Administrative Procedures for Possession/Use of Emergency Medications
(Attachment for Policy No. 210.1)

The possession/use of emergency medications shall be consistent with the school health program established by the SRC and, where applicable, any accommodations outlined in a student’s Chapter 15/Section 504 Service Agreement, in accordance with SRC policy.

Before a student may possess or use emergency medications in the school setting, the SRC shall require the following:

1. A written request from the parent/guardian that the school complies with the order of the physician, certified registered nurse practitioner or physician assistant.

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.

3. A written statement from the physician, certified registered nurse practitioner or physician assistant that states:
   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 the child is qualified and able to self-administer the medication.

The certified school nurse shall conduct a baseline assessment of the student’s health status.

The student shall notify the school nurse immediately following each use of an asthma inhaler, epinephrine auto-injector or other emergency medication.
If the student is physically incapacitated and unable to notify the school nurse, a witnessing adult staff member should notify the nurse immediately about the use of the asthma inhaler, epinephrine auto-injector or other emergency medication.

The certified school nurse shall provide periodic and ongoing assessments of the student’s self-management skills.

Students shall be prohibited from sharing, giving, selling, and using an emergency medication in any manner other than which it is prescribed during school hours, at any time while on school property, at any school-sponsored activity, and during the time spent traveling to and from school and school-sponsored activities. Violations of this policy by a student shall result in immediate confiscation of the asthma inhaler, epinephrine auto-injector or other emergency medication and loss of privileges.[4]

For students who are not able and students who lose the privilege to carry and self-administer emergency medications, the district shall ensure that the prescribed medication is appropriately stored at locations in close proximity to the student and inform the student’s teacher(s) of where the medication is located and the means to access the medication.[4]

An inventory of the medication, dosage used and supply remaining shall be properly noted in the district’s student information system. The district reserves the right to require a statement from the physician, certified registered nurse practitioner or physician assistant for the continued use of a medication beyond the specified time period. Permission for possession and use of emergency medication by a student shall be effective for the school year for which it is granted and shall be automatically renewed each subsequent school year, unless revoked by parent in the form of a signed written request.[4]

This request must be accompanied by a signed statement from a prescribing physician, certified nurse practitioner or physician assistant. Student health records shall be confidential and maintained in accordance with state and federal laws and regulations.[5][6]

A student whose parent/guardian completes the written requirements for the student to possess emergency medication and self-administer the prescribed medication in the school setting shall demonstrate to the certified school nurse the competency for self-administration and responsible behavior in use of the medication.[4]

The district shall develop criteria to determine a student’s competency to carry and self-administer emergency medications, which shall be based on the student’s:[4]
1. Age.

2. Cognitive function.

3. Maturity.

4. Demonstration of responsible behavior.

Information about the possession and use of emergency medications shall be distributed with the Code of Student Conduct and made available on the district website.[4][7]

**Possession of Emergency Medications**

Permission for possession and use of emergency medication by a student shall be effective for the school year for which it is granted and shall be automatically renewed each subsequent school year, unless revoked by parent in the form of a signed written request. This request must be accompanied by a signed statement from a prescribing physician, certified nurse practitioner or physician assistant.

**Use of Emergency Medications requiring follow-up in hospital emergency**

The student shall notify the school nurse immediately following each occurrence of self-administration of medication. If the student is physically incapacitated and unable to notify the nurse, a witnessing adult staff member should notify the nurse immediately about the use of the asthma inhaler, epinephrine auto-injector or other emergency medication. In the case of a child that has self-administered an emergency medication while in school and the nurse has been notified of the use of the medication, the student will require an immediate assessment by the school nurse in the following instances:

1. **Self-administration of epinephrine auto-injector**—In the event a student is believed to be having an anaphylactic reaction, the school nurse or an individual in the school who is responsible for the storage and use of epinephrine auto-injectors shall contact 911 as soon as possible. [1]

2. **Repeated administration of rescue inhalers**—if a child has reported self-use of the rescue inhaler two or more times, the school nurse must assess the child for need of hospital emergency follow-up. If the nurse assesses the student as in respiratory distress, the nurse shall immediately contact 911. If the nurse assesses the student as not in respiratory distress, the parent should be contacted and informed of their child’s repeated usage of the medication while in school. Follow-up with the child’s primary medical provider should be strongly encouraged.

**Legal References**

1. Pol. 103.1
2. Pol. 113
3. 22 PA Code 12.41
4. 24 P.S. 1414.1
5. 24 P.S. 1409
6. Pol. 216
7. Pol. 218