

Lakeland Board of Education

Monitoring: Review: Annually, in April	Descriptor Term: Medicines	Descriptor Code: 6.405	Issued Date: 07/13/15
		Rescinds: 6.405	Issued: 05/12/14

1 If under exceptional circumstances a child is required to take non-prescription or prescription
2 medication during school hours and the parent cannot be at school to administer the
3 medication, only the principal or the principal's designee will assist in self-administration of the
4 medication if the student is competent to self-administer medicine with assistance in
5 compliance with the following regulations: ¹

6 Written instructions signed by the parent will be required and will include:

- 7 1. Child's name;
- 8 2. Name of medication;
- 9 3. Name of physician;
- 10 4. Time to be self-administered;
- 11 5. Dosage and directions for self-administration (non-prescription medicines must have
12 label direction);
- 13 6. Possible side effects, if known; and
- 14 7. Termination date for self-administration of the medication.

15 The medication must be delivered to the principal's office in person by the parent or guardian
16 of the student unless the medication must be retained by the student for immediate self-
17 administration. (i.e. students with asthma)

18 Volunteer personnel, trained by a Registered Nurse, may administer glucagon, **anti-seizure**
19 **medication, asthma inhalers, and epinephrine** in emergency situations to a student based on
20 that student's Individual Health Plan (IHP). **If a Registered Nurse is able to reach the student**
21 **within the time limit for registration as specified by the IHP, then the nurse shall administer the**
22 **forementioned medication.**

23 The administrator/designee will:

- 24 1. Inform appropriate school personnel of the medication to be self-administered;
- 25 2. Keep written instructions from parent in student's record;
- 26 3. Keep an accurate record of the self-administration of the medication;
- 27 4. Keep all medication in a locked cabinet except medication retained by a student per
28 physician's order;
- 29 5. Return unused prescription to the parent or guardian only; and

1 6. Ensure that all guidelines developed by the Department of Health and the Department
2 of Education are followed.

3 The parent or guardian is responsible for informing the designated official of any change in the
4 student's health or change in medication.

5 A copy of this policy shall be provided to a parent or guardian upon receipt of a request for
6 long-term administration of medication.

7 **ADMINISTRATION OF ANTI-SEIZURE MEDICATION**

8 Prior to administration of an anti-seizure medication to a student by volunteer school personnel
9 or a school nurse in an emergency situation, the student's parent or guardian shall provide:

- 10 1. The school with a written authorization to administer the medication at school in an IHP
- 11 2. A written statement from the student's health care practitioner, which includes:
 - 12 a. Student's name and date of birth;
 - 13 b. Medication name and the purpose of the medication;
 - 14 c. The dosage;
 - 15 d. The route of administration;
 - 16 e. The frequency of administration;
 - 17 f. The circumstances under which the medication may be administered
- 18 3. Unexpired, prescribed medication to the school in its unopened, sealed package, with
19 an intact label affixed by the pharmacy.

20 Authorization shall be for the entire school year, unless rescinded by the physician in writing.
21 Renewals are required annually.

22 The school nurse or designee shall monitor the monthly expiration date for each anti-seizure
23 medication in possession of the school. One (1) month prior to the expiration of each
24 medication, the school nurse or designee shall inform the student's parent or guardian of the
25 expiration rate.

26 A student's parent or guardian who has given the school written authorization to administer
27 anti-seizure medication shall, in accordance with student's IHP, notify the Principal or school
28 nurse if anti-seizure medication or prescription medication or over-the-counter medicines are
29 administered at a time which the student is not present at school. The student's IHP shall set
30 forth with specificity the requirements of reporting administration of medication and for the
31 dissemination of such information to the Principal, school nurse, or volunteer school personnel
32 trained to administer anti-seizure medication. The notification shall be given after
33 administration of medication before or at the beginning of the next school day in which the
34 student is present.

35 **Metered-Dose Inhalers**

36 Students with a diagnosis of asthma may possess and self-administer prescribed, metered
37 dosages of an asthma-reliever inhaler provided that the parent/guardian:

- 1) Provides to the school Principal written authorization for the student to possess and self-administer the inhaler; and
- 2) Provides the Principal with a written statement from the student's health care practitioner stating that the student suffers from asthma and has been instructed in self-administration of the prescribed, metered dosage inhaler. The statement from the health care practitioner must also contain:
 - a. The name and purpose of the medication;
 - b. The prescribed dosage;
 - c. The time or times the prescribed inhaler is to be administered, as well as any additional circumstances under which the inhaler is to be administered; and
 - d. The length of time for which the inhaler is prescribed.

LSS employees and agents of LSS shall incur no liability as a result of any injury sustained by the student or any other person from the possession or self-administration of the inhaler. The student's parent/guardian shall sign a statement acknowledging that the school shall incur no liability and the parent/guardian shall indemnify and hold harmless the school and its employees against any claims relating to the possession or self-administration of the inhaler.

The parent/guardian permission for self-administration of the prescribed, metered dosage inhaler shall be effective for the school year in which it is originally granted and must be renewed annually.

The Principal may suspend or revoke the student's possession and self-administration privilege if the student misuses the inhaler or makes the inhaler available for usage by another person.

22

BLOOD GLUCOSE SELF-CHECKS

Upon written request of a parent or guardian, and if included in the student's medical management plan and in the IHP, a student with diabetes shall be permitted to perform a blood glucose check or administer insulin using any necessary diabetes monitoring and treatment supplies, including sharps. The student shall be permitted to perform the testing in any area of the school or school grounds at any time necessary as ordered by their health practitioner.

Sharps shall be stored in a secure, but accessible location, including the student's person, until use of such sharps is appropriate.

Use and disposal of sharps shall be in compliance with the guidelines set forth by the Tennessee Occupational Safety and Health Administration (TOSHA).²

In addition to adhering to the requirements of the IHP for the care of students with diabetes, the district shall:

- 1) Acquire necessary parent requests and instructions for treatment;
- 2) Acquire monitoring and treatment orders from medical practitioner prescribing within their scope of practice;

- 1 3) The school nurse will assess competency and independent skill in blood glucose
2 monitoring by the student and/or personnel providing monitoring;
- 3 4) Provide an appropriate setting for the blood glucose monitoring by the student or
4 designee, which may be in the school clinic. This monitoring area shall be determined
5 by the Principal, School Nurse, student, aren't/guardian and student's health
6 practitioner. This area must be private, and equipped to dispose of lancets and syringes;
- 7 5) Permit students with diabetes unrestricted access to necessary food, water, and
8 bathroom facilities that is on schedule, and as needed on an individual basis;
- 9 6) Meals and snacks shall not be withheld from any student for disciplinary reasons and
10 accommodations may be made to provide food for diabetic students at their regularly
11 scheduled meal time when the school schedule is modified for special events;
- 12 7) Parents/guardians and healthcare providers will be provided with a schedule of the
13 student's day to facilitate timing of glucose monitoring, treatment and food consumption.

14 IHPs shall be distributed to appropriate staff based on the student's needs.

15 **EMERGENCY ALLERGY RESPONSE PLAN**

16 LSS shall develop and maintain an Emergency Allergy Response Plan that meets state
17 guidelines for managing students with life-threatening allergies. The plan shall include
18 measures to reduce allergen exposure and procedure to treat allergic reactions.

19 Parents/guardians of students diagnosed with a life-threatening allergy should notify the
20 schools immediately following the diagnosis of the allergy. An Individualized Health Plan
21 tailored to meet the needs of each student at-risk of anaphylaxis will be developed and
22 implemented.

23 Students with anaphylaxis are entitled to possess and self-administer prescription anaphylaxis
24 medication while on school property or at school-related events, provided that:

- 25 1) The parent/guardian of the student provides to the Principal:
 - 26 a. Written authorization, signed by the parent/guardian for the student to self-
27 administer prescription anaphylaxis medication while on school property or at
28 a school-related event or activity
 - 29 b. A written statement, signed by the parent/guardian in which the
30 parent/guardian releases the School District and its employees and agents
31 from liability for an injury arising from the student's self-administration of
32 prescription anaphylaxis medication while on school property or at a school-
33 related event or activity; and,
 - 34 c. A written statement from the student's medical practitioner, that:
 - 35 i. Supports a diagnosis of anaphylaxis;
 - 36 ii. Identifies the food or substance to which the student is allergic;
 - 37 iii. Describes any prior history of anaphylaxis, if possible;
 - 38 iv. Lists any medication prescribed to treat anaphylaxis;
 - 39 v. Outlines emergency treatment procedures in the event of a reaction;
 - 40 vi. Lists the signs and symptoms of the reaction,

1 vii. Assesses the student's readiness for self-administration of prescription
2 medication; and

3 If the student misuses the anaphylaxis allergy medicine or makes the anaphylaxis allergy
4 medicine available for usage by another person the student may be subject to disciplinary
5 action.

6 The district and its employees who act in good faith and in substantial compliance with a
7 student's Individual Health Care Plan and the instructions provided by the student's health care
8 provider shall not be criminally or civilly liable for services rendered or provided.

9

10 **STUDENTS WITH PANCREATIC INSUFFICIENCY OR CYSTIC FIBROSIS³**

11 Students diagnosed with pancreatic insufficiency or cystic fibrosis shall be permitted to self-
12 manage their prescribed medication in a manner directed by a licensed healthcare provider
13 without additional assistance or direction. The Superintendent shall develop procedures for
14 the development of both an Individualized Healthcare Plan (IHP) and an Emergency Care Plan
15 (ECP) that conforms to state law for every student with pancreatic insufficiency or cystic fibrosis
16 that wishes to self-medicate.

Legal References

1. TCA 49-5-415
2. TCA 49-5-415(d)(7), Public Acts 2006, Chapter No. 54
3. Public Acts of 2015, Chapter No. 321