

**Revision of Policy FFAC (Local) Wellness and Health Services: Medical Treatment and Deletion of FFAB (Local) Wellness and Health Services: Immunizations– 1st Reading**  
**October 21, 2008**

**SUMMARY:** This item requests approval of first reading of FFAC Local and deletion of FFAB Local

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

**PREVIOUS BOARD ACTION:**

Workshop done on Oct. 7, 2008. At that time, the Board requested clarification/change of wording in part of FFAC Local regarding administration of dietary supplements/herbal preparations/ by district employees

**BACKGROUND INFORMATION:**

FFAC Legal was changed two years ago and FFAC Local was not corrected/updated at that time

**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direct contradiction in FFAB Local to FFAB legal, and because of changes in provisional enrollment laws, FFAB Local is no longer applicable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:** The Superintendent recommends approval of FFAC (Local) revisions and deletion of FFAB (Local) on first reading.

**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: \_\_\_\_\_