

OLD FORGE SCHOOL DISTRICT

SECTION: PUPILS

TITLE: POSSESSION/USE OF
EPINEPHRINE AUTO-
INJECTORS (EPI-PENS)

ADOPTED: March 21, 2012

<p>1. Authority</p> <p>SC 1414.1</p> <p>2. Definitions</p> <p>SC 1401</p> <p>3. Guidelines</p> <p>SC 1414.1</p> <p>Title 22</p> <p>Sec. 12.41</p>	<p>210.2. POSSESSION/USE OF EPINEPHRINE AUTO-INJECTORS (EPIPENS)</p> <p>The Board shall permit students to possess epinephrine auto-injectors (epi-pens) and to self-administer the prescribed medication used to treat acute allergic reactions when such is parent-authorized.</p> <p>Possession and use of epinephrine auto-injectors (epi-pens) by students shall be in accordance with state law and Board policy.</p> <p>Epinephrine auto-injector (epi-pen) shall mean a medical device used to deliver a measured dose (or doses) of epinephrine (also known as adrenaline) using auto-injector technology, most frequently for the treatment of acute allergic reactions to avoid or treat the onset of anaphylactic shock.</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>Before a student may possess or use an epinephrine auto-injector (epi-pen) during school hours, the Board shall require the following:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Name of the drug. b. Prescribed dosage.
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	<ul style="list-style-type: none">c. Length of time medication is prescribed.d. Diagnosis or reason medication is needed, unless confidential.e. Potential serious reaction or side effects of medication.f. Emergency response.g. If child is qualified and able to self-administer the medication. <p>The student shall be made aware that the epi-pen 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 epi-pen.</p> <p>Violations of this policy by a student shall result in immediate confiscation of the epi-pen and loss of privileges.</p> <p>SC 1401 Permission for possession and use of an epi-pen 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 epi-pen 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">1. Respond to and visually recognize his/her name.2. Identify his/her medication.3. Demonstrate the proper technique for self-administering medication.4. Sign his/her medication sheet to acknowledge having taken the medication.5. Demonstrate a cooperative attitude in all aspects of self-administration.
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<p>4. Delegation of Responsibility</p>	<p>The Superintendent or designee, in conjunction with the school nurse(s), shall develop procedures for student possession of epi-pens and self-administration of prescribed medication.</p> <p>The district shall annually inform staff, students, and parents/guardians about the policy and procedures governing student possession and use of epi-pens.</p> <p>When an epi-pen is initially brought to school by a student, the school nurse shall be responsible to complete the following:</p> <ol style="list-style-type: none">1. 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 school nurse.2. 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.3. Determine the student's ability to self-administer medication and the need for care and supervision.4. Maintain an individual medication log for all students possessing epi-pens. <p>References:</p> <p>School Code – 24 P.S. Sec. 1401, 1414.1</p> <p>State Board of Education Regulations – 22 PA Code Sec. 12.41</p>
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