

BLOOMSBURG AREA SCHOOL DISTRICT

SECTION: PUPILS

TITLE: POSSESSION/USE OF ASTHMA
INHALERS/EPIPENS

ADOPTED: 17 February 2014

REVISED:

<p>1. Authority</p> <p>SC 1414.1</p> <p>2. Definitions</p> <p>SC 1401</p> <p>3. Guidelines</p> <p>SC 1414.1</p> <p>Title 22</p> <p>Sec. 12.41</p>	<p style="text-align: center;">210.1. POSSESSION/USE OF ASTHMA INHALERS/EPIPENS</p> <p>The Board shall permit only those students with physician and parent/guardian authorization to possess and self-administer asthma inhalers and EpiPens to treat asthma/allergic reactions. Students must be deemed responsible by the physician, parent/guardian and school personnel. Each case will be considered on an individual basis. All other asthma inhalers and EpiPens will be kept in the school nurse's office.</p> <p>Possession and use of asthma inhalers and EpiPens by students shall be in accordance with applicable state law and Board policy.</p> <p>Asthma inhaler shall mean a prescribed device used for self-administration of short-acting, metered doses of prescribed inhaled medication to treat an acute asthma attack.</p> <p>EpiPen shall mean a prescribed device used for self-administration of short-acting, metered doses of epinephrine to treat an acute allergic reaction.</p> <p>Self-administration shall mean a student's use of medication in accordance with a prescription or written instructions from a physician, certified registered nurse practitioner or physician assistant.</p> <p>Before a student may possess or use an asthma inhaler or EpiPen during school hours, the Board shall require the following:</p> <ol style="list-style-type: none"> 1. A written request from the parent/guardian that the school complies with the order of the physician, or designee. 2. A statement from the parent/guardian acknowledging that the school is not responsible for ensuring the medication is taken and relieving the district and its employees of responsibility for the benefits or consequences of the prescribed medication.
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	<p>3. A written statement from the physician, or designee that states:</p> <ul style="list-style-type: none"> 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. A statement that the student is able to carry/self-administer the medication. <p>Asthma inhalers and EpiPens can be sent with a responsible individual, such as a parent/guardian, teacher, or responsible student, on field trips and school activities away from the district.</p> <p>The student shall be made aware that the asthma inhaler and EpiPen are intended for his/her use only and may not be shared with other students.</p> <p>The student shall notify the school nurse or designee immediately following use of carried medication.</p> <p>Violations of this policy by a student shall result in immediate confiscation of the asthma inhaler or EpiPen and loss of privileges.</p> <p>SC 1401 The district reserves the right to require a statement from the physician or designee for the continued use of a medication beyond the specified time period. Permission for possession and use of an asthma inhaler or EpiPen by a student shall be effective for the school year for which it is granted and shall be renewed each subsequent school year.</p> <p>SC 1414.1 A student whose parent/guardian completes the written requirements for the student to possess an asthma inhaler or EpiPen 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 medication.</p>
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<p>4. Delegation of Responsibility</p>	<p>To self-administer medication, the student must be able to:</p> <ol style="list-style-type: none">1. Respond to and visually recognize his/her name.2. Identify his/her medication.3. Recognize signs and symptoms requiring medication use.4. Demonstrate the proper technique for self-administering medication.5. Agree to inform health services if the medication was used during school hours.6. Demonstrate a responsible and cooperative attitude in all aspects of self-administration. <p>The Superintendent or designee, in conjunction with the school nurse(s), shall develop procedures for student possession of asthma inhalers and EpiPens 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 asthma inhalers and EpiPens.</p> <p>When an asthma inhaler or EpiPen is initially brought to school, the school nurse shall be responsible to complete the following:</p> <ol style="list-style-type: none">1. Obtain the written medication order from the physician or designee signed by the parent/guardian, which shall be kept on file in the office of the school nurse.2. Complete the Inhaler/EpiPen Agreement with the parent/guardian and students.3. Review pertinent information with the student and/or parent/guardian, specifically the information contained on the statement submitted by the physician or designee.4. Determine the student's ability to self-administer medication and the need for care and supervision.5. Maintain an individual medication log for all students possessing asthma inhalers and EpiPens.
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References:

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

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

Bloomsburg Area School District

ASTHMA/EPIPEN POLICY

District policy shall permit only those students with physician (MD or DO)/PA-C/CRNP and parent authorization to self administer/self carry inhalers/EpiPens to treat asthma/allergic reaction. These students must be deemed responsible by the physician (MD or DO)/PA-C/CRNP, parent, and school personnel. Each case will be considered on an individual basis. All other inhalers/EpiPens will be kept in the nurse's office.

Inhalers and EpiPens can be sent with a responsible individual (*ie.: parent, teacher, responsible student*) on field trips/school activities.

Possession and use of asthma inhalers/EpiPens by students shall be in accordance with state law and District policy.

Asthma inhalers/EpiPens are prescribed devices used for self-administration of short-acting, metered doses of medication to treat an acute asthma attack/allergic reaction.

Self-administration shall mean a student's use of medication in accordance with a prescription or written instructions from a physician (MD or DO)/PA-C/CRNP.

Before a student may possess or use an asthma inhaler/EpiPen during school hours, the District shall require the following:

- A. A written request from the parent/guardian that the school complies with the order of the physician (MD or DO)/PA-C/CRNP.
- B. A statement from the parent/guardian acknowledging that the school is not responsible for ensuring the medication is taken and relieving the district and its employees of responsibility for the benefits or consequences of the prescribed medication.

To self-administer medication, the student must be able to:

- A. Respond to and visually recognize his/her name.
- B. Identify his/her medication.
- C. Recognize signs and symptoms requiring medication use.
- D. Demonstrate the proper technique for self-administering medication.
- E. Agree to inform health services of the time medication was used during school hours.
- F. Demonstrate a responsible attitude in all aspects of medication management.

When an asthma inhaler/EpiPen is initially brought to school, health services shall be responsible to complete the following:

- A. Obtain written physician's (MD or DO)/PA-C/CRNP medication order signed by the parent/guardian which will be kept on file.
- B. Complete the Inhaler/EpiPen Agreement with the parent/guardian and student.
- C. Review pertinent information with the student and parent/guardian specifically submitted by the physician (MD or DO)/PA-C/CRNP.

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210.1. ATTACHMENT

ASTHMA INHALERS/EPIPEN SELF-ADMINISTRATION BY 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. Recognize his/her signs and symptoms requiring need for medication.
- _____ 4. Demonstrate the proper technique for self-administering his/her medication, including proper dosage.
- _____ 5. Agree to inform health services of the time medication was used during school hours.
- _____ 6. Demonstrate a responsible and cooperative attitude in all aspects of self-administration of medication.

The above named student has demonstrated the ability to self-administer the physician (MD or DO)/PA-C/CRNP-prescribed 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 medication when it is physician (MD or DO)/PA-C/CRNP-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 medication will result in the immediate confiscation of the inhaler/ EpiPen 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/EpiPen and to follow the directions for its use as ordered by my physician (MD or DO)/PA-C/CRNP, as well as the district's medication policy. I am aware that any abuse of this privilege will result in the confiscation of my inhaler/EpiPen.

Date

Student's Signature