

Pennsylvania Public School Code of 1949
Act of Mar. 10, 1949, 24 P.S.

An Act

Relating to the public school system, including provisions applicable as well to private and parochial schools; amending, revising, consolidating and changing the laws relating thereto.

ARTICLE XIV.

SCHOOL HEALTH SERVICES.

(Art. repealed and added July 15, 1957, P.L.937, No.404)

Section 1401. Definitions.--As used in this article--

(1) "Children of school age" or "child of school age" means every child attending or who should attend an elementary grade or high school, either public or private, within the Commonwealth and children who are attending a kindergarten which is an integral part of a local school district.

(2) "Teachers" means professional employes, temporary professional employes and substitutes and instructors in public or private schools within the Commonwealth.

(3) "Other employes" means janitors, bus drivers, cooks and other cafeteria help and all others employed at schools.

(4) "School physician" means a physician legally qualified to practice medicine and surgery or osteopathy or osteopathic surgery in the Commonwealth, who has been appointed or approved by the Secretary of Health.

(5) "School dentist" means a doctor of dental surgery or dental medicine legally qualified to practice dentistry in the Commonwealth, who has been appointed or approved by the Secretary of Health.

(6) "Family physician" means either a doctor of medicine legally qualified to practice medicine and surgery in the Commonwealth, or an osteopath or osteopathic surgeon legally qualified to practice osteopathy or osteopathic surgery in the Commonwealth, who has been designated by the parent or guardian as the personal physician of the child.

(7) "Family dentist" means a doctor of dental surgery or dental medicine legally qualified to practice dentistry in the Commonwealth, who has been designated by the parent or guardian as the personal dentist of the child.

(8) "School nurse" means a licensed registered nurse properly certificated by the Superintendent of Public Instruction as a school nurse who is employed by a school district or joint school board as a school nurse, or is employed in providing school nurse services to children of school age by a county health unit or a department or board of health of any municipality with which a school district or joint school board has contracted for school health services pursuant to the provisions of section 1411 of this act. The employment of any nurse employed by a school district or joint school board as a school nurse prior to the effective date of this act shall not be affected by a contract for school health services that may be

entered into by any school district or joint school board under the provisions of this act. ((8) amended Aug. 9, 1963, P.L.641, No.339)

(9) "Dental hygienist" means a dental hygienist licensed by the State Dental Council and Examining Board, who is assigned to a school district or joint school board, or a dental hygienist licensed by the State Dental Council and Examining Board and certificated as a school dental hygienist by the Superintendent of Public Instruction, who is employed by a school district or joint school board as a dental hygienist. The employment of any dental hygienist employed by a school district or joint school board as a dental hygienist prior to the effective date of this act shall not be affected by a contract for school health services that may be entered into by any school district or joint school board under the provisions of this act.

(10) "Medical technician" means a person skilled in the operation of X-ray or other diagnostic equipment having such training and experience as required by the Secretary of Health.

(11) "Sanitarian" means a person having such training and experience as required by the Secretary of Health and qualified to conduct sanitary inspections of school buildings and grounds in connection with water supply, sewage and refuse disposal, food service, heating, lighting, ventilation and safety.

(12) "Asthma inhaler" means a prescribed device used for self-administration of short-acting, metered doses of prescribed medication to treat an acute asthma attack. ((12) added Nov. 30, 2004, P.L.1471, No.187)

(13) "Diabetes medical management plan" means a document describing the medical orders or diabetes regimen developed and signed by the student's health care practitioner and parent or guardian. ((13) added July 13, 2016, P.L.716, No.86)

(14) "Service agreement" means a student's section 504 service agreement pursuant to section 504 of the Rehabilitation Act of 1973 (Public Law 93-112, 29 U.S.C. § 794) and 22 Pa. Code Ch. 15 (relating to protected handicapped students). ((14) added July 13, 2016, P.L.716, No.86)

(15) "Health care practitioner" means the term as defined under section 103 of the act of July 19, 1979 (P.L.130, No.48), known as the "Health Care Facilities Act." ((15) added July 13, 2016, P.L.716, No.86)

(16) "IEP" means a written statement for each child with a disability that is developed, reviewed or revised in a meeting in accordance with the Individuals with Disabilities Education Act (Public Law 91-230, 20 U.S.C. § 1400 et seq.) and 22 Pa. Code Ch. 14 (relating to special education services and programs). ((16) added July 13, 2016, P.L.716, No.86)

(1401 repealed and added July 15, 1957, P.L.937, No.404)

Section 1402. Health Services.--(a) Each child of school age shall be given by methods established by the Advisory Health Board, (1) a vision test by a school nurse, medical technician or teacher, (2) a hearing test by a school nurse or medical technician, (3) a measurement of height and weight by a school nurse or teacher, who shall use the measurement to compute a child's weight-for-height ratio, (4) tests for tuberculosis under medical supervision, and (5) such other tests as the Advisory Health Board may deem advisable to protect the health of the child. Vision tests shall be given at least annually and other tests at intervals established by the Advisory Health Board. ((a) amended July 11, 2006, P.L.1092, No.114)

(a.1) Every child of school age shall be provided with school nurse services: Provided, however, That the number of pupils under the care of each school nurse shall not exceed one thousand five hundred (1,500). ((a.1) amended Dec. 7, 1965, P.L.1041, No.390)

(b) For each child of school age, a comprehensive health record shall be maintained by the school district or joint school board, which shall include the results of the tests, measurements and regularly scheduled examinations and special examinations herein specified.

(c) Medical questionnaires, suitable for diagnostic purposes, furnished by the Secretary of Health and completed by the child or by the child's parent or guardian, at such times as the Secretary of Health may direct, shall become a part of the child's health record.

(d) All teachers shall report to the school nurse or school physician any unusual behavior, changes in physical appearance, changes in attendance habits and changes in scholastic achievement, which may indicate impairment of a child's health. The nurse or school physician or school dentist may, upon referral by the teacher or on his own initiative, advise a child's parent or guardian of the apparent need for a special medical or dental examination. If a parent or guardian fails to report the results to the nurse or school physician, the nurse or school physician shall arrange a special medical examination for the child.

(e) The school physicians of each district or joint board shall make a medical examination and a comprehensive appraisal of the health of every child of school age, (1) upon original entry into school in the Commonwealth, (2) while in sixth grade, (3) while in eleventh grade, and (4) prior to the issuance of a farm or domestic service permit unless the child has been given a scheduled or special medical examination within the preceding four months. The health record of the child shall be made available to the school physician at the time of the regularly scheduled health appraisals.

(f) The Secretary of Health, upon petition of the school board or joint school board or on his own initiative with the concurrence of the school board or joint school board, may modify for individual school districts the school health services program specified in this section. The program as modified shall conform to approved medical or dental practices and shall permit valid statistical appraisals of the various components of the program.

(1402 repealed and added July 15, 1957, P.L.937, No.404)

Section 1403. Dental Examinations and Dental Hygiene Services.--(a) All children of school age in the Commonwealth, (i) upon original entry into the school, (ii) while in the third grade, and (iii) while in the seventh grade, shall be given a dental examination by a school dentist: Provided, however, That this requirement shall not apply to those school districts or joint school boards which have instituted a program of dental hygiene services as provided in subsection (b) of this section.

(b) Any school district or joint school board may institute a program of dental hygiene services for children of school age, which program shall be approved by the Secretary of Health, and for that purpose may employ dental hygienists.

(1403 amended Aug. 27, 1963, P.L.1380, No.535)

Section 1404. Place of Examination; Use of Hospital Facilities.--The school physician and school dentist shall conduct medical, dental and other examinations in rooms set aside for this special purpose and

equipped with adequate facilities and with such other accessories as may be required by the Secretary of Health for the thorough examination of children. The school physicians shall require the removal of sufficient clothing to insure complete examination. If facilities in schools are inadequate for conducting medical, dental and other examinations, the school districts or joint school boards and private schools may, subject to the approval of the Secretary of Health, make arrangements for the use of laboratories and facilities of hospitals or clinics for examinations herein provided for.

(1404 repealed and added July 15, 1957, P.L.937, No.404)

Section 1405. Assistance; Presence of Parents.--Every school physician shall be assisted by a school nurse and every school dentist by a dental hygienist, if available, or trained assistant, who shall be present during each examination. Parents or guardians of children of school age shall be advised in advance of the date of examination and urged to be present. Medical examinations shall be made in the presence of the parent or guardian of the child when so requested by the parent or guardian.

(1405 repealed and added July 15, 1957, P.L.937, No.404)

Section 1406. Recommendations.--(a) Recommendations as to medical, surgical or dental care shall be sent to each parent or guardian and to the family physician or family dentist on forms prepared or approved by the Secretary of Health with instructions to the parent or guardian to consult the family physician or family dentist and to notify the school authorities of the action taken with respect to the recommendations.

(b) School physicians or school nurses shall inform teachers of the health conditions of pupils which may affect behavior, appearance or scholastic performance.

(c) Notice of the existence of and eligibility for the program under Article XXIII of the act of May 17, 1921 (P.L.682, No.284), known as "The Insurance Company Law of 1921," shall be prepared by, paid for and provided to each school district in Pennsylvania by the Insurance Department annually, not later than the fifteenth day of August, in sufficient quantities to provide the parent or legal guardian of every school student enrolled in the district with such notice. The school district shall provide such notice to the parent or guardian of each student enrolled in the district during the school year. The Insurance Department shall provide sufficient copies of the notice to nonpublic schools upon request.

(1406 amended Dec. 9, 2002, P.L.1317, No.153)

Section 1407. Examinations by Examiners of Own Choice.--In lieu of the medical or dental examinations prescribed by this article, any child of school age may furnish the local school officials with a medical or dental report of examination made at his own expense by his family physician or family dentist on a form approved by the Secretary of Health for this purpose. The in lieu examinations shall be made and the report shall be furnished prior to the date fixed for the regularly scheduled examination but no earlier than four months prior to the opening of the school term during which the regular examination is scheduled.

(1407 repealed and added July 15, 1957, P.L.937, No.404)

Section 1408. Reports.--Every school district of the Commonwealth or school districts jointly, school physicians, school dentists and school nurses, shall file with the Secretary of Health and/or the

Superintendent of Public Instruction such reports as required by the regulations of the two departments.

(1408 repealed and added July 15, 1957, P.L.937, No.404)

Section 1409. Confidentiality, Transference and Removal of Health Records.--All health records established and maintained pursuant to this act shall be confidential, and their contents shall be divulged only when necessary for the health of the child or at the request of the parent or guardian to a physician legally qualified to practice medicine and surgery or osteopathy or osteopathic surgery in the Commonwealth.

In the case of any child of school age who enrolls in any school, public or private, in any district and who previously attended school in another district in Pennsylvania, the district or school wherein the child is newly enrolled shall request and the district or school where the child previously attended shall surrender the health record of the child. School districts, joint school boards or private schools, shall not destroy a child's health record for a period of at least two years after the child ceases to be enrolled, but may surrender such child's health record or portion thereof to his parent or guardian if the child does not re-enroll in an elementary or secondary school in Pennsylvania.

(1409 repealed and added July 15, 1957, P.L.937, No.404)

Section 1410. Employment of School Health Personnel.--(a) Except as otherwise provided in this article, all school districts alone or jointly with other districts or joint school boards shall employ school physicians and school dentists but only with the approval of the Secretary of Health, and shall compensate them on a basis agreed upon by the school physician or school dentist and the employing district or joint school board, and shall employ one or more school nurses. Health officers of municipalities may be appointed as school physicians by school districts or joint school boards. For special examinations recommended by school physicians, school districts or joint school boards may engage the services of ophthalmologists or other licensed medical specialists or of optometrists. Any school district alone or jointly with other districts or joint school boards may employ dental hygienists and such other technical and clerical personnel as are necessary to carry out the provisions of this article.

(b) A school nurse who is not CPR-certified by a Department of Health-approved certifying agency by July 1, 2014, shall complete CPR training within one (1) year. A person hired for a position as a school nurse after July 1, 2014, shall be CPR-certified or complete CPR certification through a Department of Health-approved certifying agency within one (1) year of the hire date. A school nurse shall complete CPR recertification within the time frame established by the approved certifying agency.

(1410 amended July 2, 2014, P.L.985, No.107)

Section 1411. Cooperation with Political Subdivisions.--Any school district or joint school board may, in any health work in which it is authorized to engage, cooperate with any county, city, borough, town or township engaged in health work. Any school district of the first class A may, with the approval of the Secretary of Health and the Superintendent of Public Instruction, contract with county health units or the department or board of health of any municipality for school health services.

(1411 amended Dec. 7, 1965, P.L.1041, No.390)

Section 1412. Municipal Civil Service Status Protected.--In any school district of the first class or first class A, any physician or nurse who is an employe with civil service status under any municipal corporation within the territorial limits of the school district and who performs any duty or duties under this act shall continue to be an employe of the municipal corporation and shall retain all of his or her civil service rights and rights under the pension system of the said municipal corporation.

(1412 repealed and added July 15, 1957, P.L.937, No.404)

Section 1413. Supplemental Duties of School Physicians.--Duties of school physicians shall include the vaccination of children of indigent parents, official re-vaccination of children having temporary vaccination certificates, physical examination of children incident to the issuance of employment certificates as required by the provisions of the Child Labor Act, approval of the return of pupils who have been absent due to a contagious disease or suspected contagious disease, and such other duties as may be required by the board of school directors not inconsistent with the rules and regulations of the Secretary of Health.

(1413 repealed and added July 15, 1957, P.L.937, No.404)

Section 1414. Care and Treatment of Pupils.--Any school district or joint school board may provide for the care and treatment of defective eyes, ears and teeth of all children of school age within the district.

(1414 added July 15, 1957, P.L.937, No.404)

Section 1414.1. Possession and Use of Asthma Inhalers and Epinephrine Auto-Injectors.--(a) Each school entity shall develop a written policy to allow for the possession and self-administration by children of school age of asthma inhalers and epinephrine auto-injectors, and the prescribed medication to be administered thereby, in a school setting. The policy shall comply with section 504 of the Rehabilitation Act of 1973 (Public Law 93-112, 29 U.S.C. § 794) and 22 Pa. Code Ch. 15 (relating to protected handicapped students). The policy shall be distributed with the code of student conduct required under 22 Pa. Code § 12.3(c) (relating to school rules) and made available on the school entity's publicly accessible Internet website, if any.

(b) The policy under this section shall require a child of school age that desires to possess and self-administer an asthma inhaler or epinephrine auto-injector in a school setting to demonstrate the capability for self-administration and for responsible behavior in the use thereof and to notify the school nurse immediately following each use of an asthma inhaler or epinephrine auto-injector. The school entity shall develop a system whereby the child may demonstrate competency to the school nurse that the child is capable of self-administration and has permission for carrying and taking the medication through the use of the asthma inhaler or epinephrine auto-injector. Determination of competency for self-administration shall be based on age, cognitive function, maturity and demonstration of responsible behavior. The school entity shall also restrict the availability of the asthma inhaler, the epinephrine auto-injector and the prescribed medication contained therein from other children of school age. The policy shall specify conditions under which a student may lose the privilege to self-carry the asthma inhaler, the epinephrine auto-injector and the medication if the school policies are abused or ignored. A school entity that prevents a student from self-carrying an asthma inhaler or epinephrine auto-injector and the prescribed medication shall ensure that they are appropriately stored at locations in close proximity to the student prohibited from self-carrying and notify the student's classroom teachers of the

places where the asthma inhaler or epinephrine auto-injector and medication are to be stored and the means to access them.

(c) The policy under this section may include the following:

(1) The requirement of a written statement from the physician, certified registered nurse practitioner or physician assistant that provides the name of the drug, the dose, the times when the medication is to be taken and the diagnosis or reason the medicine is needed unless the reason should remain confidential. The physician, certified registered nurse practitioner or physician assistant shall indicate the potential of any serious reaction that may occur to the medication, as well as any necessary emergency response. The physician, certified registered nurse practitioner or physician assistant shall state whether the child is qualified and able to self-administer the medication.

(2) The requirement of a written request from the parent or guardian that the school entity comply with the order of the physician, certified registered nurse practitioner or physician assistant. The parent's note shall include a statement relieving the school entity or any school employe of any responsibility for the benefits or consequences of the prescribed medication when it is parent-authorized and acknowledging that the school entity bears no responsibility for ensuring that the medication is taken.

(3) The ability of the school entity to reserve the right to require a statement from the physician, certified registered nurse practitioner or physician assistant for the continued use of any medication beyond a specified time period. The school entity shall also require updated prescriptions and parental approvals on an annual basis from the pupil.

(d) As used in this section, "school entity" means a school district, intermediate unit, charter school or area vocational-technical school.

(e) Nothing in this section shall be construed to create, establish or expand any civil liability on the part of any school entity or school employe.

(f) Within one hundred twenty (120) days of the effective date of this subsection, the Department of Health in coordination with the Department of Education shall provide technical assistance and resources and publish information on the Department of Health's publicly accessible Internet website regarding the administration of medication for allergies by persons employed by a school entity, including the following:

(1) Proper use of epinephrine devices.

(2) The importance of following the school entity's student services plan required under 22 Pa. Code § 12.41 (relating to student services) and its responsibilities to comply with section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) and 22 Pa. Code Ch. 15.

(3) Recognition of the symptoms of a severe allergic reaction.

(4) Requirements for proper access, storage and security of student medications.

(5) Notification of appropriate persons following administration of medications.

(6) Recordkeeping.

(1414.1 amended Nov. 17, 2010, P.L.996, No.104)

Compiler's Note: Section 24 of Act 104 of 2010, which amended section 1414.1, provided that any regulations that are inconsistent with Act 104 are hereby abrogated to the extent of the inconsistency.

Section 1414.2. School Access to Emergency Epinephrine.--(a) Subject to subsection (g), a school entity or nonpublic school may authorize a trained school employe to:

(1) provide an epinephrine auto-injector that meets the prescription on file for either the individual student or the school entity or nonpublic school to a student who is authorized to self-administer an epinephrine auto-injector;

(2) administer to a student an epinephrine auto-injector that meets the prescription on file for either the individual student or the school entity or nonpublic school; and

(3) administer an epinephrine auto-injector that meets the prescription on file for the school entity or nonpublic school to a student that the employe in good faith believes to be having an anaphylactic reaction.

(b) Notwithstanding section 11 of the act of April 14, 1972 (P.L.233, No.64), known as "The Controlled Substance, Drug, Device and Cosmetic Act," a physician or certified registered nurse practitioner may prescribe epinephrine auto-injectors in the name of the school entity or nonpublic school to be maintained for use pursuant to subsection (a).

(c) A school entity or nonpublic school may maintain at a school in a safe, secure location a supply of epinephrine auto-injectors.

(d) A school entity or nonpublic school that authorizes the provision of epinephrine auto-injectors under this section shall designate one or more individuals at each school who shall be responsible for the storage and use of the epinephrine auto-injectors.

(e) Individuals who are responsible for the storage and use of epinephrine auto-injectors must successfully complete a training program that shall be developed and implemented by the Department of Health within ninety (90) days of the effective date of this section.

(f) (1) An epinephrine auto-injector from the school entity's or nonpublic school's supply of epinephrine auto-injectors that meets the prescription on file for the school entity or nonpublic school may be provided to and utilized by a student authorized to self-administer or may be administered by a trained school employe authorized to administer an epinephrine auto-injector to a student pursuant to subsection (a).

(2) When a student does not have an epinephrine auto-injector or a prescription for an epinephrine auto-injector on file, a trained school employe may utilize the school entity's or nonpublic school's supply of epinephrine auto-injectors to respond to anaphylactic reaction under a standing protocol from a physician or certified registered nurse practitioner and as provided in this section.

(f.1) In the event a student is believed to be having an anaphylactic reaction, the school nurse or an individual in the school who is responsible for the storage and use of epinephrine auto-injectors shall contact 911 as soon as possible.

(g) At the request of a parent or legal guardian, a student shall be exempt from subsections (a), (f) and (h). The principal of the school in which the student is enrolled shall notify all parents or legal guardians of their ability to exempt their children from subsections (a), (f) and (h) by returning a signed opt-out form.

(h) The provisions of 42 Pa.C.S. §§ 8332 (relating to emergency response provider and bystander good Samaritan civil immunity) and 8337.1 (relating to civil immunity of school officers or employees relating to emergency care, first aid and rescue) shall apply to a person who administers an epinephrine auto-injector pursuant to this section.

(i) Administration of an epinephrine auto-injector under this section shall comply with section 504 of the Rehabilitation Act of 1973 (Public Law 93-112, 29 U.S.C. § 794) and 22 Pa. Code Ch. 15 (relating to protected handicapped students).

(j) As used in this section, "school entity" means a school district, intermediate unit, charter school, cyber charter school, regional charter school or area vocational-technical school.

(1414.2 added Oct. 31, 2014, P.L.2965, No.195)

Section 1414.3. Education of School Employes in Diabetes Care and Management.--(a) Within one hundred twenty (120) days of the effective date of this section, the Department of Health, in coordination with the Department of Education, shall establish educational modules and guidelines for the instruction of school employes in diabetes care and treatment and make the modules and guidelines available on its publicly accessible Internet website. The educational modules shall include instruction in a school entity's obligations under 22 Pa. Code § 12.41 (relating to student services) and its responsibilities to comply with section 504 of the Rehabilitation Act of 1973 (Public Law 93-112, 29 U.S.C. § 794), 22 Pa. Code Chs. 14 (relating to special education services and programs) and 15 (relating to protected handicapped students) and the Individuals with Disabilities Education Act (Public Law 91-230, 20 U.S.C. § 1400 et seq.). At a minimum, the educational modules shall include review of the responsibilities and instruction in:

- (1) An overview of all types of diabetes.
- (2) Means of monitoring blood glucose.
- (3) The symptoms and treatment for blood glucose levels outside of target ranges as well as symptoms and treatment for hypoglycemia, hyperglycemia and other potential emergencies.
- (4) Techniques on administering glucagon and insulin.

(b) The school nurse, in consultation with the chief school administrator or a designee, may identify at least one school employe who is not the school nurse and who does not need to be a licensed health care practitioner in each school building attended by a student with diabetes. If the school building attended by a student with diabetes does not have a full-time school nurse, the chief school administrator may, but is not required to, consult with the school nurse assigned to that school building to identify at least one school employe in the school building. An identified employe shall complete the annual educational modules outlined in subsection (a) or annual education offered by a licensed health care practitioner with expertise in the care and treatment of diabetes that includes substantially the

same information as outlined in subsection (a). An employe responsible for a child with diabetes in the absence of the school nurse shall have the right to decline the responsibility and related directives.

(c) A school employe who is not a licensed health care practitioner and who has successfully completed the education modules under subsection (a) or annual education offered by a licensed health care practitioner with expertise in the care and treatment of diabetes that includes substantially the same information as outlined in subsection (a) may be designated in a student's service agreement or IEP to administer diabetes medications, use monitoring equipment and provide other diabetes care. A school entity may require the designated employe who has not declined the assignment to complete the annual educational modules or annual education from a licensed health care practitioner, or both, in the administration of diabetes medications, use of monitoring equipment and provision of other diabetes care. Education provided to school employes shall be coordinated by the chief school administrator or a designee. School entities may include the education in the professional education plan submitted by the school entity to the Department of Education under section 1205.1.

(d) Notwithstanding any other statute or regulation restricting the functions that may be performed by persons other than licensed health care practitioners, school employes who have completed the education requirements under this section may perform diabetes care and treatment for students. School employes who are not licensed health care practitioners shall only be authorized to administer diabetes medications via injection or infusion following annual education by a licensed health care practitioner with expertise in the care and treatment of diabetes and following the school entity's receipt of written authorization from both the student's health care practitioner and parent or guardian that an educated school employe, who is not a licensed health care practitioner, may administer specified medications.

(e) For purposes of this section, "school entity" means a school district, intermediate unit, area vocational-technical school, charter school or cyber charter school.

(1414.3 added July 13, 2016, P.L.716, No.86)

Section 1414.4. Diabetes Care in Schools.--(a) A parent or guardian of a student with diabetes who desires that the student receive diabetes-related care and treatment in a school setting shall provide the school entity with written authorization for the care and instructions from the student's health care practitioner, consistent with the school entity's policies regarding the provision of school health services. The required authorizations may be submitted as part of a diabetes medical management plan.

(b) All diabetes-related care provided to students shall be consistent with the school health program established by the governing body of the school entity and any accommodations outlined in a student's service agreement.

(c) A student's service agreement may require a school entity to provide the driver of a school bus or school vehicle, who provides transportation to a student with diabetes, with an information sheet that:

(1) Identifies the student with diabetes.

(2) Identifies potential emergencies that may occur as a result of the student's diabetes and the appropriate responses to such emergencies.

(3) Provides the telephone number of a contact person in case of an emergency involving the student with diabetes.

(d) For purposes of this section:

"School bus" means a school bus as defined in 75 Pa.C.S. § 102 (relating to definitions).

"School entity" means a school district, intermediate unit, area vocational-technical school, charter school or cyber charter school.

"School vehicle" means a school vehicle as defined in 75 Pa.C.S. § 102.

(1414.4 added July 13, 2016, P.L.716, No.86)

Section 1414.5. Possession and Use of Diabetes Medication and Monitoring Equipment.--(a) A school entity shall require the parent or guardian of a student with diabetes who requests that the student possess and self-administer diabetes medication and operate monitoring equipment in a school setting to provide the following:

(1) A written statement from the student's health care practitioner that provides the name of the drug, the dose, the times when the medication is to be taken or the monitoring equipment to be used, the specified time period for which the medication or monitoring equipment is authorized to be used and the diagnosis or reason the medicine or monitoring equipment is needed. The student's health care practitioner shall indicate the potential of any serious reaction to the medication that may occur, as well as any necessary emergency response. The student's health care practitioner shall state whether the student is competent to self-administer the medication or monitoring equipment and whether the student is able to practice proper safety precautions for the handling and disposal of the medication and monitoring equipment.

(2) A written request from the parent or guardian that the school entity comply with the instructions of the student's health care practitioner. The parent's request shall include a statement relieving the school entity or any school employe of any responsibility for the prescribed medication or monitoring equipment and acknowledging that the school entity bears no responsibility for ensuring that the medication is taken by the student and the monitoring equipment is used.

(3) A written acknowledgment by the school nurse that the student has demonstrated that the student is capable of self-administration of the medication and use of the monitoring equipment.

(4) A written acknowledgment by the student that the student has received instruction from the student's health care practitioner on proper safety precautions for the handling and disposal of the medications and monitoring equipment. The written acknowledgment shall also contain a provision stating that the student will not allow other students to have access to the medication and monitoring equipment and that the student understands appropriate safeguards.

(b) A school entity may revoke or restrict a student's privileges to possess and self-administer diabetes medication and operate monitoring equipment due to noncompliance with school rules and provisions of a student's service agreement, IEP or due to demonstrated unwillingness or inability of the student to safeguard the medication and monitoring equipment from access by other students.

(c) A school entity that prohibits a student from possessing and self-administering diabetes medication and operating monitoring equipment under subsection (b) shall ensure that the diabetes medication or monitoring equipment is appropriately stored in a readily accessible place in the school building attended by the student. The school entity shall notify the school nurse and other identified school employes regarding the location of the diabetes medication and monitoring equipment and means to access them.

(d) For purposes of this section, the following terms shall have the following meanings:

"School entity" means a school district, intermediate unit, area vocational-technical school, charter school or cyber charter school.

"Diabetes medication" means glucagon and insulin.

(1414.5 added July 13, 2016, P.L.716, No.86)

Section 1414.6. Liability.--Nothing in section 1414.3, 1414.4 or 1414.5 shall be construed to create, establish or expand any civil liability on the part of any school entity or school employe.

(1414.6 added July 13, 2016, P.L.716, No.86)

Section 1414.7. Coordinating, Supervising or Educating Not Considered Delegation.--

(a) Notwithstanding any other law to the contrary, coordinating or supervising the provision of diabetes care by school employes authorized in sections 1414.3 and 1414.4 and providing education in accordance with section 1414.3 shall not be construed as a delegation by a licensed health care practitioner.

(b) A licensed health care practitioner who, acting in compliance with sections 1414.3 and 1414.4, coordinates or supervises care for a student or provides education to a school employe shall not be subject to any criminal or civil liability or any professional disciplinary action for the same.

(c) Notwithstanding any other provision of law, a school employe who is designated to provide diabetes medications to a student shall not be considered to be engaging in health-related activities which are reserved exclusively for licensed professionals.

(1414.7 added July 13, 2016, P.L.716, No.86)

Section 1414.8. Diabetes Care in Nonpublic Schools.--(a) A nonpublic school may comply with the education of school employes and provision of diabetes-related care to a student with diabetes required under sections 1414.3, 1414.4 and 1414.5. A written education plan that outlines the aids and related services required to meet the academic needs of the student with diabetes may take the place of a service agreement for a student with diabetes attending a nonpublic school unless a service agreement is otherwise required under law or regulation.

(b) Nothing in section 1414.3, 1414.4, 1414.5, 1414.6 or this section shall be construed to do any of the following:

(1) Create, establish or expand any obligations on the part of any nonpublic school to comply with section 504 of the Rehabilitation Act of 1973 (Public Law 93-112, 29 U.S.C. § 794).

(2) Create, establish, result in or expand any contractual obligations on the part of any nonpublic school.

(c) No nonpublic school employe or nonpublic school shall be liable for civil damages as a result of the activities authorized by sections 1414.3, 1414.4 and 1414.5, except that an employe may be liable for willful misconduct.

(1414.8 added July 13, 2016, P.L.716, No.86)

Section 1415. Public Assistance for Medical, Dental or Surgical Care.--If the medical record of any child at any time discloses a condition which requires medical, dental or surgical treatment and the parent or guardian states to the school authorities that he is financially unable to have a physician or dentist of his choice render such care, he shall be advised that the cost of such care may be provided if application is made to the appropriate county board of public assistance. Upon application, the county board of assistance shall authorize payment for necessary medical, dental or surgical care as assistance as defined in the standards, rules and regulations established by the Secretary of Public Welfare in consultation with the Secretary of Health. If it appears that the parent or guardian was financially able to pay for the medical, dental or surgical care for which payment was made on the authorization of a county board of assistance, the Department of Public Welfare shall recover the amounts thus expended from the parent or guardian liable for the support of such child as provided in the support law.

(1415 amended Dec. 21, 1959, P.L.1956, No.712)

Compiler's Note: The Department of Public Welfare, referred to in this section, was redesignated as the Department of Human Services by Act 132 of 2014.

Compiler's Note: The Secretary of Public Welfare, referred to in this section, was redesignated as the Secretary of Human Services by Act 132 of 2014.

Section 1416. Precautions Against Spread of Tuberculosis.--No person having any form of tuberculosis in a transmissible stage shall be a pupil, teacher, janitor or any other employe in any school except in a special school carried on under the regulations made for such schools by the Secretary of Health. The board of directors of any school district or joint school board may appropriate the necessary funds to pay for X-ray or other medical examinations to determine the presence or absence of tuberculosis in any teacher, janitor or other employe of the district.

(1416 added July 15, 1957, P.L.937, No.404)

Section 1417. Pupils Relieved from Compulsory Attendance.--Any pupil prevented from attending school on account of the health or sanitation laws of this Commonwealth, or by the sanitary regulations of the local board of health or the board of school directors, is relieved from complying with the provisions of the act amended hereby concerning compulsory attendance during the time he is prevented from attending school.

(1417 added July 15, 1957, P.L.937, No.404)

Section 1418. Medical Examinations of Teachers and Other Persons.--(a) All teachers, janitors, cooks and other cafeteria help and all others employed at schools shall be required to take a pre-employment

medical examination, the results of which shall be recorded on forms prescribed by the Secretary of Health and shall be made available to the employing authorities.

(b) Each teacher, any other school employe and any person providing services for school children under contract shall be given tests for tuberculosis in accordance with rules and regulations adopted by the Advisory Health Board. Each student teacher and volunteer participating in student activities shall be given the same tests for tuberculosis, but no person shall be required to submit to a particular test if he shall furnish a statement setting forth adequate reasons for being excused from taking the test. In such case, an alternative method of testing shall be administered.

(c) School boards may require a special medical examination for any school employe at any time.

(d) Medical examinations shall be made by the school physician of the district if provision therefor is made by the district or joint school board or by a physician, certified registered nurse practitioner or physician assistant of the employe's own choice licensed or certified in this Commonwealth. ((d) amended Nov. 17, 2010, P.L.996, No.104 and Nov. 23, 2010, P.L.1350, No.123)

(1418 amended July 14, 1971, P.L.229, No.47)

Compiler's Note: Section 24 of Act 104 of 2010, which amended subsec. (d), provided that any regulations that are inconsistent with Act 104 are hereby abrogated to the extent of the inconsistency.

Compiler's Note: Section 4 of Act 123 of 2010, which amended subsec. (d), provided that any regulations that are inconsistent with Act 123 are hereby abrogated to the extent of the inconsistency.

Section 1419. Objections to Examinations or Treatment on Religious Grounds.--This article shall not be construed to compel any person to submit to any medical or dental examination or treatment under the authority of this act when the person or the parent or guardian of the person, if a minor, objects to the examination or treatment on religious grounds or to permit any discrimination against any person on account of such objections: Provided, That exemption from medical or dental examinations shall not be granted if the Secretary of Health finds that facts exist under which the exemption constitutes a present substantial menace to the health of other persons exposed to contact with the unexamined person.

(1419 added July 15, 1957, P.L.937, No.404)

Section 1420. Examinations of School Buildings and Grounds.--The Secretary of Health shall employ sanitarians or request local health authorities to assign a sanitarian to make a careful examination of all privies, water-closets, urinals, cellars, the water-supply and drinking-vessels and utensils and sewage and refuse disposal systems, lighting, heating and ventilating systems, and such additional examinations of the sanitary conditions of the school buildings and grounds as the regulations of the Secretary of Health may require.

(1420 added July 15, 1957, P.L.937, No.404)

Section 1421. Powers and Duties of the Secretary of Health and of the Superintendent of Public Instruction; Rules and Regulations.--(a) The technical content of the medical, dental, nursing and sanitary portions of the school health program shall be prescribed by and under the general direction of the Secretary of Health who shall--

1. Approve all appointments of school physicians and school dentists and prescribe their duties and formulate and prescribe standards for medical technicians and sanitary officers for employment in the school health program.

2. Suggest or recommend to the State Board of Education standards of qualification for school nurses and dental hygienists for employment by a school district or joint school board in the school health services program and advise school administrators on matters connected with carrying out the school health program. (2 amended Oct. 21, 1965, P.L.601, No.312)

(b) The administration and supervision of the educational and teaching aspects of the program shall be the responsibility of the Superintendent of Public Instruction who shall--

1. Approve certification of school nurses and dental hygienists for employment by a school district or joint school board and administer and direct their services and program: Provided, That the services of school nurses and dental hygienists shall be utilized exclusively in connection with medical and dental examinations and associated health activities.

2. Advise the Secretary of Health and school physicians and school dentists on matters pertaining to the educational impact of the school health services program.

(c) The Secretary of Health and the Superintendent of Public Instruction, after consultation, shall--

1. Adopt such records and report forms as will facilitate the efficient operation, administration and comprehensive evaluation of the school health program.

2. Adopt and enforce rules and regulations for the school health program not inconsistent with the provisions of this act.

(1421 repealed and added July 15, 1957, P.L.937, No.404)

Section 1422. Advisory Health Councils.--District superintendents may set up advisory health councils to study health needs, assist in organizing follow-up programs and provide recommendations on the development of the local wellness policy required under section 1422.1. To every extent possible, an advisory health council shall be composed of district representatives, including a school administrator, a student and a school food service professional, and representatives of the medical and dental associations, social organizations, parent-teacher associations, service clubs, physical education, health education, school counseling, school psychological and social services, health and wellness professionals, including a certified school nurse and a licensed dietitian, and other family and community organizations in the area served. Those making the medical and dental examinations shall make to this advisory council an annual report, and later a report on the remedial work which has been accomplished during the school year.

(1422 amended July 11, 2006, P.L.1092, No.114)

Section 1422.1. Local Wellness Policy.--(a) Not later than the first day of the school year beginning after June 30, 2006, each local education agency shall, pursuant to section 204 of the Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265, 118 Stat. 729), establish a local wellness policy for schools within the local education agency.

(b) ((b) deleted by amendment)

(c) A local education agency may submit its local wellness policy or information on other initiatives regarding child health, nutrition, food allergy reaction management and physical education to the Department of Education for inclusion in the clearinghouse established under section 1422.3(3).

(1422.1 amended June 30, 2012, P.L.684, No.82)

Section 1422.2. Interagency Coordinating Council for Child Health, Nutrition and Physical Education.--

(a) The Secretary of Education, the Secretary of Health and the Secretary of Agriculture shall establish an interagency coordinating council which shall annually review, revise and publish a Pennsylvania Child Wellness Plan to promote child health, nutrition and physical education. The council shall be composed of employees of the Department of Education, the Department of Health and the Department of Agriculture. The Secretary of Education shall appoint the chairman of the council.

(b) The Secretary of Education shall establish an advisory committee to offer recommendations to the council. The secretary shall appoint no fewer than eight members to the advisory committee, who may include experts from the fields of health, education, research, community development and business. The advisory committee shall meet at least twice annually.

(c) In the initial publication of the Pennsylvania Child Wellness Plan to promote child health, nutrition and physical education, the council shall integrate the contents of the Pennsylvania Nutrition and Activity Plan to Prevent Obesity and Related Chronic Diseases and shall include additional recommendations regarding:

(1) Nutritional guidelines for food and beverages sold in schools.

(2) Local wellness policies.

(3) Physical education curriculum.

(4) Teaching about nutrition and obesity.

(5) The utilization of any Federal funds identified by the council that may be available to local education agencies to enhance initiatives regarding child health, nutrition, physical education, local wellness policies and advisory health councils.

(6) A process through which the Secretary of Education may monitor and evaluate any outcomes that may result from the implementation of initiatives regarding child health, nutrition, physical education, local wellness policies and advisory health councils.

(d) The council shall submit the plan to the Secretary of Education, the Secretary of Health and the Secretary of Agriculture no later than May 1, 2007, and May 1 of each year thereafter. The Secretary of Education shall submit the final plan to the Governor, the President pro tempore of the Senate, the Minority Leader of the Senate, the Speaker of the House of Representatives and the Minority Leader of the House of Representatives by June 1, 2007, and June 1 of each year thereafter. The final plan shall be included on the Department of Education's, Department of Health's and Department of Agriculture's Internet websites.

(1422.2 added July 11, 2006, P.L.1092, No.114)

Section 1422.3. Duties of Department of Education.--The Department of Education shall, in order to promote initiatives regarding child health, nutrition, food allergy management and physical education:

- (1) To every extent possible, include programs related to child health, nutrition, food allergy management and physical education as part of the continuing professional education courses, programs, activities or learning experiences required under section 1205.2(f).
- (2) Collaborate with the Department of Health to apply for Federal funds related to coordinated school health funding to enhance initiatives regarding child health, nutrition, food allergy management, physical education, local wellness policies and advisory health councils.
 - (2.1) Identify, notify and assist school districts with applying for Federal and State funds related to child health, nutrition and food allergy reaction management. The information can be provided through the department's e-grant system.
- (3) Establish a clearinghouse of wellness policies and information regarding child health, nutrition and physical education submitted to the department by local education agencies pursuant to section 1422.1(c). Such information shall be made available on the department's Internet website.
- (4) To every extent possible, maintain information related to teaching about nutrition, food allergy management and obesity, which information shall include concepts of healthy eating, including nutrient density and portion control, and the physical, psychological and nutritional causes of obesity. Such information shall be made available on the department's Internet website.
- (5) Publish recommended nutritional guidelines for food and beverages sold in schools on the department's Internet website on or after the effective date of this clause.
- (6) In collaboration with the advisory health councils created in section 1422, the department shall develop guidelines for managing life-threatening food allergies in schools which shall be published on the department's Internet website. The guidelines shall be published on the department's Internet website no later than January 31, 2011. The guidelines shall assist school districts in addressing the following:
 - (i) The scope of the problem of childhood allergies and its impact on school student health.
 - (ii) Types of detailed policies and protocols to help prevent allergic reaction emergencies and deaths from anaphylaxis in schools.
 - (iii) The systematic planning and multidisciplinary team approach needed prior to school entry by the student with life-threatening food allergies.
 - (iv) The school district staff's role and necessary training in preventing exposure to specific allergens.
 - (v) Responsibilities of the parent or guardian, school staff and the student's primary care provider for notice, consent and documentation of administration of medication to a school student with a food allergy.
 - (vi) Emergency response protocols should a life-threatening allergic event occur.
 - (vii) The roles of specific staff members in the care of the student with a life-threatening allergic condition.

(1422.3 amended Nov. 17, 2010, P.L.996, No.104)

Compiler's Note: Section 24 of Act 104 of 2010, which amended section 1422.3, provided that any regulations that are inconsistent with Act 104 are hereby abrogated to the extent of the inconsistency.

Section 1423. Automatic External Defibrillators.--(a) The department shall establish an automatic external defibrillator program to assist school entities and nonpublic schools in making automatic external defibrillators available in school buildings.

(b) On a biennial basis, the department, in consultation with the Department of General Services and the Department of Health, shall issue an invitation to bid for the cost of automatic external defibrillators and other equipment and supplies necessary for the proper operation of the device. The department shall accept the bid of the lowest responsible bidder and permit any school entity or nonpublic school to purchase the devices at the contract bid price. The department may purchase automatic external defibrillators from any funds appropriated pursuant to subsection (k) for distribution to school entities and nonpublic schools.

(c) To be eligible to obtain or purchase automatic external defibrillators under the program a school entity or nonpublic school must:

(1) Assure that two (2) or more persons assigned to the location where the automatic external defibrillator will be primarily housed are trained as required in subsection (d).

(2) Ensure that the device will be secured in a safe and readily accessible location and agree to properly maintain and test the device according to the manufacturer's operational guidelines.

(3) Submit a valid prescription for the device from a licensed medical practitioner in this Commonwealth.

(4) Agree to provide the training required by subsection (d).

(d) School personnel who are expected to use the automatic external defibrillator shall complete training in cardiopulmonary resuscitation and in the use of an automatic external defibrillator provided by the American Heart Association, the American Red Cross or through an equivalent course of instruction approved by the Department of Health.

(e) A school entity may include the training required by subsection (d) in its continuing professional education plan submitted to the department under section 1205.1.

(f) The provisions of 42 Pa.C.S. § 8331.2 (relating to good Samaritan civil immunity for use of automated external defibrillator) shall apply to school employees who render care with an automatic external defibrillator.

(g) From funds appropriated for this purpose, the department may assist school entities and nonpublic schools that are not equipped with automatic external defibrillators by providing a discount from the contract bid price obtained under subsection (b) or by providing automatic external defibrillators obtained under subsection (b).

(g.1) The purchase of an automatic external defibrillator shall be considered an allowable use of Pennsylvania Accountability Grants under section 2599.2(b).

(g.2) The purchase of automatic external defibrillators shall be considered an innovative educational program under Article XVII-F of the act of March 4, 1971 (P.L.6, No.2), known as the "Tax Reform Code of 1971."

(h) (Reserved).

(i) Not later than June 30, 2014, and each year thereafter, each school entity shall make a report to the department detailing the number, condition, age and placement of automatic external defibrillators in each school building. After the initial report is made, a school entity may report this information as part of the annual report required by the Commonwealth under section 2505.1 to receive State reimbursement for health services.

(i.1) A nonpublic school that participates in the automatic external defibrillator program under subsection (b) or (g) shall be subject to the reporting required under subsection (i).

(i.2) The department shall annually publish a report on its publicly accessible Internet website no later than December 31, 2014, and each year thereafter. The report shall contain the following information:

(1) The total number of automatic external defibrillators by school entity and nonpublic school.

(2) The number of school buildings by school entity and nonpublic school that are equipped with automatic external defibrillators.

(3) The number of school buildings by school entity and nonpublic school that are not equipped with automatic external defibrillators.

(j) The department may adopt guidelines as necessary to administer this section.

(k) The General Assembly may appropriate funds to carry out the provisions of this section.

(l) As used in this section--

"Automatic external defibrillator" means a portable device that uses electric shock to restore a stable heart rhythm to an individual in cardiac arrest.

"Department" means the Department of Education of the Commonwealth.

"Nonpublic school" means a nonprofit school, other than a public school within this Commonwealth, wherein a resident of this Commonwealth may legally fulfill the compulsory school attendance requirements of this act and which meets the applicable requirements of Title VI of the Civil Rights Act of 1964 (Public Law 88-352, 78 Stat. 241).

"School building" means a building owned by or under the control of a school entity or nonpublic school where classes are taught or extracurricular activities are conducted on a regular basis.

"School entity" means an area vocational-technical school, a charter school, a cyber charter school, an intermediate unit or a school district.

"Secretary" means the Secretary of Education of the Commonwealth.

(1423 amended Apr. 18, 2014, P.L.427, No.35)

Section 1424. Cardiopulmonary Resuscitation.--(a) A school entity shall have at each school, or in the case of a cyber charter school at each location, under its jurisdiction, except in extenuating circumstances, one person certified in the use of cardiopulmonary resuscitation during regular school hours when school is in session and students are present.

(b) The provisions of 42 Pa.C.S. §§ 8332 (relating to nonmedical good Samaritan civil immunity) and 8337.1 (relating to civil immunity of school officers or employees relating to emergency care, first aid and rescue) shall apply to a person who renders cardiopulmonary resuscitation.

(c) As used in this section, "school entity" means an area vocational-technical school, a charter school, a cyber charter school, an intermediate unit, a nonpublic school or a school district.

(1424 added June 30, 2012, P.L.684, No.82)