

ABINGTON SCHOOL DISTRICT
ABINGTON, PENNSYLVANIA

SUPERINTENDENT'S
ADMINISTRATIVE PROCEDURE

REGARDING: **Medication – Use by Students**

Section: **Students**

Effective Date: September 2006

Reissued: 11/07, 8/26/08,
8/22/11, 8/16/12,
5/9/17, 10/16/19,
11/5/20

See Also: Related Board Policy

Purpose

To specify the conditions and circumstances under which medications shall be administered by school personnel to students and circumstances under which a student is permitted to self-administer emergency medication.

Definition

“Medication” shall mean all medicines prescribed by a licensed prescriber and any over-the-counter medicines, including homeopathic, herbs, enzymes, vitamins and minerals. This definition includes, but is not limited to, research or investigational medications and off-label drugs.

“Asthma inhaler” also referred to as a “rescue inhaler” means a device used for self-administration of short acting, metered doses of prescribed medication to treat an acute asthma attack.

“Emergency care plan” means written steps for District staff to follow in dealing with a life threatening or seriously harmful health situation for an individual student. An emergency care plan is initiated by responsible personnel, and may be part of a student’s individualized health care plan (IHP), 504 Plan, or IEP with a medical component.

“Emergency self-administration” means self-administration of pre-approved medication to avoid immediate and substantial risk to health, including but not limited to, an epinephrine auto injector (Epi-Pen/Epi-Pen, Jr.), insulin, glucose tablets, glucagon, or a rescue inhaler.

“Individualized health care plan (IHP)” means a written plan for responsible personnel to follow in meeting an individual student’s health care needs. An IHP is initiated by responsible personnel. The IHP may be part of a Section 504 Service Agreement (“504 Plan”) or Individualized Education Plan (“IEP”) with a medical component.

“Licensed caregiver” means, for the purposes of medical marijuana, an individual age 21 years of age or older who is registered with the PA Department of Health to administer medical marijuana to a student with patient certification for medical marijuana.

“Licensed prescriber” may include the following professionals, if they have prescriptive authority within the scope of practice approved by the Department of State: licensed physicians, podiatrists, dentists and optometrists, certified registered nurse practitioners, and physician’s assistants.

“Medical marijuana” is marijuana in an approved form as prescribed by a physician approved by the PA Department of Health for a specific condition approved by the PA Department of Health. Only non-smokable marijuana products may be administered on school grounds.

“Medication order” means instructions to the responsible personnel from a licensed prescriber for the administration of medication. The medication order must contain the student’s name, the name, signature and phone number of the licensed prescriber, the name of the medication, route and dosage of the medication, frequency and time of the administration of the medication, date of the medication order, discontinuation date, and, if necessary, specific directions for administration of the medication.

“Non-medical school personnel” (trained diabetes personnel) includes school personnel who are not nurses or licensed health care providers who are trained and supervised to perform diabetes care tasks in the school setting. Trained diabetes personnel may be identified from existing school staff who are willing to serve in this role. School staff shall have the right to decline this responsibility.

“Responsible personnel” includes a certified school nurse or other licensed health personnel, such as a registered nurse or a licensed practical nurse. The administration of medication to a student may not be delegated to District staff other than responsible personnel except as set forth in this Superintendent’s Administrative Procedure. Certified athletic trainers should be specifically identified to administer epinephrine auto-injectors for known allergies.

“School hours” includes the school day and school-sponsored events such as athletics and extracurricular activities.

“Self-administration” means pre-approved medication administered directly by the student to herself/himself not in the presence of responsible personnel.

“Standing order” means medical directives written by the District’s physician.

Procedure

The school district shall not be responsible for the diagnosis and treatment of a student’s illness.

Medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school nurse with a Medication Permission Form and a Health Care Provider’s Authorization Form.

The administration of medication in accordance with the direction of a parent/guardian and qualified health care provider to a student during school hours will be permitted only when (1) failure to take such medication would jeopardize the health of the student and/or (2) the student would not be able to attend school if the medication were not made available during regular school hours.

Before any medication may be administered to a student during school hours, the school nurse must receive (1) a written request from the parent/guardian giving permission for the administration of such medication; the note must include a statement relieving the school district of the responsibility for the benefits or consequences of the medication, (2) a written order of the prescribing qualified health care provider including the name of medication, dosage, the time at which or the special circumstances under which the medication shall be administered, the length of the period for which medication is prescribed and the possible side effects of the medication and (3) the medication in properly labeled container. The written request from the parent/guardian and the order from the physician shall be kept on file in the office of the school nurse.

It shall be the responsibility of either the parent/guardian or responsible adult to inform the school nurse of any medication brought to or taken in school.

All prescription medications administered in school must have a picture of the student included with the container of medication. With these prerequisites satisfied, all medications shall be administered by the responsible personnel.

The District reserves the right to refuse to administer medications considered by the FDA to be "off-label" (FDA approved medications prescribed for non-approved purposes) and/or research or investigational medications (substances undergoing formal study, currently involved in clinical trials and lacking FDA approval). In these situations, the recommendation of the District physician consultant will be final.

All parents'/guardians' requests to have medication administered to a student by school personnel **must** be reviewed by the school nurse before the first dose is given.

The completed Medication Permission Form with parent/guardian and qualified health care provider signature **must be on file before any medication may be administered (see Attachment A)**.

Medications shall be securely stored and kept in the original labeled container (according to procedures in the Health Services Manual).

When medication is to be taken in school, the following information is to be documented on a Medication and Procedure Record (Attachment B).

- Student's Name
- Name and Dosage of Medication,
- Prescribing Doctor
- Date of Prescription
- Date Parent Permission is Received

After the student has received the medication, the following information is to be entered into the Medication and Procedure Record (Attachment B).

- Date
- Time
- Signature of Person Administering or Supervising Self-Administration

Administration of medications is to be followed in accordance with the Health Services Manual and guidance from the Pennsylvania Department of Health.

Self-Administration in Emergency Health Situations

Self-administration of emergency medication refers to situations in which students carry their own medication and administer it to themselves, as ordered by a qualified health provider and as authorized by their parent/guardian and the District.

Requests for permission for self-medication emergency medications must be in writing. The qualified health care provider must notify the school of the dosage, type of medication to be self-administered, any possible side effects, and an opinion as to the child's ability to self-medicate.

The student must inform the school nurse immediately following each use of the emergency medication.

Misuse of the emergency medication or violation of district policy shall result in immediate confiscation of the emergency medication and loss of the privilege to carry the medication.

Only licensed nurses may administer injections (excluding epinephrine auto injector and Naloxone). Certain procedures and medications which require a trained person will be the responsibility of the school nurse and under his/her auspices.

Epinephrine Auto-Injector Opt Out

The Public School Code, Section 1414.2(g), allows parents/guardians to request an exemption to the administration of an epinephrine auto-injector for their child. In order to request this exemption, parents/guardians are to contact their child's school nurse to make an appointment to discuss this decision, review and sign the appropriate opt out form. Staff members are not authorized to administer or provide an epinephrine auto-injector as described above if the child's parent/guardian has opted their child out in accordance with the procedures contained herein. Civil immunity shall apply to a person who administers an epinephrine auto-injector in accordance with the procedures contained herein.

Self-Management of Diabetes by Students

Students may be permitted to possess and use their own diabetes medication and monitoring equipment with written authorization from the student's health care practitioner and a parent/guardian and written acknowledgement from the school nurse that the student has demonstrated the capability to self-administer medication. This provision may be revoked or restricted due to non-compliance.

Additional Procedures for Students with Diabetes

All school personnel should receive on an annual basis, the appropriate level of diabetes care training suited to their responsibilities for students with diabetes. At a minimum, this training shall consist of recognizing and responding to diabetic emergencies, the impact of diabetes on behavior, learning and other activities and planning for trips and special events. The principal or designee shall designate time for this training by the school nurse. This training has been identified as Level I training by the PA Department of Health. Level II training shall be provided by the school nurse for classroom teachers and personnel who have responsibility for the

student with diabetes throughout the school day. Level II training shall include by not be limited to contact from Level I with specific instructions in what to do in case of emergency, an expanded overview of diabetes, and brief overview of the operation of devices or equipment used by students with diabetes.

Pennsylvania law permits non-medical school personnel (trained diabetes personnel) who are not nurses or licensed health care professionals to provide care for students with diabetes, to include the administration of diabetes medication, performing blood glucose monitoring and other diabetes tests. School personnel who have been designated to administer diabetes medication, use monitoring equipment and/or provide other diabetes care must receive Level III annual training approved by the PA Department of Health and in coordination of the school nurse. Trained diabetes personnel may be identified from existing school staff who are willing to serve in this role. School staff shall have the right to decline this responsibility. The District shall not routinely request that non-medical school personnel be trained for Level III responsibilities or expected to perform management of diabetes care beyond the minimal expectations of all employees with responsibilities for students with diabetes (recognition and response to allergic emergencies and impact of diabetes on behavior and learning). In cases where the training of non-medical school personnel (trained diabetes personnel) to administer medication for diabetes and/or perform blood glucose monitoring may be indicated, staff will have the right to refuse such training.

Procedures for Medical Marijuana

1. Administration of medical marijuana shall be in accordance with all Federal and state regulations.
2. Medical marijuana may only be administered to students registered as patients in the PA Department of Health Registry. A copy of the student's registration must be on file in the school nurse's office and must be renewed in accordance with all applicable Federal and state regulations.
3. Medical marijuana must be obtained at a Pennsylvania approved dispensary and all medication must be stored in original containers labeled by the dispensary to include student name, medication and dosage. Only non-smokable marijuana products may be administered on school grounds.
4. Medical marijuana must be administered by the student's parent/guardian or a caregiver certified by the PA Department of Health and may not be administered by school staff.
5. Medical marijuana may not be stored in the school.
6. A request to administer medical marijuana to a student who is a registered patient by a registered caregiver must be made in writing to the Building Principal.
7. These procedures apply regardless of the age of the student.

A parent/guardian shall deliver all prescription medication to be administered by school personnel to the school nurse or other responsible person designated by the school nurse as follows:

The prescription medication shall be in a pharmacy or manufacturer labeled container;

The school nurse or other responsible person receiving the prescription medication shall document the quantity of the prescription medication delivered; and

The prescription medication may be delivered by other responsible adults,

provided that the nurse is notified in advance by the parent or guardian of the delivery and the quantity of prescription medication being delivered to school is specified.

All prescription medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective.

All medication to be administered by the school nurse shall be kept in a securely locked cabinet used exclusively for medications, which is kept locked except when opened to obtain medications. The cabinet shall be substantially constructed and anchored securely to a solid surface.

Any medications left at the end of the school year shall be disposed of under the direction of the school nurse.

ABINGTON SCHOOL DISTRICT

Abington, Pennsylvania

Attachment A

MEDICATION POLICY- MEDICATION PERMISSION FORM

Medication(s) should be given at home before and/or after school. However, when this is not possible, prior to medication being administered to a student during the school day, **the parent/guardian or responsible adult must personally deliver to the school nurse the following:**

1. Written orders from a qualified health care provider giving the child’s diagnosis and the dosage and frequency of its administration for each prescribed medication.
2. Written permission from the parent/guardian for the school to comply with the qualified health care provider’s order.
3. An explanation of the reason the medication(s) must be taken during school hours.
4. Medication in its original container properly labeled by the pharmacy or qualified health care provider or the over-the-counter medication in its original container as purchased. **One month supply only.**

School personnel may only administer medication prescribed by a qualified health care provider.

HEALTH CARE PROVIDER’S AUTHORIZATION

TO BE COMPLETED BY PHYSICIAN

STUDENT’S NAME _____ DOB _____ Grade _____

School _____

Diagnosis: _____

MEDICATION 1: _____ Dosage _____ Frequency _____

Possible side effects _____

Restrictions _____

MEDICATION 2: _____ Dosage _____ Frequency _____

Possible side effects _____

Restrictions _____

Reason for medication during school hours: _____

INHALER OR EPINEPHRINE AUTO-INJECTOR: Student is authorized to carry and self-administer? Yes _____ No _____

FIELD TRIP: Daily Medications only. The medication may need to be omitted or time changed during a field trip.

Please Indicate below:

- OMIT MEDICATION DURING THE FIELD TRIP: _____
- TIME OF MEDICATION MAY BE CHANGED TO: _____

HEALTH CARE PROVIDER SIGNATURE (REQUIRED): _____

Date: _____ Telephone No.: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I (print parent/guardian name) _____ hereby give my consent for my child/student identified above to receive the above medication as prescribed and I release the Abington School District of all responsibility for any benefit and any and all adverse consequences of the medication. I also give consent for Abington School District Health Services Staff to communicate with the above Health Care Provider for the benefit of my child/student. I understand that a new order is needed each school year and that any medications not picked up at the end of the school year will be discarded.

Date _____ **Parent/Guardian Signature** _____

