

TENNESSEE STATE BOARD OF EDUCATION	
ADMINISTRATION OF MEDICATION IN A SCHOOL SETTING	4.205

Policy Sections

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Many students need medications during school hours. The administration of medication in the school setting is a service that is provided to promote wellness and decrease absenteeism by removing a barrier to learning. When there is a need for a student to receive medication in school, safe and proper administration is essential. This policy provides guidance to assure the safe administration of medications for those students who require them. This policy should be used in conjunction with the *Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting* produced by the Department of Education and the Department of Health.

1. General Requirements

- a. Medications should be limited to those required during school hours which are necessary to maintain the student's health in school and those needed in the event of an emergency.
- b. Health care procedures, including administration of medications to students during the school day or at related events, shall be performed by appropriately licensed health care professionals in accordance with applicable guidelines of their respective regulatory boards and in conformity with policies and rules of local boards of education or governing boards of nonpublic schools. The student's parent or guardian must give permission in writing for appropriately licensed health care professionals to perform health care procedures and administer medications. The written permission shall be kept in the student's school records.
- c. Any child with acute or chronic health issues should have a health assessment completed by a registered nurse. As warranted by the child's condition or diagnosis, an Individual Health Plan (IHP) will be completed by the registered nurse. Per T.C.A. § 49-50-1602, any health care procedure a student is not capable or competent to perform must be performed by a licensed health care professional. Documentation of the procedure must conform to standard nursing guidelines and include the name of the procedure, name of the person performing the procedure, date, time, results of the procedure, or the reason the procedure was omitted. A physician's orders and parental authorization are required for any health care procedures performed by a licensed health care professional in the school setting.
- d. A school nurse employed or contracted by the LEA shall be responsible for updating and maintaining each IHP.

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- e. Each LEA board shall adopt policies and procedures that provide for the administration of medications that treat adrenal insufficiency in compliance with rules promulgated by the State Board of Education.¹
- f. Each school within an LEA and each nonpublic school is authorized to adopt a policy to maintain an opioid antagonist so that an opioid antagonist may be administered to any student believed to be having a drug overdose.² Each LEA or nonpublic school that adopts a policy to maintain an opioid antagonist shall include a provision for parental notification. Administration of an opioid antagonist shall be in compliance with the procedures outlined in the *Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting* produced by the Department of Education and the Department of Health.
- g. School nursing staff and any other school personnel, including transportation personnel, who perform or assist with procedures which may involve bloodborne pathogens must receive annual training on bloodborne pathogens, be offered the Hepatitis B vaccine, have appropriate cleaning supplies, and be supplied with gloves.
- h. Children with known health problems or certain diagnoses should have an Individual Health Plan (IHP) that includes emergency care procedures, a nursing assessment, physician's orders, and parental authorization. In addition, it is recommended that the school protocol include parental or guardian notification, school nurse notification, and activation of EMS as appropriate for any emergency situation.
- i. For all prescription and non-prescription drugs, a written request shall be obtained from the parent(s) or guardian(s) requesting that medication be given during school hours. The request must include the parent's or guardian's name and phone number in case of emergency. It is the parent's or guardian's responsibility to ensure that the written request and medication are brought to the school. Local school board policies related to "Zero Tolerance" may require all medications, prescription and non-prescription, be brought to school and delivered to appropriate or designated school personnel by a responsible adult.

2. Self-Administration of Medication

- a. If a student has been taught to perform his or her own procedure and does not need assistance, space must be made available for the student to perform this task. If a student is performing an invasive procedure, that student should have at minimum a bi-annual nursing assessment of competency and proficiency as well as an IHP. Physician's orders and parental authorization are highly

¹ Public Acts of 2017, Chapter No. 84

² Public Acts of 2017, Chapter No. 256

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recommended but are not required for procedures done by a student without assistance. It is not the intent to make a child or adolescent feel the school district or school nurse is attempting to remove his or her personal choice or ability to manage his or her own medications or procedures. Every attempt should be made on an individual basis to allow a child who is independent to continue self-management. It is prudent for the student and the nurse to work out a method of reporting or asking for assistance on an as-needed basis.

- b. In accordance with T.C.A. § 49-50-1601, a student diagnosed with pancreatic insufficiency or cystic fibrosis may be permitted to self-manage prescribed pancreatic enzyme therapy in the manner directed by the licensed healthcare provider without additional assistance or direction. With written authorization from the healthcare provider and parent, a student with pancreatic insufficiency or cystic fibrosis shall be allowed to carry and self-administer prescribed pancreatic enzymes.
- c. Each LEA shall permit possession and self-administration of a prescribed, metered dosage asthma-reliever inhaler by any student with asthma if the student's parent or guardian:
 - i. Provides to the school written authorization for student possession and self-administration of the inhaler; and
 - ii. Provides a written statement from the prescribing health care practitioner that the student suffers from asthma and has been instructed in self-administration of the prescribed, metered dosage asthma-reliever inhaler and provides the name and purpose of the medication, the prescribed dosage, the time or times the prescribed inhaler is to be regularly administered, as well as any additional special circumstances under which the inhaler is to be administered, and the length of time for which the inhaler is prescribed. The statements shall be kept on file in the office of the school nurse or school administrator.
 - iii. The permission for self-administration of the prescribed, metered dosage asthma-reliever inhaler shall be effective for the school year in which it is granted and must be renewed each following school year. The LEA may suspend or revoke the student's possession and self-administration privileges if the student misuses the inhaler or makes the inhaler available for usage by any other person.
 - iv. A student granted permission to possess and use a metered dosage asthma-reliever inhaler may possess and use the prescribed, metered dose asthma-reliever inhaler when at school, at a school-sponsored activity, or before or after normal school activities while on school properties, including school-sponsored child care or after-school programs.
- d. A student with anaphylaxis is entitled to possess and self-administer prescription anaphylaxis medication while on school property or at a school-

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related event or activity in compliance with the requirements of T.C.A. § 49-50-1602.

- e. Upon written request of the 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 blood glucose checks, administer insulin, treat hypoglycemia and hyperglycemia, and otherwise attend to the care and management of the student's diabetes in any area of the school or school grounds and at any school-related activity, and shall be permitted to possess on the student's person at all times all necessary diabetes monitoring and treatment supplies, including sharps.

3. Assistance with Self-Administration of Medication

- a. A local board of education or a governing board for a nonpublic school may permit an employee or a person under contract with the board to assist in self-administration of medications, under the following conditions:
 - i. The student is competent to self-administer nonprescription or prescription medication with assistance;
 - ii. The student's condition, for which the medication is authorized or prescribed, is stable;
 - iii. The self-administration of each dose of the medication shall be properly documented and the documentation easily retrievable. Documentation shall include date, time, dosage, route, and the signature of the person assisting the student in self-administration;
 - iv. The *Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting* produced by the Department of Education and the Department of Health are followed; and
 - v. The student's parent or guardian has provided permission in writing for school personnel to assist with self-administration of medications.
- b. The individual assisting with medication self-administration must visually observe the student self-administer the medication or, in the case of a cognitively competent but physically challenged student, perform that portion of self-administration for which the student is physically incapable.
- c. In the event a dosage is not administered as ordered or any other medication error occurs, a Medication Error Form must be filled out and routed to the appropriate administrative person in the local school system or routed per the protocol of a contracted agency. The school nurse and parent or legal guardian must be notified in the event of a medication error.
- d. Each school shall establish a procedure for providing communication with the parent(s) or guardian regarding any problems with administration of the medication.

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- e. To ensure safety and accountability, nursing supervision shall be provided to personnel assisting with the self-administration of medication to ensure local school board policies and state guidelines are being followed.
- f. School personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the LEA may administer glucagon in emergency situations and may administer daily insulin to a student based on that student's individual health plan (IHP). However, if a public school nurse is available and on site, the nurse shall provide this service to the student.
- g. Any registered nurse providing training to school personnel shall follow the *Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting* produced by the Department of Education and the Department of Health.
 - i. Training provided to school personnel on the administration of glucagon and insulin shall be repeated annually and competencies shall be documented at least twice a year in the employee's personnel file.
 - ii. A local board of education or a governing board for a nonpublic school may permit school personnel to volunteer to assist with the care of students with diabetes under the following conditions:
 - I. The student's parent or guardian and the student's personal health care team has developed a medical management plan that lists the health services needed by the student at school and is signed by the student's physician, nurse practitioner, or physician assistant;
 - II. The student's parent or guardian has given permission for the school's trained volunteer or school nurse to participate in the care of the student with diabetes and the permission is filed in the student's record; and
 - III. The *Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting* produced by the Department of Education and the Department of Health are followed.
 - iii. School personnel who volunteer under no duress to assist with the care of students with diabetes must receive training pursuant to the guidelines from a school-registered nurse. The school-registered nurse may use certified diabetes educators and licensed nutritionists to assist with the training. All training must be renewed on an annual basis and competency must be noted in the personnel file.
 - iv. If a school nurse is on-site and available to assist, the school nurse must provide any needed diabetes assistance rather than other trained school personnel volunteering to assist the student.

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- h. Public and nonpublic school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the LEA or governing board for a nonpublic school may administer anti-seizure medications, including diazepam gel, to a student in an emergency situation based on that student's IHP.
 - i. The training provided to volunteer school personnel shall be in accordance with the *Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting* produced by the Department of Education and the Department of Health and shall evaluate the competencies necessary to administer anti-seizure medications.
 - ii. All volunteers trained to administer anti-seizure medications shall also be trained in cardiopulmonary resuscitation (CPR).
 - iii. If a school nurse is available, on site, and able to reach the student within the time limit for administration specified in the IHP, then the nurse shall provide this service to the student.
 - iv. At least one (1) school employee shall serve as a witness on any occasion a volunteer administers anti-seizure medication during an emergency situation, unless a witness is not available within the time limit for administration specified in the IHP.
 - v. 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 written authorization to administer the medication at school that includes the requirements outlined in T.C.A. § 49-50-1602.
- i. When a student does not have an epinephrine auto-injector or a prescription for an epinephrine auto-injector on file, the school nurse or other trained school personnel may utilize the LEA or nonpublic school supply of epinephrine auto-injectors to respond to an anaphylactic reaction, under a standing protocol from a physician licensed to practice medicine in all its branches.

4. Storage and Security of Medication

- a. All medications must be stored in a secure, separate, locked drawer or cabinet. Medications requiring refrigeration should be refrigerated in a secure area. If possible, a separate refrigerator should be available for student medications. If medication requiring refrigeration is kept in a refrigerator used for food storage, the medication must be put in a leak-proof, locked container. Emergency medications such as a glucagon kit and an epinephrine kit must be kept in a secure area near the student and readily available for timely, emergency use. The student's individual health plan (IHP) will determine availability and parameters for use of emergency medications.
- b. Each school in an LEA and each nonpublic school is authorized to maintain at the school in at least two (2) unlocked, secure locations epinephrine auto-injectors

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so that epinephrine may be administered to any student believed to be having a life-threatening allergic or anaphylactic reaction.

- c. Each school within an LEA and each nonpublic school is authorized to maintain an opioid antagonist at the school in at least two (2) unlocked, secure locations, including, but not limited to, the school office and the school cafeteria.
- d. Any sharps involved in diabetes care and management for a student shall be stored in a secure but accessible location, including on the student's person, until use of the 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).
- e. All prescription drugs given at school shall be prescribed by a licensed prescriber on an individual basis as determined by the child's health status.
- f. Prescription medication must be brought to school in the original, pharmacy labeled container that displays:
 - i. The child's name;
 - ii. The prescription number;
 - iii. Medication name and dosage;
 - iv. Administration route or other directions;
 - v. Date;
 - vi. Licensed prescriber's name; and
 - vii. Pharmacy name, address, and phone number.
- g. All prescriptions for long-term medications shall be renewed at least annually.
- h. Changes in prescription medications shall have written authorization from the licensed prescriber and parent. The change will be noted on the medication administration record (MAR) without deleting the previous information. Only a registered nurse or licensed practical nurse can make changes on the MAR. Changes can include but are not limited to: time, dose, addition, discontinuation, etc.
- i. All non-prescription drugs given in school shall:
 - i. Be brought to school with the original label listing the ingredients, dose schedule, and child's name affixed to the container; and
 - ii. Be accompanied by a written parental or legal guardian request that includes:
 - I. The child's name;
 - II. The name and address of the parent of legal guardian;
 - III. Name of medication, dose, route, and time of Administration;

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- IV. Discontinuation date;
- V. Reason medication is needed; and
- VI. Current phone number for the parent or legal guardian in case of emergency.

- j. The school nurse or school administrator shall check monthly the expiration date for each anti-seizure medication in possession of the school. At least one (1) month prior to the expiration date of each medication, the school nurse or administrator shall inform the student's parent or guardian of the expiration date.
- k. The parent or guardian shall be responsible at the end of the treatment regimen for removing any unused medication from the school. When the duration of a medication is complete or out of date, the parent/guardian shall be advised to pick up the medication. After notification attempts, per local school system policy, if not picked up in fourteen (14) days the medication shall be destroyed by the school nurse, documented and witnessed by at least one (1) other school staff person.

Guidelines for the Administration of an Opioid Antagonist for Students Suspected of a Drug Overdose

These guidelines will be included in the *Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting* produced by the Department of Education and the Department of Health.

H2. Management of drug overdose and use of opioid antagonists

H2a. Background information on Opioids and Opioid Overdose

Opioids are substances derived from the opium poppy. Examples of opioids include illegal drugs such as heroin and prescription medications used to treat pain, such as oxycodone and methadone. Opioids bind to specific sites in the brain that affect breathing. Due to their effect on the brain, an opioid overdose can cause a person to stop breathing and can result in death. Signs of an overdose include:

- Unresponsiveness to shouting or pain;
- Unconsciousness;
- Slow and shallow breathing or not breathing;
- Pale, clammy skin or loss of color;
- Blue, purple or gray face, especially around lips and fingernails;
- Faint or no pulse; and / or
- Extremely small “pinpoint” pupils.

H2b. Naloxone and Indications for Use

Naloxone, an opioid antagonist, is to be used when there is suspicion of an opioid overdose. It displaces the opioid from the receptors in the brain to reverse the overdose. Naloxone has minimal side effects. If naloxone is administered to someone who is not suffering from an opioid overdose, it is not harmful. Naloxone is available as an auto-injector or an intranasal spray. Each LEA may decide which form of naloxone will be kept in schools.

H2b. Training Requirements

School nurses and other employees expected to provide emergency care to students must complete the Tennessee Department of Health training on Naloxone administration. A certificate is provided upon completion of the training.

H2c. Location and Storage of Naloxone

Each school within an LEA and each nonpublic school is authorized to maintain Naloxone in at least two unlocked, secure locations to be determined by each school. Naloxone should be stored according to the manufacturer’s instructions. Each LEA should develop a procedure for maintaining an inventory documenting the quantities, locations, and expirations of Naloxone, proper storage, and documentation of replacement units.

H2d. What to do during an overdose

In the case of a suspected opioid overdose, school nurses or other trained staff shall follow the protocols outlined in the Naloxone training and the instructions in the Naloxone kit. It is recommended that each LEA develop a procedure for use of naloxone that includes, but is not limited to, the following steps:

Step 1: Try to Maintain Responsiveness

1. Call the person's name
2. Shake the person
3. Utilize sternal rub (make a fist and rub knuckles over a person's sternum)

Step 2: Dial 911 and Begin CPR

1. If an individual is not responsive, alert someone to call 911 and get an AED
2. If an individual is not breathing, begin CPR per training

Step 3: Administer a Naloxone product per package insert instructions.

When administering intranasal Naloxone (Brand name: Narcan):

1. Lay the person on his or her back.
2. Remove the spray from the box.
3. Peel back the tab with the circle to open.
4. Hold the spray with your thumb over the bottom of the plunger and your fist and middle fingers on either side of the nozzle.
5. Tilt the person's head back and provide support under the neck with your other hand.
6. Gently insert the tip of the nozzle into one nostril until your fingers on the nozzle are against the bottom of the person's nose.
7. Press the plunger firmly to deliver the dose.
8. Remove spray nozzle out of the nostril after the dose is given.
9. If the person's symptoms return after the initial dose of Naloxone, an additional dose may be given after 2-3 minutes. If another dose needs to be given, a new nasal spray must be used.

When administering Naloxone auto-injector (Brand name: Evzio):

Evzio® is an auto-injector that gives voice instructions for each of the steps. A practice or “trainer” device is included. As part of preparation for opioid overdose, practice using the Trainer for EVZIO.

1. Pull Evzio from outer case.
2. Pull off the red safety guard. Pull firmly (the red safety guard is made to fit securely). Do not replace the red safety card after it is removed. To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help right away.
3. Place the black end of the product on the outer thigh. In children under 1 year of age, the person giving Evzio should pinch the thigh muscle while administering the dose. Evzio® can be given through clothing.
4. A distinct “click and hiss” sound will be heard. This is normal and means that it is working correctly.
5. Keep firmly pressed on the thigh for 5 seconds after you hear the click and hiss sound. The needle will inject and then retract back into the auto-injector and is not visible after use.
6. After use, place the auto-injector back into its outer case. The black base will lock into place. The voice instruction system will state that Evzio has been used and the LED will blink red. The red safety guard cannot be replaced. The viewing window will no longer be clear. You will see a red indicator.
7. If the person’s symptoms return after the first dose of Naloxone, an additional dose may be given after 2 to 3 minutes. If another dose needs to be given, a new auto-injector must be used.

Step 4: Post-Naloxone Administration Support

1. Check for breathing. If the person is not breathing, continue to perform CPR until Naloxone starts working or EMS arrives.
2. If the person is breathing, place person on his or her side. This position will help prevent the individual from inhaling vomit.

Step 5: Stay and Watch the Individual

1. Explain to the individual that you’ve just given them Naloxone.
2. Comfort the person being treated, especially since withdrawal symptoms triggered by Naloxone can be unpleasant.
3. Help the person remain calm.

Step 6: Inform Paramedics

1. Inform EMS personnel about treatment given and condition of the individual.

H2de. Records and Reporting

It is recommended that each LEA develop a Naloxone receipt form with storage information as well as a use reporting form which should be completed after any incident involving the use of Naloxone.