



Book	Policy Manual
Section	200 Pupils
Title	Possession/Administration of Asthma Inhalers/Epinephrine Auto-Injectors
Number	210.1
Status	Active
Adopted	January 30, 2014
Last Revised	December 3, 2018

Authority

The Board shall permit students in district schools to possess asthma inhalers and epinephrine auto-injectors and to self-administer the prescribed medication in compliance with state law and Board policy.[1][2]

The Board shall authorize the district to stock epinephrine auto-injectors in the name of the school district for emergency administration by trained employees to a student believed to be experiencing an anaphylactic reaction.[3]

Definitions

Anaphylaxis - a sudden, severe allergic reaction that involves various areas of the body simultaneously. In extreme cases, anaphylaxis can cause death.

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.[4]

Epinephrine auto-injector shall mean a prescribed disposable drug delivery system designed for the administration of epinephrine to provide rapid first aid for students suffering the effects of anaphylaxis.

Self-administration shall mean a student's use of medication in accordance with a prescription or written instructions from a licensed physician, certified registered nurse practitioner or physician assistant.

Delegation of Responsibility

The Superintendent or designee, in conjunction with the school nurse(s), shall develop procedures for student possession and self-administration of asthma inhalers or epinephrine auto-injectors and emergency response, and for the acquisition, stocking and administration of stock epinephrine auto-injectors, and training of school employees responsible for the storage and use of epinephrine auto-injectors.

The Superintendent or designee shall annually distribute to students, parents/guardians, and staff this policy along with the Code of Student Conduct by publishing such in handbooks and newsletters, on the district's website, and through posted notices and other efficient methods.[1][5][6][7]

The school physician shall be the prescribing and supervising medical professional for the district's stocking and use of epinephrine auto-injectors. The Superintendent or designee shall obtain a standing order from the school physician for administration of stock epinephrine auto-injectors.

The school nurse shall be responsible for building-level storage of and administration of stock epinephrine auto-injectors.[3]

The building principal shall annually notify parents/guardians of their right to opt-out of the provisions of this policy related to the administration of a stock epinephrine auto-injector. To opt-out, a parent/guardian shall sign and return the district's exemption form to the school nurse. The signed opt-out forms shall be maintained by the school nurse, and the school nurse shall provide trained school employees with the names of students whose parents/guardians have returned a signed opt-out form.
[3]

Guidelines

Administration of asthma inhalers and epinephrine auto-injectors shall comply with Board policy, district procedures and individualized student plans such as an Individualized Education Program (IEP), Section 504 Service Agreement (Service Agreement), Individualized Healthcare Plan (IHP), or Emergency Care Plan (ECP).[2][3][8][9][10][11]

In order to maintain a student's health and safety, each student's individualized plan shall address what information will be provided to school staff and other adults who have responsibility for the student in the school setting.[2][9][12][13][14][15]

Student health records shall be confidential and maintained in accordance with state and federal laws and regulations.[13][14]

Student Self-Administration of Asthma Inhalers and Epinephrine Auto-Injectors

Before a student may possess or use an asthma inhaler or epinephrine auto-injector in the school setting, the Board shall require the following:[1][8]

1. A written request from the parent/guardian that the school complies with the order of the licensed physician, certified registered nurse practitioner or physician assistant.
2. A written 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 licensed 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 child is qualified and able to self-administer the medication.

4. A written acknowledgement from the school nurse that the student has demonstrated that s/he is capable of self-administration of the asthma inhaler and/or epinephrine auto-injector in the school setting. Determination of competency for self-administration shall be based on the student's age, cognitive function, maturity and demonstration of responsible behavior.[1]
5. A written acknowledgement from the student that s/he has received instruction from the student's licensed physician, certified registered nurse practitioner or physician assistant on proper safety precautions for the handling and disposal of the asthma inhaler and/or epinephrine auto-injector, including acknowledgement that the student will not allow other students to have access to the prescribed medication and that s/he understands appropriate safeguards.

The district reserves the right to require a statement from the licensed physician, certified registered nurse practitioner or physician assistant for the continued use of a medication beyond the specified time period.[1]

A written request for student use of an asthma inhaler and/or epinephrine auto-injector shall be submitted annually, along with required written statements from the parent/guardian and an updated prescription. If there is a change in the student's prescribed care plan, level of self-management or school circumstances during the school year, the parent/guardian and the licensed physician, certified registered nurse practitioner or physician assistant shall update the written statements.[1]

The student shall notify the school nurse immediately following each use of an asthma inhaler or epinephrine auto-injector.[1]

Students shall be prohibited from sharing, giving, selling, and using an asthma inhaler or epinephrine auto-injector 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, provisions of a Service Agreement or IEP, or demonstration of unwillingness or inability to safeguard the asthma inhaler or epinephrine auto-injector may result in loss of privilege to self-carry the asthma inhaler or epinephrine auto-injector and disciplinary action in accordance with Board policy and applicable procedural safeguards.[1][2][7][16][17]

If the district denies a student's request to self-carry an asthma inhaler or epinephrine auto-injector or the student has lost the privilege of self-carrying an asthma inhaler or epinephrine auto-injector, the student's prescribed medication shall be appropriately stored at a location in close proximity to the student. The school nurse, other designated school employees and the student's classroom teachers shall be informed where the medication is stored and the means to access the medication.[1]

Standing Order From the School Physician

The school physician shall provide and annually renew a standing order for administration of stock epinephrine auto-injectors to students believed to be experiencing an anaphylactic reaction.

The standing order shall include at least the following information:

1. Type of epinephrine auto-injector.
2. Date of issue.
3. Dosage.
4. Signature of the school physician.

The standing order shall be maintained in the Superintendent's office, and copies of the standing order shall be kept in each location where a stock epinephrine auto-injector is stored.

Acquisition, Storage and Disposal of Stock Epinephrine Auto-Injectors

The School Nurse within each school will be responsible for the storage and use of the stock epinephrine auto-injectors.[3]

Stock epinephrine auto-injectors shall be safely stored in the school nurse's office or other location designated by the school nurse in accordance with the drug manufacturer's instructions.

Stock epinephrine auto-injectors shall be made readily accessible to those employees who have completed the required training to administer it in the event of a student experiencing an anaphylactic reaction. All properly trained employees shall be informed of the exact location where stock epinephrine auto-injectors are being stored within the school nurse's office or other location.

The school nurse shall obtain sufficient supplies of stock epinephrine auto-injectors pursuant to the standing order in the same manner as other medical supplies acquired for the school health program. The school nurse or designee shall regularly inventory and refresh epinephrine auto-injector stocks, and maintain records thereof, in accordance with the established internal procedures, manufacturer recommendations and Pennsylvania Department of Health guidelines.

Administration of Stock Epinephrine Auto-Injectors

When responding to a student believed to be experiencing an anaphylactic reaction, a trained school employee shall:[3][18][19][20][21]

1. Administer an epinephrine auto-injector that meets the prescription on file for either the student or the district. If the student is authorized to self-administer an epinephrine auto-injector, the trained school employee may provide the student with an epinephrine auto-injector that meets the prescription on file for either the student or the district for self-administration.
2. Call for medical help immediately (dial 9-1-1).
3. Take additional precautions or steps outlined in emergency response procedures and training, including the administration of a second dose of epinephrine, if necessary.
4. Stay with the student until emergency medical help arrives.
5. Cooperate with Emergency Medical Services (EMS) personnel responding to the incident.
6. Notify the school nurse or designee of the incident.

Training

Before any school district employee may be responsible for the storage or administration of epinephrine auto-injectors under this policy, the employee must successfully complete a training course approved by the Pennsylvania Department of Health.[3]

Refresher training shall be completed every two (2) years, and a hands-on demonstration and review of this policy and any accompanying procedures shall be completed annually.

Evidence that such training has been completed shall be placed in the employee's personnel file.

A list of school district employees who successfully complete such training shall be maintained, updated and kept in the school nurse's office and the school district administration office.

Indemnification

The school district shall indemnify and hold harmless any employee who administers an epinephrine auto-injector in good faith to a student experiencing anaphylaxis, if all of these conditions apply:[3][22][23][24]

1. The employee did not act with the intent to harm or with reckless indifference to a substantial risk or harm in administering the epinephrine auto-injector to the student.

2. The employee successfully completed the training required by this policy.
3. The employee promptly sought additional medical assistance before or immediately after administering the epinephrine auto-injector.
4. The employee administered the epinephrine auto-injector pursuant to this policy, and the student's individualized plan, if applicable.

Legal

1. 24 P.S. 1414.1
2. Pol. 103.1
3. 24 P.S. 1414.2
4. 24 P.S. 1401
5. 22 PA Code 12.3
6. 24 P.S. 510.2
7. Pol. 218
8. 22 PA Code 12.41
9. Pol. 113
10. Pol. 209.1
11. Pol. 210
12. 24 P.S. 1409
13. Pol. 113.4
14. Pol. 216
15. Pol. 810
16. Pol. 113.1
17. Pol. 227
18. 42 Pa. C.S.A. 8332
19. 42 Pa. C.S.A. 8337.1
20. 42 Pa. C.S.A. 8541
21. 42 Pa. C.S.A. 8545
22. 24 P.S. 1414.9
23. 42 Pa. C.S.A. 8547
24. 42 Pa. C.S.A. 8548

Pennsylvania Department of Health Guidance - Epinephrine Auto-Injector Administration, May 2018

210.1 Attachment 1.docx (26 KB)

210.1 Attachment 2.docx (33 KB)

Last Modified by GC User on December 12, 2018

Grove City Area School District

511 Highland Avenue, Grove City, PA 16127 Phone: 724-458-6733 Fax: 724-458-5868

Individualized Healthcare Plan (IHP) - Asthma

This plan should be completed by the student's personal health care team, including the parent/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, and other authorized personnel.

Date of plan: _____

This plan is valid for the current school year: _____ - _____

Student Information

Student's name: _____

School: _____ School Phone Number: _____

Grade: _____ Homeroom teacher: _____

School Nurse: _____ Phone Number: _____

Contact Information

Parent/Guardian 1: _____

Address: _____

Telephone: Home: _____

Work: _____

Cell: _____

Email Address: _____

Parent/ Guardian 2: _____

Address: _____

Telephone: Home: _____

Work: _____

Cell: _____

Email Address: _____

Other emergency contacts:

Name: _____ **Relationship:** _____

Telephone: Home: _____

Work: _____

Cell: _____

Email Address: _____

Student's physician/health care provider: _____

Address: _____

Telephone: Work: _____

Emergency number: _____

Email address: _____

Physicians Orders:

Name of Medication: _____

Prescribed Dosage: _____

Time medication is to be taken: _____

Length of time medication is prescribed: _____

Diagnosis or reason medication is prescribed: _____

Potential serious reaction or side-effects of medication: _____

Emergency response: _____

____ Student is knowledgeable about this medication and has demonstrated how to self- administer it.

____ Student may self- administer medication and carry inhaler in school.

This Individualized Healthcare Plan (IHP) has been approved by:

Student's Physician/Health Care Provider Signature

Date

I (parent/guardian) _____ give permission to the school nurse or another qualified healthcare professional or trained personnel of the Grove City Area School District to perform and carry out the Asthma care tasks as outlined in (student name) _____ IHP. I also consent to the release of the information contained in this IHP to all other staff members and other adults who have responsibility for this student and who may need to know this information to maintain my student's health and safety. I also give permission to the school nurse to contact my student's physician/healthcare provider.

_____ After the school Nurse has verified proper technique and my child has signed the appropriate documentation my child may carry his/her own inhaler and will be responsible for having it with him/her at all times.

_____ My child's inhaler should be kept in the nurse's office in an unlocked cabinet (for easy access) and he/she may take it according to the doctor's order as requested.

Acknowledged and received by:

Student's Parent/Guardian Name Printer

Date

Student's Parent/Guardian Signature

Date

Certified School Nurse Signature

Date

By completing this Individualized Healthcare Plan and signing below, I relieve the District and its employees of responsibility for the prescribed medication or monitoring equipment and acknowledge that the school is not responsible for ensuring that the medication is taken or the monitoring equipment is used. *Policy 210.1 Possession/Administration of Asthma Inhalers/Epinephrine Auto Injectors.*

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Certified School Nurse Signature

Date

_____ has demonstrated that he/she is capable of
Print Student Name

self- administration of the medication prescribed to him/her and the use of the monitoring equipment.

Certified School Nurse

Date

I, _____, have received instructions from my
Print Student Name

Healthcare Provider on proper safety precautions for handling and disposal of the medications and monitoring of equipment. I will not allow other students to have access to my medications and monitoring equipment. I will notify the nurse immediately after each use of my asthma inhaler. I understand that any violation of the Individualized Healthcare Plan may result in loss of privilege to self-carry my Asthma Inhaler.

Student Signature

Date

Grove City Area School District

511 Highland Avenue, Grove City, PA 16127 Phone: 724-458-6733 Fax: 724-458-5868

Individualized Healthcare Plan (IHP) - Epinephrine Auto-Injectors

This plan should be completed by the student's personal health care team, including the parent/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, and other authorized personnel.

Date of plan: _____

This plan is valid for the current school year: _____ - _____

Student Information

Student's name: _____

School: _____ School Phone Number: _____

Grade: _____ Homeroom teacher: _____

School Nurse: _____ Phone Number: _____

Contact Information

Parent/Guardian 1: _____

Address: _____

Telephone: Home: _____

Work: _____

Cell: _____

Email Address: _____

Parent/ Guardian 2: _____

Address: _____

Telephone: Home: _____

Work: _____

Cell: _____

Email Address: _____

Other emergency contacts:

Name: _____ **Relationship:** _____

Telephone: Home: _____

Work: _____

Cell: _____

Email Address: _____

Student's physician/health care provider: _____

Address: _____

Telephone: Work: _____

Emergency number: _____

Email address: _____

Step I Treatment

Give Checked Medication

(to be determined by physician authorizing treatment)

Symptoms:	Epinephrine	Antihistamine
If a food allergen has been ingested, but <i>no symptoms</i>		
Mouth Itching, tingling, or swelling of lips, tongue, mouth		
Skin Hives, itchy rash, welling of the face or extremities		
Gut Nausea, abdominal cramps, vomiting, diarrhea		
Throat ✘ Tightening of throat, hoarseness, hacking cough		
Lung ✘ Shortness of breath, repetitive coughing, wheezing		
Heart ✘ Weak or thready pulse, low blood pressure, fainting, pale, blueness		
Other ✘		
If reaction is progressing (several of the above areas affected), give:		

✘ Potentially life-threatening. The severity of symptoms can quickly change.

Physicians Orders:

Type of epinephrine auto-injector: _____

Date of issue: _____

Prescribed Dosage: _____

Time medication is to be taken: _____

Length of time medication is prescribed: _____

Diagnosis or reason medication is prescribed: _____

Potential serious reaction or side-effects of medication: _____

Emergency response: _____

___ Student is knowledgeable about this medication and has demonstrated how to self- administer it.

___ Student may self- administer medication and carry his/her Epinephrine Auto-Injector in school.

This Individualized Healthcare Plan (IHP) has been approved by:

Student's Physician/Health Care Provider signature

Date

I (parent/guardian) _____ give permission to the school nurse or another qualified healthcare professional or trained personnel of the Grove City Area School District to perform and carry out the Epinephrine Auto-Injector care tasks as outlined in (student name)

_____ IHP. I also consent to the release of the information contained in this IHP to all other staff members and other adults who have responsibility for this student and who may need to know this information to maintain my student's health and safety. I also give permission to the school nurse to contact my student's physician/healthcare provider.

_____ After the school Nurse has verified proper technique and my child has signed the appropriate documentation my child may carry his/her own Epinephrine Auto-Injector and will be responsible for having it with him/her at all times.

_____ My child's Epinephrine Auto- Injector should be kept in the nurse's office in an unlocked cabinet (for easy access) and he/she may take it according to the doctor's order as requested.

Acknowledged and received by:

Student's Parent/Guardian

Date

Student's Parent/Guardian Signature

Date

Certified School Nurse Signature

Date

By completing this Individualized Healthcare Plan and signing below, I relieve the District and its employees of responsibility for the prescribed medication or monitoring equipment and acknowledge that the school is not responsible for ensuring that the medication is taken or the monitoring equipment is used. *Policy 210.1 Possession/Administration of Asthma Inhalers/Epinephrine Auto Injectors.*

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Certified School Nurse Signature

Date

_____ has demonstrated that he/she is capable of
Print Student Name

self- administration of the medication prescribed to him/her and the use of the monitoring equipment.

Certified School Nurse Signature

Date

I, _____, have received instructions from my
Print Student Name

Healthcare Provider on proper safety precautions for handling and disposal of the medications and monitoring of equipment. I will not allow other students to have access to my medications and monitoring equipment. I will notify the nurse immediately after each use of my epinephrine auto injector. I understand that any violation of the Individualized Healthcare Plan may result in loss of privilege to self-carry my Epinephrine Auto-Injector.

Student Signature

Date