

210. USE OF MEDICATIONS

I. PURPOSE

To implement the provisions of Policy 210 regarding the administration of medication to students in school and during school-sponsored activities.

II. DEFINITIONS

“Medication” is any drug prescribed by a licensed prescriber authorized within the Commonwealth of Pennsylvania for treating an injury, disease, or disorder (“prescribed medication”), or any drug obtained by the parent/guardian of an unemancipated minor student as an over-the-counter drug and there exists a written authorization by the parent/guardian and the District’s or student’s physician to administer the drug during the school day and during school-sponsored activities (“over-the-counter medication”). This definition includes food supplements and any homeopathic or herbal remedy administered for the purpose of treating a physical or mental impairment.

“Emergency self-administration” means self-administration of pre-approved medication (including but not limited to, self-administration of an Epi-Pen, Epi-Pen, Jr., insulin, an asthma inhaler or Lactaid) to avoid immediate and substantial risk to health, as determined on a case by case basis or as part of an Individualized Education Program, Chapter 15 Service Agreement, Individual Health Plan (IHP), or Emergency Care Plan (ECP).

III. GENERAL GUIDELINES

A. The school district shall not be responsible for the diagnosis of a student’s illness or injury.

B. In accordance with written permission of the parent/guardian and with the written direction of the licensed medical prescriber, the administration or supervised self-administration of medication to or by a student during school hours, including school-sponsored activities such as field trips, extracurricular activities and athletic events (participants only) 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; and
3. the prescribed or over the counter medication does not exceed the usual recommended dose as listed in the Physicians Desk Reference except when the reason for the exceptional dose is reviewed and approved in writing by the student’s licensed medical prescriber, and the District’s consulting

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physician and the parent/guardian provides a written release.

C. Except when self-administration is specifically authorized, students are not permitted to dispense or share medication of any type including food supplements, vitamins, herbal supplements, or other performance altering substances on school grounds or during District-sponsored activities.

D. Except as authorized by Policy/Administrative Regulation, District personnel are prohibited from dispensing, endorsing or recommending any drug, medication, food supplements, vitamins, herbal supplements, or other performance altering substances.

IV. PROCEDURES

A. Requests to Administer Medication

1. With the exception of situations described in Sections E and F, before any medication may be administered to a student during school hours, the school principal or nurse must receive a written request from the parent/guardian.

2. For prescribed medications, over-the counter medications, research or investigational medications, and any product that could be considered a drug, including natural remedies, herbs, vitamins, dietary supplements, homeopathic medicines or medications from other countries: the request from the parent/guardian must include a written order from the licensed prescriber with an original signature or an authorized electronic signature. These orders can be accepted via fax or electronically from a licensed prescriber on his/her letterhead, prescription pad or on a form provided by the school for this purpose, and signed and dated by the licensed prescriber. The medication order should include:

- a) Student's name;
- b) Name and signature of the licensed prescriber and phone number;
- c) Name of the medication;
- d) Route and dosage of medication;
- e) Frequency and time of medication administration;
- f) Date of the order and discontinuation date;
- g) Specific directions for administration, if necessary.
- h) Student date of birth or other personal identifier besides name.

3. There are circumstances, such as an immediate change in medication dosage, when oral orders may need to be used until a written order can be obtained. In school, a physician assistant, certified registered nurse practitioner and a registered nurse may accept these types of orders. Also, a licensed practical nurse may accept a verbal order for medication under the conditions set forth in state law. Ideally, a written order should be received within five (5) school days following the oral orders.

4. The parent/guardian must also annually provide written authorization for

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medications to be given in the school setting. The written authorization, renewed at the start of each school year by the parent/guardian, should contain:

- a) A parent/guardian's printed name, signature and an emergency phone number;
- b) Approval to have the certified school nurse (CSN), or in the absence of the CSN, approval for other licensed school health staff, including a Registered Nurse (RN) or Licensed Practical Nurse (LPN), to administer medications;
- c) A list of all current medications taken by the student (both at home and in school).

5. All medications, including refills, must be delivered in person during business hours to the school nurse, health assistant, principal or principal's designee by the student's parent or guardian, except in the case of emancipated students. The medication must be in the original pharmacy labeled container. The pharmacy label must conform to state law.

6. Documentation from the licensed prescriber and the parent shall be kept in the office of the school nurse. The school nurse should document the quantity of the medication delivered. This documentation should include the date, time, amount of medication and the signatures of the parent/guardian or designated adult delivering the medication and the name of the individual receiving the medication.

B. Administration of Medication

1. Except when self-administration is specifically authorized, all medications shall be stored and administered by the nurse or a health professional qualified to administer medication designated by the school principal, only after a current, properly completed request is on file. Students are not permitted to carry medications on their persons during the school day except as authorized by Policy/Administrative Regulation.

2. The initial dose of medication shall not be given in the school except in life threatening situations. Initial dose is the first dosage administered from the prescription.

3. Medications shall be stored in a locked cabinet and kept in the original labeled container with orders from the licensed prescriber attached. Emergency medication for anaphylaxis may be stored in an unlocked location.

4. The school nurse or designated person(s) shall maintain the name of each student to whom the medication is administered, the name of the medication, the licensed prescriber, the dosage, the route and site of administration, the date and time the medication is given, and the signature of the person who administered the medication.

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5. All medications shall be brought to school by the parent/guardian and shall be returned to the parent/guardian at the end of the school year or the end of the period of medication, whichever is earlier.

6. Medications should always be administered within 30 minutes before or after the prescribed time. If a student fails to report to the school nurse for medication, efforts should be made to locate and remind the student to take his/her medication. An Individualized Healthcare Plan (IHP) (**See Attachment A**) or a Section 504 Agreement may be indicated for a student who regularly fails to report for his/her medication. The plan should address ways to improve compliance and the student's understanding of his/her diagnosis. A student who refuses to take medication should not be physically forced to do so. In this situation, a plan should be developed with the parent(s)/guardian(s), student, administrators and other school staff, as needed, to address the problem.

7. Medications for which the prescription has expired or for which the prescription is more than a year old will not be administered.

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

9. The school nurse has the right to refuse to administer any medication that according to his/her professional judgment is prescribed as too high of a dose or is in any way inappropriate for the student because of the potential for harm. In this situation, the nurse will immediately contact the parent, principal, Director of Special Education, the student's licensed prescriber and, where necessary, the District's consulting physician.

C. Medication Variances

1. Medication variances are deviations from the standard of care. Variances can include: incorrect medication, incorrect student, omitted doses, incorrect doses, incorrect time of administration, incorrect route of administration and/or incorrect technique in administration.

2. Medication variances should be reported on the Medication Variance Report Form. (**See Attachment B**).

3. All variances should be documented and reported to the school nurse. The school nurse should notify the parent(s)/guardian(s) and building administrator. The school nurse should notify the licensed prescriber if there is potential for harm to the student. The student should be assessed by the school nurse for untoward effects.

D. Special Procedures for Epinephrine Auto-Injector

1. For life threatening situations indicating incipient anaphylactic shock, trained staff shall be authorized to administer the prescribed epinephrine auto-

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injector. Administration of epinephrine by injection by non-medical staff is restricted to the epinephrine auto-injector.

2. District staff that interact regularly with students who are identified by their parents as having an allergy, and to whom the epinephrine auto-injector is prescribed, will be trained by the certified school nurse in the administration of the epinephrine auto-injector. District staff shall be advised to administer the epinephrine auto-injector immediately upon signs and symptoms of an allergic reaction of the student to the identified allergen.

3. If students are of an age, as determined by a licensed prescriber, to self-administer these injections, they would be expected to carry this medication on their person. The appropriate medical form still must be completed. The licensed prescriber and/or parent/guardian should indicate on the medical form that the student is competent to carry and self-administer his/her medication.

4. Students must report self-administered use of an epinephrine auto-injector to the school nurse. The school nurse or designated person(s) shall maintain the name of each student, the date and time of self-administration, the dosage, and the route and site of administration.

E. Self-Administration of Medication by Students - Generally

1. All self-administration of medication shall be subject to the following conditions:

a) The medication (including prescription and non-prescription medication), with the exception of emergency medications as described herein, will be held by school staff for self-administration.

b) All medication (including prescription and non-prescription medication) will be kept in a properly labeled container. Non-prescription medication will also be clearly labeled with the student's name.

c) Medications which must be carried by the student at all times require specific written instructions from a licensed medical provider and documentation that student has been instructed in its proper use. These cases will be reviewed by the District's physician.

d) The self-administration is otherwise in conformance with the District's Administration of Medication Policy.

F. Self-Administration of Medication of Students – Management and Emergency Responses for Specific Health Situations

1. Unsupervised self-administration of emergency medication refers to situations in which students carry their own medication and administer it to themselves during the school day, as ordered by their licensed prescriber and as

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authorized by their parent/guardian as well as by the District. Students with diagnoses such as asthma and life-threatening allergies are good examples when unsupervised self-administration may be appropriate and necessary.

2. In order to accommodate students who carry and self-administer emergency medications unsupervised, the following should be in place:

- a) An order from a licensed prescriber for the medication, including a statement that it is necessary for the student to carry the medication and that the student is capable of self-administration;
- b) Written parental/guardian consent;
- c) A standardized Individualized Healthcare Plan (IHP) for medical conditions that commonly require students to carry and self-administer emergency medications or an IHP that is specifically individualized for students who are diagnosed with unique medical conditions and that includes an Emergency Care Plan (ECP) component. **See Attachments C and D.**

3. Special Procedures for Asthma Inhalers - The following requirements must be met for students who desire to possess and self-administer asthma inhalers in school:

- a) The request must include a written statement from the licensed medical provider indicating the name of the medication, the dosage, the times when the medication is to be taken and the diagnosis or reason for which the medication is needed, unless the physician specifies that the diagnosis or reason should remain confidential. The licensed provider must indicate in this written order the potential for any serious reaction to the medication that may occur, as well as any necessary emergency response. The licensed provider must state whether the child is qualified and able to self-administer the medication.
- b) The parent or guardian must submit a written request that the school comply with the written order of the licensed provider. This written request must include a statement relieving the school entity or any school employee of any responsibility for the benefits or consequences of the prescribed medication when it is parent-authorized, and acknowledging that the school entity bears no responsibility for ensuring that the medication is taken.
- c) The District reserves the right to require a statement from the licensed provider for the continued use of any medication beyond one year.
- d) Each student possessing and self-administering an asthma inhaler shall demonstrate the capability for self-administration and for responsible behavior in the use thereof, through an appointment initiated by the school

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nurse;

e) Each student must immediately notify the school nurse following each use of the asthma inhaler by signing his/her medication sheet in the presence of the nurse immediately following each use and the nurse shall document each use.

f) Each school shall restrict the availability of the asthma inhaler and prescribed medication therein, with immediate confiscation of both the asthma inhaler and the medication, as well as loss of privileges, if this regulation is abused or ignored.

4. Special Procedures for Allergies

a) All staff and teachers who are responsible for a child who might need to be administered epinephrine by an auto injector will be trained by the school nurse or by a Licensed Nurse Practitioner (LPN) at the direction of the school nurse in the correct administration of an epinephrine auto injector including specific procedures for responding to a reaction for each child.

b) In the case of an allergic reaction, the person responsible for the child will follow the medical emergency procedures that are in the child's Section 504 plan and will notify the school nurse.

c) If a child who is not previously diagnosed with an allergy experiences a potentially life threatening anaphylactic emergency, the school nurse shall assess the situation and administer the epinephrine injection. Immediately after giving any child (diagnosed with allergies or not) epinephrine, the school nurse or LPN shall call 911 and contact the child's parent or guardian.

G. School-Sponsored Events, Extracurricular Activities, Field Trips, and Overnight Trips

1. Regardless of the setting or time of year, all federal and state laws and regulations, and clinical standards that govern the practice of safe medication administration, continue to apply. The District's planning for school-sponsored activities in regard to administration of medications for students will be initiated before school starts or early in the year.

2. Students with disabilities cannot be denied access to school-sponsored activities due to the needs for administration of medication. In the case of a school trip, the school may ask a parent/guardian to accompany his/her child but cannot require the parent to do so.

3. Considerations when planning for medication administration during school-sponsored programs and activities include but are not limited to:

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- a) Assigning school health staff to be available and providing coverage for the staff person's regular duties;
- b) Utilizing a licensed person from the District's substitute list;
- c) Addressing with parents/guardians the possibility of obtaining from the licensed prescriber a temporary order to change the time of dose;
- d) Arranging for medications to be provided in an original, labeled container and given according to District Policy;
- e) Allowing for situations in which students are authorized to both carry their own emergency medication and to also self-administer such medication unsupervised; and
- f) Ensuring security measures are in place for the handling of all medications.

H. First Aid

1. Nurses may administer first aid, including administration of an epinephrine auto-injector, to a student without the express written permission of a parent, where deemed necessary by a nurse pursuant to her professional judgment.

I. Automatic External Defibrillators (AED's)

1. The District shall assure that for schools which possess an AED, two (2) or more persons assigned to the location where the AED is primarily housed are properly trained.

2. School personnel who are expected to use the AED shall complete training in cardiopulmonary resuscitation and in the use of an automatic external defibrillator provided by the American Heart Association, the American Red Cross or through an equivalent course of instruction approved by the Department of Health.

J. Special Procedures for Naloxone (Narcan) Administration:

The School District wishes to prevent opiate related overdose deaths by making naloxone (Narcan) available in its secondary schools. Naloxone is a medication found to reverse the effects of an opiate-related drug overdose. The School District Physician pursuant to Act 139 of 2014 shall provide a standing order for naloxone for use by Responsible Personnel (defined as a certified school nurse or other licensed health personnel, such as a registered nurse or a licensed practical nurse) to assist any individuals suspected of experiencing a drug overdose in the School District's secondary schools. For life threatening situations indicating opiate overdose, Responsible Personnel shall be authorized and directed to administer Naloxone

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(Narcan) nasal spray provided he or she has completed an on-line course approved by the Pennsylvania Department of Health. Administration of Naloxone (Narcan) by District Responsible Personnel is restricted to the Naloxone (Narcan) Nasal Spray. Under any circumstances, District professionals should contact 911 in case suspected opiate overdose and administration of Naloxone.

- i. Naloxone (Narcan) shall be safely stored in the school nurse's office in the secondary schools in compliance with drug manufacturer's instructions.
- ii. Naloxone (Narcan) shall be made readily accessible to Responsible Personnel who have completed the required training to administer it in the event of suspected drug overdose.
- iii. The School District shall take reasonable steps to notify secondary students and their parents/guardians of this policy once each school year. Such notification shall encourage students to immediately report suspected drug overdoses to school officials to ensure prompt intervention.

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