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

1) The student must be competent to self-administer the non-prescription or prescription medication with assistance;

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

1. Student's name;
2. Name of medication;
3. Name and phone number of physician;
4. Time medication is to be administered self-administered;
5. Dosage and directions for self-administration (non-prescription and non-traditional therapeutic medicines must be directed by a licensed physician, in the original container labeled with child’s name, instructions, and label directions.);
6. Possible side effects, if known; and
7. Termination date for self-administration of the medication.

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

Volunteer personnel, trained by a Registered Nurse, may administer medications, including: anti-seizure medication, asthma inhalers, glucagon, epinephrine, pancreatic enzymes, and medication for adrenal insufficiency. Glucagon, anti-seizure medication, asthma inhalers, and epinephrine. The administration of medications in emergency situations to a student is based on that student's Individual Health Plan (IHP) and the availability of the nurse. If a Registered Nurse is able to reach the student within the time limit for registration as specified by the IHP, then the nurse shall administer the aforementioned medication.

The administrator/designee will:

1. Inform appropriate school personnel of the medication to be self-administered;
2. Keep written instructions from parent in student's record;
3. Keep an accurate record of the self-administration of the medication;
4. Keep all medication in a locked cabinet except medication retained by a student per physician's order;

5. Return unused prescription to the parent or guardian only; and

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

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

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

ADMINISTRATION OF DIAZEPAM (DIASTAT) ANTI-SEIZURE MEDICATION

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

1. The school with a written authorization to administer the medication at school in an IHP

2. A written statement from the student’s health care practitioner, which includes:
   a. Student’s name and date of birth;
   b. Medication name and the purpose of the medication;
   c. The dosage;
   d. The route of administration;
   e. The frequency of administration;
   f. The circumstances under which the medication may be administered

3. Unexpired, prescribed medication to the school in its unopened, sealed package, with an intact label affixed by the pharmacy.

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

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

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

DEFINITION OF DIAZEPAM (DIASTAT)

Diastat works to stop seizure activity by acting on brain cell interactions that inhibit the seizure discharges. This special formulation of diazepam is administered rectally as a gel.

School personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse or employed or contracted by the Lakeland School System may administer anti-seizure medications, including diazepam gel to a student in an emergency situation based on the student’s IHP. If the school nurse is available, on site, and able to reach the student within the time limit for administration specified in the IHP, then the school nurse shall provide this service to the student.

WHEN TO USE DISTAT

Upon the decision of a trained volunteer to administer diazepam gel (Diastat), school officials shall immediately summon local emergency medical services to the school to provide necessary monitoring of transport to safeguard the health and condition of the student.

Trained volunteer school personnel administering anti-seizure medications, any registered nurse who provides training to administer such medications, and any local board of education shall not be liable in any court of law for injury resulting from the reasonable and prudent assistance in the administration of such medications, if performed pursuant to the policies and guidelines developed by the departments of health and education and approved by applicable regulatory or governing boards or agencies.

Lakeland School System shall not assign a student with epilepsy or other seizure disorder to a school other than the school for which the student is zoned or would otherwise regularly attend because the student has a seizure disorder.

ASTHMA METERED-DOSE INHALERS

Students with a diagnosis of asthma may possess and self-administer prescribed, metered 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.

The written authorization from the parent/guardian and the statement from the parent/guardian and the statement from the physician shall be kept in the office of the school Principal.

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.

**CARE OF DIABETIC STUDENTS AND BLOOD GLUCOSE SELF-CHECKS**

Each student diagnosed with diabetes shall have an Individual Health Plan (IHP). The IHP will be reviewed and updated annually, or as needed.

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).

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;
3. The school nurse will assess competency and independent skill in blood glucose monitoring by the student and/or personnel providing monitoring;

4. Provide an appropriate setting for the blood glucose monitoring by the student or designee, which may be in the school clinic. This monitoring area shall be determined by the Principal, School Nurse, student, aren’t/guardian and student’s health practitioner. This area must be private, and equipped to dispose of lancets and syringes;

5. Permit students with diabetes unrestricted access to necessary food, water, and bathroom facilities that is on schedule, and as needed on an individual basis. When food is served at school events, provision shall be made for appropriate food to be available to students with diabetes;

6. Meals and snacks shall not be withheld from any student for disciplinary reasons and accommodations may be made to provide food for diabetic students at their regularly scheduled meal time when the school schedule is modified for special events;

7. Parents/guardians and healthcare providers will be provided with a schedule of the student’s day to facilitate timing of glucose monitoring, treatment and food consumption. Each student’s IHPs shall be distributed to appropriate staff based on the student’s needs.

GLUCAGON ADMINISTRATION FOR DIABETIC CARE

School personnel, who volunteer, under no duress or pressure and have been properly trained by a registered nurse, are permitted to administer glucagon in emergency situations to a student based on physician’s orders and/or the student’s Individual Health Plan (IHP). If the school nurse is on site, the nurse shall provide the service to the student.

The school nurse shall be responsible for updating and maintaining each IHP. There must be a parent/guardian signature on file giving permission prior to training school personnel to administer glucagon.

DEFINITION OF GLUCAGON

Glucagon is a hormone that helps the liver release sugar, thus increasing the level of sugar in the blood. It must be injected with a syringe into the body like insulin.

WHEN TO USE GLUCAGON

Glucagon is administered when the student has low blood sugar and is unable to take liquid or food by mouth because of unconsciousness or seizure activity as per a medical provider’s written instructions.

TRAINING

2. The volunteer must complete an initial in-depth diabetes-related training recognizing signs and symptoms of hypoglycemia and respond with student-specific interventions.

3. The volunteer trainee must be able to state glucagon’s action and the need for its use.

4. The volunteer trainee must be able to state how glucagon should be prepared, the dosage, and side effects as well as follow-up care after the administration of glucagon.

5. The volunteer trainee must be able to identify where glucagon will be stored (must be kept in a secure location away from heat and direct light) and readily available to the student.

6. The volunteer trainee will notify or delegate notification of EMS/911 personnel, parents/guardian, and the school nurse any time glucagon is administered to any student.

7. The volunteer trainee must document observations, administration of glucagon, and follow-up care on the appropriate diabetic and medication forms.

8. Training will be provided until competency is demonstrated, and retraining shall be completed on a yearly basis. Training will be documented and include a skills checklist, instructor’s name, trainee’s name, date of training, and documentation of competency of trainee to administer glucagon. A copy of the trainee’s competency training form will be kept in the employee’s personnel file.

EMERGENCY ALLERGY RESPONSE PLAN

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

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

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

1. The prescription anaphylaxis medication has an intact prescription label on the medication with the student’s name;

2. The self-administration is done in compliance with the prescription or written instructions from the student’s physician or licensed healthcare provider; and

3. The parent/guardian of the student provides to the Principal:

   a. Written authorization, signed by the parent/guardian for the student to self-administer prescription anaphylaxis medication while on school property or at a school-related event or activity;
b. A written statement, signed by the parent/guardian in which the parent/guardian releases the School District and its employees and agents from liability for an injury arising from the student’s self-administration of prescription anaphylaxis medication while on school property or at a school-related event or activity; and,

c. A written statement from the student’s medical practitioner, that:

   i. Supports a diagnosis of anaphylaxis;

   ii. Identifies the food or substance to which the student is allergic;

   iii. Describes any prior history of anaphylaxis, if possible;

   iv. Lists any medication prescribed to treat anaphylaxis;

   v. Outlines emergency treatment procedures in the event of a reaction;

   vi. Lists the signs and symptoms or the reaction,

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

   viii. Provides a list of substitute meals that may be offered by school food service personnel.

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

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

STUDENTS WITH PANCREATIC INSUFFICIENCY OR CYSTIC FIBROSIS

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

The IHP shall be student-specific and shall address or include:

(A) A written format for nursing assessment that includes health status, risks, concerns and strength;

(B) Nursing diagnoses;

(C) Interventions;

(D) Delegation;
(E) Training; (F) Expected outcomes; and 

(G) Goals to:

(i) Meet the healthcare needs of a student with pancreatic insufficiency or cystic fibrosis; and

(ii) Protect the safety of all students from the misuse or abuse of medication.

With written authorization from the health care provider and parent, a student with pancreatic insufficiency or cystic fibrosis shall be allowed to carry and self-administer prescribed pancreatic enzymes.

**STUDENTS WITH ADRENAL INSUFFICIENCY**

The parent/guardian of a student diagnosed with adrenal insufficiency shall notify the school district of the student’s diagnosis. Once notified, the district shall observe the following procedure:

1. The district shall train school personnel who will be responsible for administering the medication for the treatment of adrenal insufficiency and any who volunteer to administer the medication.

2. The district shall maintain a record of all school personnel who have completed this training.

3. If a student is suffering from an adrenal crisis, a school nurse or other licensed health care professional may administer the prescribed medication to the student. If a school nurse or other licensed health care professional is not immediately available, trained school personnel may administer the prescribed medication.

The Superintendent shall develop procedures on the administration of medications that treat adrenal insufficiency and recordkeeping per rules set forth by the State Board of Education.

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Legal References

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