

**Revision of FFAC(Local) and Deletion of FFAB(Local) – Second reading
November 11, 2008**

SUMMARY: This item requests approval of second reading of FFAC Local and consideration of deletion of FFAB Local

BOARD GOAL: VI. Growth and Change - review and adjust policies

PREVIOUS BOARD ACTION:

First reading done on Oct. 21 2008. At that time, the Board noted a typographical error, and requested clarification/change of wording in part of FFAC Local regarding the definition of who has legal prescriptive authority in Texas.

BACKGROUND INFORMATION:

FFAC Legal was changed two years ago and FFAC Local was not corrected/updated at that time. Subsequent review of this policy has generated some discussion regarding clarity and terminology.

SIGNIFICANT ISSUES:

There is a direct contradiction in FFAB Local to FFAB legal, and because of changes in provisional enrollment laws, FFAB Local is no longer applicable

FFAC Local does not currently include revisions to FFAC legal, making it an incomplete policy

FISCAL IMPLICATIONS:

- None

BENEFIT OF ACTION: Safer guidelines for medication administration in the school setting, clarity in policy statements which provides protection for students who receive or self-administer medication and for administrators, nurses and other staff involved in the administration of medication

Decreased liability for the district when Legal and Local policies are consistent and not contradictory to each other

PROCEDURAL AND REPORTING IMPLICATIONS:

- New procedures will require staff updating in medication administration policy

PUBLIC COMMENT RECEIVED:

- None

ALTERNATIVES:

- No alternative actions are proposed ...

OTHER COMMENTS:

None

SUPERINTENDENT'S RECOMMENDATION: approval of FFAC Local revision and deletion of FFAB Local

STAFF PERSONS RESPONSIBLE:

Theresa Grant, RN Director of Health Services

ATTACHMENT:

Draft revision of FFAC Local and request to delete FFAB Local

APPROVAL:

Signature of Staff Member Proposing Recommendation: _____

Signature of Divisional Assistant Superintendent: _____

Signature of Superintendent: _____