

# MONROE CAREER AND TECHNICAL INSTITUTE

SECTION: PUPILS

TITLE: POSSESSION/USE OF ASTHMA  
INHALERS

ADOPTED: July 10, 2006

REVISED:

210.1. POSSESSION/USE OF ASTHMA INHALERS	
<p>1. Authority</p> <p style="padding-left: 40px;">SC 1414.1</p>	<p>The Joint Operating Committee shall permit students to possess asthma inhalers and to self-administer the prescribed medication used to treat asthma when such is parent-authorized.</p> <p>Possession and use of asthma inhalers by students shall be in accordance with state law and Joint Operating Committee policy.</p>
<p>2. Definitions</p> <p style="padding-left: 40px;">SC 1401</p>	<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.</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>3. Guidelines</p> <p style="padding-left: 40px;">SC 1414.1 Title 22 Sec. 7.13</p>	<p>Before a student may possess or use an asthma inhaler during school hours, the Joint Operating Committee shall require the following:</p> <ol style="list-style-type: none"> <li>1. A written request from the parent/guardian that the school (center) complies with the order of the physician, certified registered nurse practitioner or physician assistant.</li> <li>2. A statement from the parent/guardian acknowledging that the school (center) is not responsible for ensuring the medication is taken and relieving the school (center) and its employees of responsibility for the benefits or consequences of the prescribed medication.</li> <li>3. A written statement from the physician, certified registered nurse practitioner or physician assistant that states:               <ol style="list-style-type: none"> <li>a. Name of the drug.</li> <li>b. Prescribed dosage.</li> </ol> </li> </ol>

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	<ul style="list-style-type: none"><li>c. Times medication is to be taken.</li><li>d. Length of time medication is prescribed.</li><li>e. Diagnosis or reason medication is needed, unless confidential.</li><li>f. Potential serious reaction or side effects of medication.</li><li>g. Emergency response.</li><li>h. If student is qualified and able to self-administer the medication.</li></ul> <p>The student shall be made aware that the asthma inhaler is intended for his/her use only and may not be shared with other students.</p> <p>The student shall notify the school nurse immediately following each use of an asthma inhaler.</p> <p>Violations of this policy by a student shall result in immediate confiscation of the asthma inhaler and medication and loss of privileges.</p> <p>SC 1401 The school (center) 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 an asthma inhaler 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 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> <p>To self-administer medication, the student must be able to:</p> <ul style="list-style-type: none"><li>1. Respond to and visually recognize his/her name.</li><li>2. Identify his/her medication.</li><li>3. Demonstrate the proper technique for self-administering medication.</li><li>4. Sign his/her medication sheet to acknowledge having taken the medication.</li><li>5. Demonstrate a cooperative attitude in all aspects of self-administration.</li></ul>
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<p>4. Delegation of Responsibility</p>	<p>The Administrative Director or designee, in conjunction with the school nurse(s), shall develop procedures for student possession of asthma inhalers and self-administration of prescribed medication.</p> <p>The school (center) shall annually inform staff, students and parents/guardians about the policy and procedures governing student possession and use of asthma inhalers.</p> <p>When an asthma inhaler is initially brought to the school (center) by a student, the school nurse shall be responsible to complete the following:</p> <p>{ } Obtain the required written request and statements from the parent/guardian and physician, certified registered nurse practitioner or physician assistant, which shall be kept on file in the office of the</p> <p>( ) building administrator.</p> <p>( ) school nurse.</p> <p>{ } Review pertinent information with the student and/or parent/guardian, specifically the information contained on the statement submitted by the physician, certified registered nurse practitioner or physician assistant.</p> <p>{ } Determine the student's ability to self-administer medication and the need for care and supervision.</p> <p>{ } Maintain an individual medication log for all students possessing asthma inhalers.</p> <p>References:</p> <p>School Code – 24 P.S. Sec. 1401, 1414.1</p> <p>State Board of Education Regulations – 22 PA Code Sec. 7.13</p> <p style="text-align: right;"><b>PSBA Revision 11/04</b></p>
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ASTHMA INHALERS – SELF-ADMINISTRATION BY STUDENTS

Student's Name	Grade	Date
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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.
- \_\_\_\_\_ 5. Demonstrate a cooperative attitude in all aspects of self-administration of medication.

Name of Medication	Dosage	Frequency
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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 (Certified School Nurse)
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As the parent/guardian of above named student, I relieve the school (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 (center) bears no responsibility for ensuring that the medication is taken. 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.

Date	Parent/Guardian Signature
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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 the school's (center's) medication policy. I am aware that any abuse of this privilege will result in the confiscation of my inhaler.

Date	Student's Signature
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