



**BRANDYWINE
HEIGHTS**
AREA
SCHOOL
DISTRICT

Book	BHASD Policies
Section	200 Pupils
Title	Medications
Code	210
Status	Active
Adopted	June 28, 2004
Last Revised	December 9, 2019
Prior Revised Dates	6/1/2015

Purpose

The purpose of this policy is to address the administration of prescribed medication to a student during school hours in accordance with the direction of a parent/guardian and licensed prescriber. The administration of prescribed medication to a student during school hours in accordance with the direction of a parent/guardian and licensed prescriber will be permitted only when failure to take such medicine would jeopardize the health of the student or the student would not be able to attend school if the medicine were not available during school hours. Nonetheless, the administration of medication during school hours shall not be interpreted as making the district responsible for the diagnosis and treatment of student illness.

Authority

The Board directs all district employees to comply with the Pennsylvania Department of Health's "Guidelines for Pennsylvania Schools for the Administration of Emergency Medications and Emergency Care."

The Board adopts this policy in accordance with applicable state and federal laws and regulations, Board policies and administrative regulations, regarding the provision of student health services.[\[1\]](#)[\[2\]](#)

Definitions

Diabetes Medical Management Plan (DMMP) shall mean a document describing the medical orders or diabetes regimen developed and signed by the student's health care practitioner and parent/guardian.[\[3\]](#)

Emergency medication shall mean medications prescribed by a health care practitioner including over-the-counter medicines and which are required in order for the student to attend school and take advantage of all educational programs and is required for an emergency situation.

Good faith shall mean those definitions as set forth in immunity statutes when applicable and as applied to school officers and employees. **Good faith** shall mean and include, but is not limited to, a reasonable nonmedical opinion that the immediacy of the situation is such that the rendering of care should not be postponed.

Health care practitioner shall mean an individual who is authorized to practice some component of the healing arts by a license, permit, certificate or registration issued by a Commonwealth licensing agency or board. A health care practitioner shall include, but not be limited to, a licensed physician, certified registered nurse practitioner or physician's assistant.

Individualized Healthcare Plan shall include, but not be limited to the following: Individualized Healthcare Plan (IHP) and Emergency Care Plan (ECP).

Individualized Education Program (IEP) shall mean the written educational statement for each student with a disability that is developed, reviewed and revised in accordance with federal and state laws and regulations. A **student with a disability** is a school aged child within the jurisdiction of the district who has been evaluated and found to have one or more disabilities as defined by law, and who requires, because of such disabilities, special education and related services.[4]

Licensed prescribers shall include licensed physicians (M.D. and D.O.), and if approved by the Department of State, others who may have prescriptive authority that may include podiatrists, dentists, optometrists, certified registered nurse practitioners and physician's assistants.

Licensed school staff shall include licensed nurses (CSN, LPN, or RN).

Medication shall mean all medicines prescribed by a licensed prescriber and any over-the-counter medicines.

Parent shall mean the biological or adoptive parent, guardian or other person legally responsible for the student's person and education.

Section 504 Service Agreement (Service Agreement) shall mean an individualized plan for a qualified student with a disability which sets forth the specific related aids, services, or accommodations needed by the student which shall be implemented in school, in transit to and from school, and in all programs and procedures, so that the student has equal access to the benefits of the school's educational programs, nonacademic services, and extracurricular activities.[5][6]

Self-administration of medication shall have the meaning as set forth in policy 210.1.[7]

School physician shall mean all licensed physicians who are self-employed or employed by an organization and have contracted with the district to provide health care services as required by law.

Standing order medications shall mean medications prescribed by the district's school physician.

Delegation of Responsibility

The Superintendent or designee, in conjunction with the certified school nurse(s), shall develop administrative regulations for the administration and self-administration of students' medications.

The Superintendent or designee shall develop administrative regulations to address the establishment of security procedures for the handling of medication during field trips and other school-sponsored events and activities.

The Superintendent or designee shall coordinate training for school employees as needed. Such training may be included in the district's Professional Education Plan.

When an illness is serious enough to warrant the administration of medication, the parent/guardian should attempt to administer the medication before or after school hours. For any administration of medication in school, the Superintendent or designee, in conjunction with the Certified School Nurse (CSN), shall develop administrative regulations for the administration in accordance with this policy and self-administration of students' medications in accordance with policy 210.1.[7]

All medications shall be administered by the Certified School Nurse, or other licensed school health staff (RN, LPN), except as otherwise noted in this policy or policy 210.1.[7]

In the event of an emergency, a district employee, who in good faith believes that a student needs emergency care, first aid or rescue, may administer emergency care, first aid or rescue including the administration of emergency medication.[8]

The Certified School Nurse shall collaborate with parents/guardians, district administration, faculty and staff to develop an individualized healthcare plan to best meet the needs of individual students.[4][5]

The responsibility for continuous glucose monitoring shall not be delegated to the district but shall be solely and exclusively the responsibility of the parent/guardian or student if qualified under policy 210.1.[7]

Building administrators and the Certified School Nurse shall review regularly the procedures for administration and self-administration of medications and shall evaluate recordkeeping, safety practices, and effectiveness of this policy and revise as necessary.

Guidelines

General

The district shall annually inform all parents/guardians, students and staff about policy 210 and policy 210.1 and administrative regulations that implement the policies.[7]

Before any medication brought into the school setting from an outside source may be administered to or by any student during school hours, the Board shall require the written request of the parent/guardian and the licensed prescriber giving permission for such administration as more fully set forth below. Parent/Guardian consent and the licensed prescriber orders shall be renewed at the beginning of each school year or more frequently when necessary. [1][9]

Standing order medication is reviewed and prescribed by the primary school physician for medication administration during school hours.

Unless a parent/guardian has opted out for the emergency administration of medication pursuant to a standing order, parent/guardian consent shall be implied in accordance with this policy and policy 210.1.[7]

Standing order medication shall be renewed at the beginning of each school year with the primary school physician. The primary school physician will provide written approval annually for all standing order medication. Standing order medication orders will be maintained in the Health Services Manual.

Student health records shall be confidential and maintained in accordance with state and federal laws and regulations and the Department of Health guidelines and Board policy.[10][11]

Students may possess/carry and use asthma inhalers, epinephrine auto-injectors, and diabetic medications when permitted in accordance with state law and Board policy.[7][12]

Delivery and Storage of Medications

Unless otherwise provided herein, all medication shall be brought to the nurse's office or the main office (if the nurse is unavailable), by the parent/guardian or by another adult designated by the parent/guardian. All medication shall be stored in the original pharmacy-labeled container and kept in a locked cabinet designated for storage of medication. Medications that require refrigeration shall be stored and secured in a refrigerator designated for use by the nursing office. The district shall not store more than a thirty (30) day supply of an individual student's medication.

Controlled substance medication should be recorded and logged in with the date, name of student, name of medication, amount of medication received, and signatures of the parent/guardian or designated adult delivering the medication and the school health personnel receiving the medication.

Nonprescription medication must be delivered in its original packaging and labeled with the student's name.

Prescription medication shall be delivered in its original packaging and labeled with:

1. Name, address, telephone and federal DEA (Drug Enforcement Agency) number of the pharmacy.
2. Student's name.
3. Directions for use (dosage, frequency and time of administration, route, special instructions).
4. Name and registration number of the licensed prescriber.
5. Prescription serial number.
6. Date originally filled.
7. Name of medication and amount dispensed.
8. Controlled substance statement, if applicable.

Medication, which is brought into the school setting from an outside source, shall be accompanied by a district provided form (Medication Administration Consent and Licensed Prescriber's Medication Order Form), or other written communication, completed and signed and dated by the licensed prescriber and the parent/guardian.

When any medication prescribed for a student is initially brought to school, it shall be the responsibility of the Certified School Nurse to complete the following:

1. Obtain written permission from the physician and parent/guardian for administration or self-administration of medication, which shall be kept confidential and on file in the office of the school nurse.
 - a. Reason for taking this medication.
 - b. Dosage, frequency, date of order, and discontinuation date.
 - c. Any specific side effects, contraindications, and/or adverse reactions.
 - d. Physician comments about the medication.

All medication orders shall be reviewed annually after July 1 or each academic school year.

2. Maintain an individual medication log for all students taking medication during school hours. The log shall be kept electronically in a central place and shall include:

- a. Name of student.
- b. Name of medication.
- c. Medication dosage.
- d. Time of administration.
- e. Route of administration.
- f. Signature of student and the monitor of self-administration.
- g. Initiation and expiration date of drug.

Any changes in the dosage or time of administration of medication shall require a new parent/guardian consent and licensed prescriber order completed, signed and dated as aforesaid.

Disposal of Medications

Procedures shall be developed for the disposal of medications consistent with the Department of Health guidelines, which shall include:

1. Guidelines for immediate disposal of used or contaminated needles or other contaminated sharp materials in an appropriately labeled, puncture-resistant container. Container should be labeled with a fluorescent or orange-red biohazard symbol or red container that is closeable.
2. Processes for immediately returning to parent/guardian all discontinued and outdated medications, as well as returning at the end of each school year all unused medications. Medications will be discarded if parent/guardian does not pick up the medications by the end of the school year. Licensed personnel, along with one witness, will dispose of the medication.
3. Methods for safe and environmentally friendly disposal of medications.
4. Proper documentation of all medications returned to parents/guardians and for all medications disposed of by the certified school nurse or other licensed school health staff. Documentation shall include, but not be limited to, date, time, amount of medication and appropriate signatures.

Administration of Medication During Field Trips and Other School-Sponsored Activities

Planning for school day field trips and other school-sponsored programs and activities shall start early in the school year and include collaboration between administrators, teachers, nurses, parents/guardians and other designated health officials.[13]

Medications shall be administered in accordance with applicable laws, regulations, Board policies and district policies.

Considerations when planning for administration of medication during field trips and other school-sponsored programs and activities shall be based on the student's individual needs and may include the following:

1. Asking parent/guardian to accompany the child on the field trip, with proper clearances.

2. Assigning school health staff to be available during the field trip. However, the health staff member should not be considered a chaperone.
3. Utilizing a licensed person from the school district's substitute list to attend the field trip or cover the regular duties of the school health staff member as necessary. The school building should not be without health staff coverage.
4. Contracting with a credible agency which provides temporary nursing services.
5. Utilizing licensed volunteers via formal agreement that delineates responsibilities of both the school and the individual.
6. Addressing with parent/guardian the possibility of obtaining from the licensed prescriber a temporary order to change the time of the dose.
7. Arranging for medications to be provided in an original labeled container with only the amount of medication needed.
8. Self-administration reviewed on a case-by-case basis in accordance with policy 210.1.[7]

Legal

[1. 22 PA Code 12.41](#)

[2. 24 P.S. 1401-1419](#)

[3. 24 P.S. 1401](#)

4. Pol. 113

5. Pol. 103.1

[6. 22 PA Code 15.7](#)

7. Pol. 210.1

[8. 42 Pa. C.S.A. 8337.1](#)

[9. 24 P.S. 510](#)

[10. 24 P.S. 1409](#)

11. Pol. 216

[12. 24 P.S. 1414.1](#)

13. Pol. 121

[24 P.S. 1402](#)

Pennsylvania Department of Health Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care, March 2010

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