

A. W. BEATTIE CAREER CENTER

SECTION: PUPILS
TITLE: POSSESSION/USE OF LIFE
SAVING MEDICATIONS

ADOPTED: September 22, 2011

210.1 POSSESSION/USE OF LIFE SAVING MEDICATIONS	
1. Authority SC 1414.1	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 Board policy.
2. Definition 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 <i>designed for the self-administration of epinephrine to provide rapid first aid for persons suffering the effects of anaphylaxis.</i></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>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 style="padding-left: 40px;">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 medication.</p>

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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. Demonstate the proper technique for self-administering medication
- d. Sign his/her medication sheet to acknowledge having taken the medication, the signature sheet is maintained in the Health Science Teachers' office.

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

- e. Demonstrate a cooperative attitude in all aspects of self-administration.
- f. Demonstrate knowledge of prescribed time intervals for medication use.

SC 1414.1

Any student who does not meet the self-administration requirements following assessment by the Health Science Teacher will not be permitted to carry and self-administer a life saving medication at school.

3. Violations of this policy by a student shall result in immediate condiscation of the asthma inhaler and medication and loss of privileges.

SC 1414.1
SC 1401

If the district denies a student's request to self-carry an asthma inhaler or epinephrine auto-injector or the student has lost the privelege of self-carrying an asthma inhaler or epinephrine auto-injector, the student's prescribed medication shall be appropriately stored in the Health Science Teachers Office. The student's classroom teachers shall be informed where the medication is stored and the means to access the medication.

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

The Executive Director or designee, in conjunction with the Health Science Teacher shall develop procedures for student possession of life saving medications and self-administration of prescribed medication.

The school shall annually inform staff, students, and parents/guardians about the policy and procedures governing student possession and use of life saving medications.

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 perscriptive privileges, which shall be kept on file in the office of the certified school nurse.

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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 has been determined.

4. An individual medication log is maintained for all students possessing or self administering asthma inhalers in the Health Science Teacher's Office.

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

A. W. BEATTIE CAREER CENTER

SELF-ADMINISTRATION ABILITY VERIFICATION ASSESSMENT

Student's Name _____

Program & 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 (Health Science Teacher, R.N.) _____

As the parent/ guardian of above named student, I relieve the A.W.Beattie Career Center 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 A.W. Beattie Career Center'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: _____

A. W. BEATTIE CAREER CENTER

9600 Babcock Blvd.
Allison Park, PA 15101

MEDICATION PROCEDURE FORM

It is required by the A. W. Beattie Career Center that the attending physician fills out the following form for all medications to be given during school hours.

	Date: _____
	Grade: _____
(Student's Name) _____	Program: _____

(Medication and Dosage)	
	(Date: _____ to _____ Date)
(Time Given) _____	

(Condition for which medication is requested)

(Possible side effects)

(Physician's Signature) _____	(Phone Number) _____
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(Please Print Physician's Name) _____	(Address) _____
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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 A.W. Beattie Career Center 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 A.W. Beattie Career Center.

(Parent or Guardian) _____	(Date) _____
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A. W. Beattie Career Center Medication Policy requires a parent or guardian to bring the medication to school in the original container or prescription bottle. Return this form to the school office. No medications are permitted to be transported on the School Bus. A second labeled prescription bottle can be obtained from your pharmacist.