

Lower Merion School District

ADMINISTRATIVE REGULATIONS

Policy No.: 210
Section: STUDENTS
Title: USE OF MEDICATION
Date Adopted:
Date Last Revised: 2/8/19; 12/7/18; 6/3/16; 3/19/12; 5/05

R210 USE OF MEDICATION

PURPOSE

This Administrative Regulation is designed to implement the provisions of Policy 210 in specifying the conditions and circumstances under which medication shall be administered by school personnel to students or self-administered by students in the school setting. Terms used herein are as defined in Policy 210.

PROCEDURES

A. Request from Parent/Guardian to Administer Medication:

With the exception of situations described in Section B below, before medication may be administered to a student, responsible personnel must receive:

1. Written authorization from an authorized student, or by the parent/guardian of a student, who is not an authorized student, to administer the medication. The written authorization, renewed at the start of each school year on or after July 1 by the parent/guardian, will contain:
 - i. The parent/guardian's printed name, signature, and emergency phone number;
 - ii. Approval to have the responsible personnel administer the specified medications;
 - iii. A list of all medications taken by the student (both at home and in school).

2. A dated medication order from the licensed prescriber with an original signature or authorized electronic signature. These medication orders can be accepted via fax or electronically from a licensed prescriber on District Form LM 28c for this purpose; medication orders can be accepted on the prescriber's letterhead or prescription pad instead of LM 28c, provided the letterhead or prescription pad includes all of the required information, as set forth below. The medication order from the licensed prescriber may be delivered by the parent/guardian to the responsible personnel's office if it is not delivered through other acceptable means, such as by mail, fax, or electronically. The medication order must include:
 - i. Student's name;

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- ii. Name, signature and phone number of the licensed prescriber;
- iii. Name of the medication;
- iv. Route and dosage of the medication;
- v. Frequency and time of administration of the medication;
- vi. Date of the medication order and discontinuation date, if any;
- vii. Specific directions for administration, if necessary; and
- viii. Any potential adverse reactions or contraindications with other medications (prescribed or OTC) taken by the student.

There may be circumstances, such as an immediate change in the dosage of a medication, when a verbal medication order from a licensed provider may be acceptable. Only responsible personnel may accept these types of oral medication orders. Responsible personnel may accept an oral medication order for medication under the following conditions: (1) the medication order is for a change in dosage for a medication that the student is currently taking in the school setting, (2) the dosage change does not exceed the recommended dosage listed in the Physician's Desk Reference, (3) the medication order is necessary to treat an immediate condition, and (4) the medication is available for the student. A written medication order must be provided by a licensed provider within five (5) school days following the oral medication order. A verbal medication order may not be used more than one time and subsequent medication orders for the same medication require written medication orders.

Except in cases of authorized students, the written authorization from the parent/guardian and the medication shall be delivered by the parent/guardian to responsible personnel. All medications, including subsequent renewals, must be delivered to the school by the parent/guardian or, if applicable, authorized student. Students may not deliver medication to the health room unless they are authorized students. Prescribed medication must be in the original pharmacy labeled container. The pharmacy label must conform to PA state law. Subsequent renewals of the medication must be reviewed by responsible personnel at least once per school year.

Responsible personnel receiving any medication will document the quantity of the medication delivered. This documentation will include the date, time, amount of medication and the signatures of the parent/guardian delivering the medication and the school health personnel receiving the medication.

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B. Administration of Medication:

Except where self-administration is specifically authorized by Policy 210 and these Administrative Regulations, all medications shall be stored and administered by responsible personnel only after a current, properly completed LM Form 28c (Medication Administration Consent Form) is on file. Students are not permitted to carry medications on their persons during in the school setting except as authorized by Policy 210 and this Administrative Regulation.

1. The initial dose of medication shall not be given during school hours except in life threatening situations or in situations following treatment at an emergency room or other emergency care center while on a school sponsored overnight trip and until in custody of parent/guardian. The initial dose is the first dosage administered under the medication order.
2. 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.
3. Medications shall be stored in a securely locked cabinet used exclusively for medications and kept in the original labeled container with the licensed prescriber’s medication order attached. Medications that require refrigeration will be stored and locked in a refrigerator used for medications only. Access to all medications will be limited to responsible personnel except as otherwise permitted by law. Emergency medication for anaphylaxis, diabetes or asthma may be stored in an unlocked location as noted in the student’s Emergency Care Plan. Naloxone for administration of opioid overdose may be stored in an unlocked location.
4. All medications as defined in Policy 210 must be delivered to the health room in the original pharmacy container with the label attached. The pharmacy label must conform to state law. In accordance with 49 PA Code § 27.18, the label must contain the name, address, telephone and Federal DEA number of the pharmacy, patient name, directions for use (dosage, frequency and time of administration, route, special instructions), registration number of the licensed

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prescriber, prescription serial number, date originally filled, name of medication and amount dispensed, and controlled substance statement if applicable.

5. No more than a 30 day supply for any medication will be stored at school, with the exception of emergency medication which may be stored until the end of the school year or until the medication has expired or has been discontinued (whichever comes first). Responsible personnel receiving any medication will document the quantity of medication delivered. This documentation will include the date, time, amount of medication and the signature of the parent/guardian or authorized student delivering the medication and the name of the responsible personnel receiving the medication.
6. Responsible personnel shall maintain the name of each student to whom medication is administered, the licensed prescriber, the dosage, the route, the date and time the medication is given, and the signature (written or electronic) of the responsible personnel who administered the medication.
7. Medications will be administered within 60 minutes before or after the prescribed time. If a student fails to report to the health room for medication, efforts will be made to locate the student and administer the medication. An Individualized Healthcare Plan ("IHP"), aides, services or accommodations in a 504 Agreement, or modification in an IEP plan may be indicated for a student who regularly fails to report for their medication. The plan will address ways to improve compliance and the student's understanding of their diagnosis. A student who refuses to take medication will not be physically forced to do so except in a life threatening situations. In this situation, a plan will be developed with the parent(s)/guardian(s), student, administrators and other school staff including 504 Service Agreement or IEP team, as needed, in consultation with the licensed prescriber, to address the problem.
8. In order to ensure the positive identification of the student who receives the medication, the student's photograph will be kept in the health room with the medication.
9. A list of the name of each student to which medication is administered during the school day pursuant to a medication order shall be kept by each responsible personnel [and made available to the school medical consultant upon request].

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10. Medication must be picked up by the parent/guardian or authorized student at the end of the school year or upon the discontinuation of the administration of the medication, whichever is earlier.
11. Medications for which the prescription has expired or for which the prescription is more than a year old will not be administered. Parents/guardians and authorized students shall be responsible for noting the expiration date of medication as listed on the medication label and providing a new prescription when medication has expired or has run out. Exceptions may be made to extend the expiration date of epinephrine auto-injector for 3 months in times of critical short supply and when recommended by the manufacturer or FDA and approved by the District
12. Any medications left at the end of the school year shall be disposed of under the direction of responsible personnel. Disposal of medications shall be in accordance with Federal guidelines.
13. The nurse has the right to refuse to administer any medication that, according to their assessment and professional judgment, is prescribed as too high of a dose or has the potential to be harmful, dangerous or inappropriate. In this situation, the nurse will immediately contact the parent/guardian, building principal, Supervisor of Health Services, Director of Student Services, the student's licensed prescriber and the District's consulting physician. The recommendation of the District's consulting physician will be final.

If observed, the school nurse will notify parents/guardians promptly of any adverse effects of medication.

C. Management of Chronic Diseases:

Responsible personnel will attempt to obtain a complete health history on each student with a chronic disease from the student's parent(s)/guardian(s) that includes the student's past medical history, the name of the primary care provider/licensed prescriber and past and present medications, if applicable. Upon learning that a student has been diagnosed with a chronic disease, the responsible personnel who may be involved in the care of the student shall familiarize themselves with District's protocols regarding the management of that particular chronic disease as needed. This applies to

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chronic diseases including, but not limited to, asthma, diabetes, cystic fibrosis, seizures, and Attention Deficit Hyperactivity Disorder.

D. Medication Variances:

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

All variances will be documented and reported to responsible personnel and reported to the Supervisor of School Health Services. The responsible personnel will notify the parent(s)/guardian(s) and the building principal. Responsible personnel will notify the licensed prescriber if there is potential for harm to the student. The student will be assessed by responsible personnel for untoward effects. In the event of theft or misappropriation of controlled substances, the school principal will notify law enforcement.

Medication variances will be reported on the Medication Variance Report Form (Attachment A).

E. Self-Administration of Permitted Over-the-Counter (OTC) Medications:

High School students may carry and self-administer no more than two doses of the following medications in their original containers:

- (1) Acetaminophen (Tylenol)
- (2) Ibuprofen (Advil)

Permitted over-the-counter medications may not be self-administered in the presence of Responsible Personnel or school staff. The District assumes no responsibility for OTC medications that are self-administered.

F. Unsupervised Self-Administration in Emergency Health Situations:

Unsupervised self-administration of emergency medication refers to situations in which students carry their own medication and administer it to themselves, as ordered by their licensed prescriber and as authorized by their parent/guardian and the District.

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Students with diagnoses such as asthma and life-threatening allergies are good examples when unsupervised self-administration may be appropriate and necessary.

Before a student may self-administer emergency medication unsupervised at school, at any school-sponsored activity, or during the time spent traveling to and from school or school-sponsored activities, the following shall be obtained on file in the school nurse's office:

1. Written request from the parent/guardian that the school comply with the order of the licensed prescriber.
2. Statement from the parent/guardian acknowledging that neither the District nor any District employee is 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 when it is parent-authorized.
3. Written statement from a licensed prescriber 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 the reason should remain confidential.
 - f. Potential serious reaction or side effects of medication.
 - g. Emergency response.
 - h. If child is qualified and able to self-administer the medication.

If the school nurse, in their professional judgment and assessment, believes that the student is not capable of safely carrying and/or administering the emergency medication, they will contact the parent/guardian, if applicable, licensed prescriber, and the District physician. In these situations, the decision of the District physician consultant shall be final.

The student shall be made aware that the asthma inhaler, epinephrine auto-injector, or other emergency medication is intended for their use only and may not be shared with other students. Students are prohibited from sharing, giving, selling, or using an asthma inhaler, epinephrine auto-injector, or other emergency medication in any manner other than that for which it is prescribed. Violations may result in loss of privileges to self-carry the emergency medication and disciplinary action in accordance with Board Policy and any applicable student handbook or code of conduct.

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The student must notify the school nurse immediately following each use of an asthma inhaler, epinephrine auto-injector, or other emergency medication. Violations may result in immediate confiscation of the medication and loss of privileges.

The District reserves the right to require a statement from the licensed prescriber for the continued use of a medication beyond the specified time period. Permission for possession and use of an asthma inhaler, epinephrine auto-injector, or other emergency medication by a student shall be effective for the school year for which it is granted and shall be renewed each subsequent school year.

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

To self-administer medication, the student must demonstrate to the satisfaction of the school nurse the ability to:

1. Respond to and visually recognize their name.
2. Identify their medication.
3. Demonstrate the proper technique for self-administering medication.
4. Sign their medication sheet to acknowledge having taken the medication.
5. Demonstrate a cooperative attitude in all aspects of self-administration.

If the District denies a student's request to self-carry emergency medication or the student has lost the privilege of self-carrying such medication, the student's prescribed medication shall be appropriately stored at a location in close proximity to the student. The student's classroom teachers shall be informed where the medication is stored and the means to access the medication.

G. Special Procedures for Epinephrine Auto-injector (Epi-Pen or Epi-Pen, Jr.):

The District shall maintain in a safe, secure location a supply of epinephrine auto injectors. In order to administer an epinephrine auto-injector in accordance with the below provisions, a District employee must successfully complete the designated training program developed by the Department of Health.

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For life threatening situations indicating incipient anaphylactic shock and/or severe asthma attack, District staff who have been properly trained shall be authorized to do the following, unless a student’s parent/guardian has opted out in accordance with the below opt out provisions.

1. Provide an epinephrine auto-injector that meets the prescription on file for either the individual student or the District to a student who is authorized to self-administer an epinephrine auto-injector;
2. Administer to a student an epinephrine auto-injector that meets the prescription on file for either the individual student or the District; and
3. Administer an epinephrine auto-injector that meets the prescription on file for the District to a student that the employee in good faith believes to be having an anaphylactic reaction.

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.

H. Special Procedures for Naloxone (Narcan) Administration:

The District wishes to prevent opiate related overdose deaths by making naloxone (Narcan) available in its schools. Naloxone is a medication found to reverse the effects of an opiate-related drug overdose. The District Physician, pursuant to Act 139 of 2014, shall provide a standing order for naloxone for use by responsible personnel to assist any individuals suspected of experiencing a drug overdose in the District’s secondary schools. For life threatening situations indicating opiate overdose, responsible personnel shall be authorized and directed to administer Naloxone (Narcan) nasal spray provided they have 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,

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District professionals should contact 911 in case suspected opiate overdose and administration of Naloxone.

1. Naloxone (Narcan) shall be safely stored in the school nurse’s office in the schools in compliance with drug manufacturer’s instructions.
2. Naloxone (Narcan) shall be made readily accessible to responsible personnel and other District staff who have completed a training program approved by the PA Department of Health to administer it in the event of suspected drug overdose.
3. The District shall take reasonable steps to notify students and their parents/guardians of this Administrative Regulation and the accompanying Board Policy once each school year. Such notification shall encourage students to immediately report suspected drug overdoses to school officials to ensure prompt intervention.

I. Special 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 but not be limited to contact from Level I with specific instructions in what to do in case of emergency, expanded overview of diabetes, brief overview of the operation of devices or equipment used by students with diabetes

PA 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

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perform management of diabetes care beyond the minimal expectations of all employees with responsibilities for students with diabetes (recognition and response to allergic emergencies, 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, perform blood glucose monitoring may be indicated, staff will have the right to refuse such training.

Self-Management of Diabetes by Students:

In addition to the above requirements, the following requirements must be met for students who desire to self-manage their diabetes:

1. Request must include a medication order from the licensed prescriber indicating the name of the medication, the dosage, the route of administration, the times when the medication is to be taken and the diagnosis or reason for which the medication is needed, The licensed prescriber must indicate in the medication order the potential for any serious reaction to the medication that may occur, as well as any necessary emergency response. The licensed prescriber must state whether the student is qualified and able to self-administer the medication;
2. The parent/guardian or, if applicable, authorized student must submit a written authorization that the school comply with the medication order of the licensed prescriber. This written authorization must include a statement relieving the school entity or any school employee of any responsibility for the benefits or consequences of the prescribed medication, and acknowledging that the District bears no responsibility for ensuring that the prescribed medication is taken; and
3. Each student self-managing their diabetes shall demonstrate the capability for self-management and for responsible behavior in doing so through an appointment initiated by responsible personnel. Responsible personnel shall ensure that the student can properly test their blood glucose and can self-administer their medication. Students must immediately notify responsible personnel following each use of the emergency medication. Student must notify responsible personnel of blood glucose results as detailed in the student's Individualized Health Care Plan (IHP).
4. Each school shall restrict the availability of diabetes self-management and prescribed medication therein, with immediate confiscation of both the medication

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and supplies as well as loss of privileges, if the student fails to comply with their obligations outlined in this Administrative Regulation.

J. Special 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 contained labeled by the dispensary to include student name, medication and dosage.
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.

K. School-Sponsored Events, Extracurricular Activities, Field Trips, and Overnight Student Trips:

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.

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 or school

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sponsored extracurricular activity or event, the school may ask a parent/guardian to accompany their student, but cannot require the parent/guardian to do so.

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

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

L. Promulgation of Guidelines:

The Department of Student Services may publish additional guidelines for the administration of medication consistent with Policy 210 and this Administrative Regulation.

Notice will be given annually to the parent(s)/guardian(s) of students enrolled in the District of the provisions of Policy 210 and this Administrative Regulation.