 **No. 207.1**

**SECTION: PUPILS**

**TITLE: POSSESSION/USE OF ASTHMA INHALERS/EPINEPHRINE AUTO-INJECTORS**

**MEDICAL ACADEMY ADOPTED: 10/8/13**

**CHARTER SCHOOL REVISED:**

210.1. POSSESSION/USE OF ASTHMA INHALERS/EPINEPHRINE

AUTO-INJECTORS

The Board shall permit students to possess asthma inhalers and epinephrine auto-injectors and to self-administer the prescribed medication in compliance with state law and Board policy.

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.

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.

Self-administration shall mean a student’s use of medication in accordance with a prescription or written instructions from a licensed physician, certified registered nurse practitioner or physician assistant.

Before a student may possess or use an asthma inhaler or epinephrine auto-injector in the school setting, the Board shall require the following:

1. A written request from the parent/guardian that the school complies with the order of

the licensed physician, certified registered nurse practitioner or physician assistant.

2. A written statement from the parent/guardian acknowledging that the school is not

responsible for ensuring the medication is taken and relieving the school and its

employees of responsibility for the benefits or consequences of the prescribed

medication.

3. A written statement from the licensed physician, certified registered nurse practitioner

or physician assistant that states:

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a. Name of the drug

b. Prescribed dosage

c. Times medication is to be taken

d. Length of time medication is prescribed

e. Diagnosis or reason medication is needed, unless confidential

f. Potential serious reaction or side effects of medication

g. Emergency response

h. If child is qualified and able to self-administer the medication

The student shall notify the school nurse immediately following each use of an asthma inhaler or epinephrine auto-injector.

The school reserves the right to require a statement from the licensed physician, certified registered nurse practitioner or physician assistant for the continued use of a medication beyond the specified time period.

Written request for student use of an asthma inhaler and/or epinephrine auto-injector shall be submitted annually, along with required written statements from the parent/guardian and an updated prescription.

Student health records shall be confidential and maintained in accordance with state and federal laws and regulations.

A student whose parent/guardian completes the written requirements for the student to possess an asthma inhaler or epinephrine auto-injector and to self-administer the prescribed medication in the school setting shall demonstrate to the school nurse the competency for self-administration and responsible behavior in use of the medication. Determination of competency for self-administration shall be based on the student’s age, cognitive function, maturity and demonstration of responsible behavior.

Student’s shall be prohibited from sharing, giving, selling, and using an asthma inhaler or epinephrine auto-injector in any manner other than which it is prescribed during school hours, at any time while on school property, or any school-sponsored activity, and during the time spent traveling to and from school and school-sponsored activities. Violations of this policy shall result in loss of privilege to self-carry the asthma inhaler or epinephrine auto-injector and disciplinary action in accordance with Board policy.

If the school denies a student’s request to self-carry an asthma inhaler or epinephrine auto-injector of 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 at a location in

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close proximity to the student. The student’s classroom teachers shall be informed where the medication is stored and the means to access the medication.

The school shall annually distribute to students and parents/guardians this policy along with the Code of Student Conduct.

The school shall post this policy on the school website, if available.

The Principal/CEO or designee, in conjunction with the school nurse(s), may develop administrative regulations for student possession of asthma inhalers or epinephrine auto-injectors and self-administration of prescribed medication.

References:

School Code – 24 P.S. Sec. 1401, 1409, 1414.1

State Board of Education Regulations – 22 PA Code Sec. 12.3, 12.41

ASTHMA INHALERS – SELF-ADMINISTRATION BY STUDENTS

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Student’s Name Grade Date

To self-medicate, the student must be able to: (check to show able)

\_\_\_\_\_\_\_ 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.

\_\_\_\_\_\_\_ 5. Demonstrate a cooperative attitude in all aspects of self-administration of

medication.

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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.

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Date Signature (Certified School Nurse)

As the parent/guardian of above named student, I relieve the school 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 named medication will result in the immediate confiscation of the inhaler and loss of privilege to self-administer if the medication policy is violated.

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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 school’s medication policy. I am aware that any abuse of this privilege will result in the confiscation of my inhaler.

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Date Student’s Signature

EPINEPHRINE AUTO-INJECTORS – SELF-ADMINISTRATION BY STUDENTS

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Student’s Name Grade Date

To self medicate, the student must be able to: (check to show able)

\_\_\_\_\_\_\_ 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.

\_\_\_\_\_\_\_ 5. Demonstrate a cooperative attitude in all aspects of self-administration of

medication.

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Name of Medication Dosage Frequency

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

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Date Signature (Certified School Nurse)

As the parent/guardian of above named student, I relieve the school 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 named medication will result in the immediate confiscation of the injector and loss of privilege to self-administer if the medication policy is violated.

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Date Parent/Guardian Signature

I agree to be solely responsible for my epinephrine auto-injector and to follow the directions for its use as ordered by my physician, as well as the school’s medication policy. I am aware that any abuse of this privilege will result in the confiscation of my epinephrine auto-injector.

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Date Student’s Signature