**Title: 5120 STUDENT MEDICATIONS**

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| 24 P.S. § 13-1317  42 Pa. C.S. § 8337.1  PA Dept. of Health  U.S.C. § 1232g (b) - (j) and 34 C.F.R. § 99.31 | **5120 Student Medication**  **5120.1 Administering Medicine**  School districts may not assign the medication administration function to the school administrators, teachers, or other personnel under the doctrine of ―in loco parentis.  There are other reasons, in addition to legal constraints, not to permit administration of medication by someone who has no training. The primary reason is that administering medications requires the judgment and assessment skills of a licensed nurse. Even in those states where delegation is permitted, parameters for delegation do not permit delegation of the functions of assessment, evaluation and nursing judgment. Judgment and assessment skills are used to determine, for example, whether to administer or withhold a medication, or to consult a student‘s primary care provider. Consider the situation when a student reports to the nurse to receive a second dose of an antibiotic and presents with a generalized rash. After assessment, a nurse may decide to withhold the dose because the nurse suspects the student may be having an allergic reaction to the medication. The nurse would then consult with the student‘s primary care provider to determine the plan of care.  For many students with chronic health conditions, assessments may be necessary with each visit to the office for medication. School administrators, teachers and other unlicensed school personnel do not have the training to conduct the type of assessment illustrated by the above example.  “An officer or employee of a school who in good faith believes that a student needs emergency care, first aid or rescue and who provides such emergency care, first aid or rescue…or who removes the student…shall be immune from civil liability as a result of any acts or omissions by the officer or employee, except any acts or omissions intentionally designed to seriously harm or any grossly negligent acts or omissions which result in serious bodily harm…”The law defines ―”officer or employee of a school‖ as ―a school director, principal, superintendent, teacher, guidance counselor, support staff member or other educational or medical employee employed in a day or residential school which provides preschool, kindergarten, elementary or secondary education in this Commonwealth at either a public or nonpublic school.”  The following emergency medications may be administered by school staff (licensed and non-licensed with proper training and school policy):   * Epinephrine Auto-injectors * Narcan (naloxone) * Rescue Asthma Inhalers * Glucagon   In accordance with standard medical practice, a medication order from a licensed prescriber should contain:   1. Student‘s name; 2. Name and signature of the licensed prescriber and phone number; 3. Name of the medication; 4. Route and dosage of medication 5. Frequency and time of medication administration; 6. Date of the order and discontinuation date; 7. Specific directions for administration, if necessary.   A Medication Log is to be kept at each school building and filled out as medication is administered.  SEE ATTACHMENT I  **5120.2 Privacy**  The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects privacy interests of parents in their children‘s education records, defined to include school health records, and prevents an educational institution from having a policy or practice of disclosing the education records of students, or personally identifiable information contained in education records, without the written consent of the parent.  FERPA provides for disclosure of confidential information about individual students in ―health and safety emergencies.‖ In general, ―health and safety emergencies‖ refers to situations of immediate and serious danger, such as critical illness, serious accident, or threatened homicide or suicide. If the situation is serious enough to telephone for emergency services (e.g. call 9-1-1), release of sufficient student information to assist in emergency treatment is appropriate. Such release may be made only to ―appropriate parties,‖ and may be made only if knowledge of the specific information is ―necessary to protect the health or safety of the student or other individuals.‖  **5120.3 Diabetes Protocol**  Diabetes is a serious disease that requires daily maintenance, and it must be recognized that many diabetic students need to take injections as well as test their blood glucose level during the school day. Both of these are important to the health of the diabetic student and both may require the use of sharps (instruments that puncture the skin). Because the syringe and lancet are critical to the maintenance of a diabetic’s health, the school must have procedures in place to ensure that any blood that may be produced while carrying out these diabetic procedures is handled in a safe and sanitary manner. Blood borne pathogens require careful handling and precautions.  Although many glucose testing lancets are now self-contained, any wipe that is used to clean the test site should not be placed in a classroom trash receptacle that is available to all students and teacher in the room. Additionally, those lancets that are not self-contained should not be thrown in the classroom trash receptacle where another student may accidentally be stuck with the lancet. The same thing is true for syringes used to give insulin injections.  Therefore, the Diocese has developed the following procedures for diabetic students to follow:   1. Train at least 4 volunteer staff members annually, prior to the first day of school/within 14 days after receipt of an order signed by the student’s diabetes physician of record, to facilitate the administration of diabetic care in accordance with the student’s Diabetes Medication Administration Record (DMAR); 2. Provide annual training to all teachers, by nurse or registered diabetes educator, prior to the first day of school, for the recognition of high/low blood glucose levels and distribute the corresponding emergency action plan; 3. All substitute teachers will be provided with written instructions regarding the student’s diabetic care and a list of all Diabetes Trained Personnel at the school; 4. If the student rides the public school bus, the school will provide the bus driver with a copy of the student’s Diabetes Medication Administration Record regarding the student’s diabetic care and/or a copy of the student’s Diabetes Health Support Plan; 5. Have at least one Diabetes Trained Personnel (DTP) present at the school during school hours, and in attendance at school sponsored field trips and/or activities where the student is involved; 6. Designate the nurse’s office, or another nearby location in the office, to provide the necessary diabetes care. There should be a container that is closable and puncture resistant for the disposal of any sharps and wiping cloths; 7. Blood glucose monitoring will be done according to the physician’s written orders and should be scheduled to minimize the time the student is out of the classroom; 8. All procedures involving blood or other potentially infectious materials shall be performed in a manner and a place to minimize any splattering of blood droplets; 9. Any diabetic student who feels like he/she is experiencing low blood sugar should be accompanied to the office; 10. All teachers instructing the student will have a supply of appropriate juice boxes (provided by parents) to properly execute the emergency action plan; 11. The diabetic student will have access to water and restroom facilities without restriction; 12. The school will not penalize the student for being absent/tardy due to diabetes related medical appointments, or to routine diabetic care.   **5120.4 Food Allergies**  The Diocese of Altoona-Johnstown schools strive to provide a safe environment for students with life-threatening food allergies.  Parent(s)/guardian(s) must notify the principal of any life-threatening food allergy before the beginning of each school year or as soon as a food allergy is diagnosed.  Each school year, parent(s)/guardian(s) and physicians will be required to complete, sign, and return a “Food Allergy Action Plan” specific to the student with life-threatening food allergies. The school nurse will review all allergy information provided by the student’s parent(s)/guardian(s) and physician and share this information with the appropriate teachers and staff.  Parent(s)/guardian(s) will provide the school with the medications prescribed in the “Food Allergy Action Plan”. Medications will be kept in the Clinic or with the student as specific needs dictate. Medications will also be available as part of the emergency preparedness kit in case of a lockdown/evacuation.  The parent(s)/guardian(s) of a student with a life-threatening food allergy will provide a supply of “safe” snacks for use by their child.  Parent(s)/guardian(s) of children with life-threatening food allergies are responsible for notifying bus transportation providers with information regarding their child’s allergy.  SEE ATTACHMENT II |