in all aspects of self-administration. f. demonstrate knowledge of prescribed time intervals for medication use. <p>Any student who does not meet the self-administration requirements following assessment by the Certified School Nurse will not be permitted to carry and self-administer a life saving medication at school.</p> <ol style="list-style-type: none"> 3. Violations of this policy by a student shall result in immediate confiscation of the asthma inhaler and medication and loss of privileges.
SC 1414.1	<p>If the district denies a student's request to self-carry an asthma inhaler or epinephrine auto-injector or the student has lost the privilege of self-carrying an asthma inhaler or epinephrine auto-injector, the student's prescribed medication shall be appropriately stored in the building health office. The student's classroom teachers shall be informed where the medication is stored and the means to access the medication.</p>
SC 1401	<ol style="list-style-type: none"> 4. The District reserves the right to require a statement from the physician or certified registered nurse practitioner or physician assistant with prescriptive privileges for the continued use of a medication beyond the specified time period. Permission for possession and use of a life saving medication by a student shall be effective for the school year for which it is granted and shall be renewed each subsequent school year.
4. Delegation of Responsibility	<p>The Superintendent or designee, in conjunction with the school nurse(s), shall develop procedures for student possession of life saving medications and self-administration of prescribed medication.</p> <p>The District shall annually inform staff, students, and parents/guardians about the policy and procedures governing student possession and use of life saving medications.</p>

An asthma inhaler can be brought to school by a student only after completion of the following:

1. Obtaining the required forms complete with signatures from the parent/guardian and physician or certified registered nurse practitioner or physician assistant with prescriptive privileges, which shall be kept on file in the office of the certified school nurse.
2. Pertinent information is reviewed with the student and/or parent/guardian, specifically the information contained on the statement by the physician, certified registered nurse practitioner, or physician assistant with prescriptive privileges.
3. The student's ability to self-administer medication and the need for care and supervision have been determined.
4. An individual medication log is maintained for all students possessing asthma inhalers who are reporting to the certified school nurse's office. The following parameters will be used for all students carrying and self administering an asthma inhaler:

Elementary students must inform the certified school nurse after each inhaler use.

Secondary students must maintain their own log which may be reviewed by the certified school nurse at any time at her discretion.

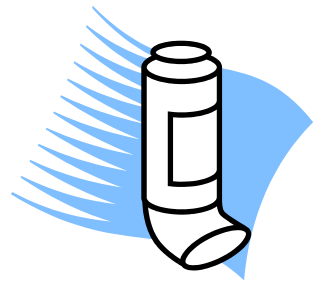
The school entity bears no responsibility for ensuring that the medication is taken.

References:

School Code - 24 P.S. Sec. 1401, 1414.1

State Board of Education Regulations – 22 PA Code Sec. 12.41

ASTHMA ACTION PLAN



Student Name/
Grade _____

Describe Asthma “Triggers” _____

Normal Peak Flow _____ **Peak Flow Danger Level** _____

Doctor’s Name _____ **Phone**

Steps to be taken During an Asthma Attack:

1. _____
2. _____
3. _____
4. _____
5. _____

Current Medicine:

Special Precautions for Gym Class or Recess:

Parent’s Signature

Date

Home Phone

Work Phone

If your child needs to keep medicine at school, please have your physician fill out the form on the reverse side of this questionnaire. You and your physician must sign it. All medications, including inhalers not specified to be carried by the student, must be kept in the health office.

SHALER AREA SCHOOL DISTRICT

1800 MOUNT ROYAL BOULEVARD

GLENSHAW, PA 15116-2196

High School

Leslie Scheuer, RN, CSN
492-1200 X 1510
492-1267 (FAX)

Intermediate School

Patsy Frankle, RN, CSN
492-1200 X 2510
492-1237 (FAX)

Middle School

Virginia Imhof, RN, CSN
492-1200 X 3510
492-1317 (FAX)

Marzolf/St. Bonaventure

Lori Matz, RN, CSN
492-1200 X 6510
486-8702 (FAX)

Burchfield/Montessori

Audrey Gaskill, RN, CSN
492-1200 X 4510
486-7631 (FAX)

Rogers/Jeffery

Beth Antonucci, RN, CSN
492-1200 X 8510(R)/5810(J)
487-0293 (FAX)(R)
492-1287 (FAX) (J)

Reserve/Holy Spirit/Mt. Alvernia

Kim Armstrong, RN, CSN
492-1200 X 7510
321-4507 (FAX)

MEDICATION PROCEDURE FORM

It is required by the Shaler Area School District that the attending physician fills out the following form for all medications to be given during school hours.

Date: _____

Grade: _____

(Student's Name)

(Medication and Dosage)

(Date: _____ to _____ Date)

(Time Given)

(Condition for which medication is requested)

(Possible side effects)

(Physician's Signature)

(Phone Number)

(Please Print Physician's Name)

(Address)

PHYSICIAN: Please check blocks that apply for inhalers, Epi-pens and other life-saving medications:

Student may carry and self-administer medication while on a field trip.

Student may carry and self-administer medication on a daily basis.

PARENTAL PERMISSION, HOLD HARMLESS AND INDEMNIFICATION

We hereby agree that the medication be administered to our child as stated herein and agree with the intent to be legally bound hereby, to hold the Shaler Area School District and any of it's employees or agents harmless from any liability and to so indemnify same for any liability incurred which may result from administration or supervision of the medication to _____ by employees or agents of the Shaler Area School District.

(Parent or Guardian)

(Date)

SASD Medication Policy requires a parent or guardian to bring the medication to school in the original container or prescription bottle. Return this form to your student's School Nurse. No medications are permitted to be transported on the School Bus. A second labeled prescription bottle can be obtained from your pharmacist.

**SELF-ADMINISTRATION ABILITY VERIFICATION ASSESSMENT
SECONDARY STUDENTS**

Student's Name

Grade

Date

To self-medicate, the student must be able to: (check all that apply)

- _____ 1. Respond to and visually recognize his/her name.
- _____ 2. Identify his/her medication.
- _____ 3. Demonstrate the proper technique for self-administering his/her medication.
- _____ 4. Sign his/her medication sheet to acknowledge having taken the medication.
Secondary students must maintain their own medication log, which may be reviewed by the school nurse at any time at her discretion.
- _____ 5. Demonstrate cooperative attitude in all aspects of self-administration of medication.
- _____ 6. Demonstrate knowledge of prescribed time intervals for inhaler use.

Name of Medication

Dosage

Frequency

The above named student has demonstrated the ability to self-administer the physician-prescribed asthma medication, as indicated by the criteria listed above.

Date

Signature (Certified School Nurse)

As the parent/guardian of above named student, I relieve the School District and its employees of any responsibility for the benefits or consequences of the above listed medication when it is physician-prescribed and parent/guardian authorized. I further acknowledge that the school bears no responsibility for ensuring that the medication is taken. I am aware that any improper use/sharing of the above-mentioned medication will result in the immediate confiscation of the inhaler and loss of privilege to self-administer if the medication policy is violated.

Date

Parent/Guardian Signature

I agree to be solely responsible for my asthma inhaler and to follow the directions for its use as ordered by my physician, as well as the District's medication policy. I am aware that any improper use/sharing of the above-named medication will result in the immediate confiscation of the inhaler and loss of privilege to self-administer if the medication policy is violated. I am aware that I am responsible for maintaining a log of my inhaler use and must have it available for review by the school nurse at her discretion.

Date

Student Signature

Student is not able to self-administer at this time due to the following reasons: _____

Signature (Certified School Nurse)

**SELF-ADMINISTRATION ABILITY VERIFICATION ASSESSMENT
ELEMENTARY STUDENTS**

Student's Name

Grade

Date

To self-medicate, the student must be able to: (check all that apply)

- _____ 1. Respond to and visually recognize his/her name.
- _____ 2. Identify his/her medication.
- _____ 3. Demonstrate the proper technique for self-administering his/her medication.
- _____ 4. Sign his/her medication sheet to acknowledge having taken the medication.
Elementary students must inform the certified school nurse after each inhaler use.
- _____ 5. Demonstrate cooperative attitude in all aspects of self-administration of medication.
- _____ 6. Demonstrate knowledge of prescribed time intervals for inhaler use.

Name of Medication

Dosage

Frequency

The above named student has demonstrated the ability to self-administer the physician-prescribed asthma medication, as indicated by the criteria listed above.

Date

Signature (Certified School Nurse)

As the parent/guardian of above named student, I relieve the School District and its employees of any responsibility for the benefits or consequences of the above listed medication when it is physician-prescribed and parent/guardian authorized. I further acknowledge that the school bears no responsibility for ensuring that the medication is taken. I am aware that any improper use/sharing of the above-mentioned medication will result in the immediate confiscation of the inhaler and loss of privilege to self-administer if the medication policy is violated.

Date

Parent/Guardian Signature

I will be responsible for using my asthma inhaler on my own. I will follow the directions for its use as ordered by my doctor, following the Shaler Area rules for taking medicines. I understand if I do not use my inhaler the right way or share it with someone else, I will not be allowed to use the inhaler on my own anymore. I am aware that I need to let the school nurse know when I have used my inhaler.

Date

Student Signature

Student is not able to self-administer at this time due to the following reasons: _____

Date

Signature (Certified School Nurse)