

Greene County Board of Education

Monitoring: Review: Annually, in June	Descriptor Term: Assisted Self-Administration of Medication	Descriptor Code: 6.405	Issued Date: 08/24/17
		Rescinds: 6.405	Issued: 09/22/16

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 who have been trained by system nursing staff will assist in self-
4 administration of the medication if the student is competent to self-administer medicine with assistance
5 in 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 label
12 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 of the
16 student unless the medication must be retained by the student for immediate self-administration. (i.e.
17 students with asthma or life-threatening food allergies).

18 Volunteer personnel, trained by a registered nurse, may administer glucagon in emergency situations to
19 a student based on that student's Individual Health Plan (IHP)

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 physi-
25 cian's 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 is 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 49-50-1602
2. TCA 49-5-415(d)(7), Public Acts 2006, Chapter No. 54
3. TCA 49-50-1601

Cross References

Student Health Services 6.401
Emergency Allergy Response Plan 6.412

Procedure References

Letter to Parent Regarding Medication at School 6.405 Exhibit A
Permission for Medication (Prescription and Non-Prescription) 6.405 Exhibit B
Medication Receipt Record 6.405 Exhibit C
Short Term-As Needed Medication Record 6.405 Exhibit D
Long Term Medication Record 6.405 Exhibit E