

Claiborne County Board of Education

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| Monitoring: Review: Annually, in April | Descriptor Term: Medicines | Descriptor Code: 6.405 | Issued Date: 12/10/15 |
| | | Rescinds: 6.405 | Issued: 01/11/07 |

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

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

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

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

17 Volunteer personnel, trained by a registered nurse, may administer glucagon in emergency situations to
18 a student based on that student's Individual Health Plan (IHP). **(Insert language only if board wishes
19 to allow personnel to volunteer to administer glucagon.)**

20 The administrator/designee will:

- 21 1. Inform appropriate school personnel of the medication to be self-administered;
- 22 2. Keep written instructions from parent in student's record;
- 23 3. Keep an accurate record of the self-administration of the medication;
- 24 4. Keep all medication in a locked cabinet except medication retained by a student per physician's
25 order;
- 26 5. Return unused prescription to the parent or guardian only; and
- 27 6. Ensure that all guidelines developed by the Department of Health and the Department of
28 Education are followed.

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

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

5 **BLOOD GLUCOSE SELF-CHECKS**

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

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

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

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

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

Cross References

Student Health Services 6.401