

WELLNESS AND HEALTH SERVICES
MEDICAL TREATMENT

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Note: For more resources to develop, implement, and evaluate school health programs, visit the [Texas Health and Human Services \(DSHS\) website at Texas Guide to School Health Services](#).ⁱ Additional information regarding [Medication Administration in the School Setting](#)ⁱⁱ can be found on the [Texas School Nurses Organization website](#).ⁱⁱⁱ

**Injury or Illness
at School**

[A student who is injured or becomes ill at school or at a school activity will be evaluated and the student's parent will be notified for further instructions.](#)

[Employees will comply with traumatic injury response protocols, including contacting emergency medical services, when required by law. \[See the CKD series\]](#)

[Employees may also contact emergency medical services for emergency care when deemed necessary.](#)

[A student may consent to medical treatment without parental consent in accordance with Family Code 32.003.](#)

**Administration of
Administering
Medication**

~~Authorized District employees may administer prescription medication to students as outlined in Board policy and District procedures. See References (a), (b), and (c). Anytime an employee of the District receives information that a student has a diagnosed life-threatening condition that may require emergency medical attention from school personnel, he or she will report this information to the school principal, who must notify the director, Health and Medical Services immediately. Such an emergency may include but is not limited to allergic, asthmatic, and diabetes reaction.~~

~~District employees will not administer nonprescription medication to students. For additional information see References (a) and (d).~~

[Administration of medication to students will be strictly governed by FFAC\(LEGAL\), FFAC\(LOCAL\), FFAF\(LEGAL\), FFAF\(LOCAL\), any related procedures, and the following:](#)

- [1. School administrators may only assign to willing and trained District employees the task of administering medication by any mode, including injectable medication, oral medication, inhalants, topical medication, or rectally administered medication. Only authorized District employees may administer medication to students.](#)
- [2. District employees authorized to administer medication will be provided orientation, instruction, and supervised practice appropriate to the task. The school nurse will explain to the principal or designated building administrator, employees author-](#)

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ized to administer medication, and, as applicable, the student's teachers any adverse side effects of the medication and any recommended action to be taken.

3. Medication for a specific student will be provided and brought to school by the parent of the student. Students will not carry medication or administer it to themselves unless authorized by their physician and permitted by state law to self-carry and self-administer. The physician must provide the District campus written documentation for the student to self-carry and self-administer. This includes medications for asthma, anaphylaxis, and diabetes. [See FFAC(LEGAL) and the FFAF series]
4. The principal or designee will appoint one employee, such as the school nurse, to supervise the storing and administering of medications and to maintain records of the administration of medication. Any District employee administering medication to a student must record each dose given on a medication administration record. Records will also include the parent's written request.
5. The principal will provide locked storage space where all medication may be maintained apart from office supplies, stored at the appropriate temperatures, and accessible only to authorized employees.
6. Each student's prescription medication must have the original pharmacy label, including the student's name, the name of the medication, directions concerning dosage, and the schedule for administration. Over-the-counter (OTC) medication must be accompanied by a physician's order.
7. Unless a shorter duration is specified, all parent requests or permissions for the District to administer medication will expire at the end of each school year and new requests or permissions must be reviewed prior to the beginning of each school year. Renewed, written permission for treatment will be required from both the physician and the parent for each new school year.
8. Hypodermic injections may be administered by a school nurse, if available, when the parental request also includes the prescribing physician's request. The physician's request must include detailed information concerning the administration of the medication, as well as follow-up procedures. The student's parent will be instructed to furnish sterile, disposable syringes and needles. Used syringes and needles will be dis-

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posed of in accordance with rules of disposal of sharp instruments.

9. When the course of treatment is complete, or at the end of the school year, the parent will be asked to pick up any medication within a specified amount of time. The District will dispose of any unclaimed medication.
10. The Superintendent or designee may approve additional procedures concerning the handling, storing, administering, transporting, and disposing of medication in accordance with law and policy.
11. If any person has incorrectly administered a medication to a student, this person must immediately contact emergency medical services, the campus principal, and the school nurse.

Epinephrine

Definitions

In accordance with state law, and for the purposes of these procedures, the following definitions will apply:

Anaphylaxis

Anaphylaxis is a sudden, severe, and potentially life-threatening allergic reaction that occurs when a person is exposed to an allergen.

Anaphylactic Reaction

An anaphylactic reaction is a serious allergic reaction that is rapid in onset and may cause death.

Epinephrine

Epinephrine is a medication that is intended to be used to treat anaphylaxis.

Unassigned Epinephrine

Unassigned epinephrine is epinephrine issued with a non-patient-specific standing order for the administration of epinephrine.

Trained Individual

A trained individual is a school employee who has received required training and has signed the agreement to administer epinephrine.

Administration of Epinephrine

The District will follow the prescription medication administration regulations above for students who have prescribed epinephrine available on campus.

Certain students at risk of anaphylaxis reactions may possess and self-administer prescription anaphylaxis medication, including epinephrine, while on school property or at a school-related event or activity. Prior to self-possession or administration, a parent or guardian and a prescribing physician or health-care provider must provide written authorization.

Authorized and trained individuals may administer unassigned epinephrine on campus and while in transit to and from a school

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event. An authorized, trained individual will administer epinephrine only when that individual reasonably believes that a person is experiencing an anaphylactic reaction.

The District will ensure that at least one authorized and trained individual is present on each campus during regular on-campus school hours and whenever school personnel are physically on site for school-sponsored activities.

After Emergency
Administration to a
Student

If an individual administers unassigned epinephrine to a student, the school will promptly notify the student's parent, guardian, or emergency contact as soon as feasible during the emergency response to suspected anaphylaxis.

**District Epinephrine
Coordinator**

The Superintendent has designated the director, Health and Medical Services and Compliance, as the District epinephrine coordinator.

Responsibilities

The District epinephrine coordinator will:

1. Oversee the acquisition or purchase of unassigned epinephrine.
2. Coordinate the disposal of drugs in accordance with the U.S. Department of Health and Human Services drug disposal resources^{iv} and in accordance with Texas Health and Human Services (DSHS) bloodborne pathogens guidelines.^v
3. Coordinate with each campus to ensure that unassigned epinephrine is checked monthly for expiration and usage and the findings are documented.
4. Schedule and coordinate the annual training.
5. Maintain a list of individuals authorized and trained in the District to administer unassigned epinephrine.
6. Maintain agreements to administer unassigned epinephrine signed by each authorized and trained individual.
7. Ensure that each campus has at least one trained individual (e.g., school personnel) present for hours required by law or policy.
8. Maintain documentation that each authorized individual received the required training.
9. Disseminate applicable District policies and procedures regarding epinephrine.

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10. Document the number of and expiration dates for unassigned epinephrine doses available at each location where administration is authorized by Board policy.
11. Train campus staff on the inventory process used to check unassigned epinephrine doses monthly for expiration and replacement.
12. Provide guidance to campuses to ensure that unassigned epinephrine is securely stored and easily accessible to authorized and trained individuals.
13. Arrange for replacement of unassigned epinephrine due to use or expiration.
14. Make reports required by law. [See Reporting, below]
15. Maintain all reports and records in accordance with the District's record retention schedule regarding the administration, maintenance, and disposal of unassigned epinephrine.
16. Maintain contact information for any health-care providers who provide the standing orders for epinephrine and consult with the physicians as needed.
17. Verify that, for each incident, local emergency medical services were promptly notified by the school when an individual is suspected of experiencing anaphylaxis and when epinephrine was administered.
18. Verify that, for each incident, documentation is maintained regarding required notification of a parent, guardian, or emergency contact during or after emergency administration of unassigned epinephrine to a student.
19. Coordinate an annual review of the District's procedures.

The school principal will identify specific trained individuals to administer unassigned epinephrine. Each individual must attend appropriate training. [See Training, below]

Notification

Before the start of each school year, the District will provide notice to parents of the District's policy to authorize and train individuals to administer unassigned epinephrine to a person who may be experiencing anaphylaxis. The District will provide notice within 15 calendar days of any change to these provisions or discontinuation of this service.

Training

The District will annually train authorized individuals from each campus as required by law. The initial training will include hands-on

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training with an epinephrine trainer. Documentation that authorized individuals have received the required annual training is maintained in the employees' training history by the District epinephrine coordinator.

Campus Epinephrine Coordinator

The Superintendent has designated the school nurse, if available, or other employee at each campus as the campus epinephrine coordinator. A detailed list of campus epinephrine coordinators is maintained in the Office of Health and Medical Services and Compliance.

Responsibilities

The campus epinephrine coordinator will:

1. Maintain a list of individuals authorized and trained at the campus level to administer unassigned epinephrine.
2. Attend the annual training.
3. Ensure that authorized individuals at the campus level have attended the necessary training.
4. Ensure that at least one authorized and trained individual is present on campus during regular on-campus school hours and whenever school personnel are physically on site for school-sponsored activities.
5. Check the inventory of unassigned epinephrine and expiration dates monthly to ensure sufficient inventory at each location where administration is authorized by Board policy.
6. Promptly notify local emergency medical services when an individual is suspected of experiencing anaphylaxis and when epinephrine is administered. If the campus epinephrine coordinator is the individual trained to administer unassigned epinephrine and is the only individual available to notify emergency medical services, the campus epinephrine coordinator should administer the unassigned epinephrine before notifying emergency services.
7. Maintain documentation regarding notification of a parent, legal guardian, or emergency contact after emergency administration of unassigned epinephrine to a student.
8. Report to the District epinephrine coordinator required information when epinephrine is used.
9. Submit requests to the District epinephrine coordinator for replacement of epinephrine six weeks before the expiration and within five days of use.

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10. [Maintain, store, and dispose of epinephrine autoinjectors in accordance with Texas Health and Human Services \(DSHS\) epinephrine autoinjector guidelines.^{vi}](#)
11. [Develop a map to be placed in high-traffic areas that indicates the location of unassigned epinephrine.](#)

[Inventory and Storage](#)

[On Campus](#)

[Unassigned epinephrine is available to use at the campus during regular on-campus school hours and whenever school personnel are physically on site for school-sponsored activities.](#)

[The supply of unassigned epinephrine will be stored in the school health office.](#)

[In Transit](#)

[The campus will supply two unassigned epinephrine doses for use while in transit to and from school events.](#)

[The supply of unassigned epinephrine will be stored in the possession of the event coordinator.](#)

[Reporting](#)

[Within five business days after an individual has administered unassigned epinephrine, the individual will meet with the District epinephrine coordinator to document needed information for the DSHS electronic submission form.](#)

[Within 10 business days of the administration of epinephrine, the District epinephrine coordinator will notify the physician or other person who prescribed the epinephrine and the commissioner of state health services, and report the information required by law. The electronic submission of the *Required Reporting of Unassigned Administered Epinephrine Auto-Injectors to DSHS*^{vii} meets the requirement of reporting to the commissioner of state health services and may be used for notifying the other individuals as required by law.](#)

[Disposal](#)

[Expired](#)

[Unassigned epinephrine that has expired but has not been opened, administered, or used for any reason will be disposed of according to the U.S. Department of Health and Human Services drug disposal resources^{viii} and any District-approved procedures related to medication disposal.](#)

[Used](#)

[Unassigned epinephrine that has been administered, opened, or used for any reason will be disposed according to guidelines in the U.S. Department of Health and Human Services drug disposal resources,^{ix} the Texas Health and Human Services \(DSHS\) bloodborne pathogens guidelines,^x and any District-approved procedures related to infectious waste disposal. \[See also DBB\(LEGAL\)\]](#)

[Annual Review](#)

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	<u>Unassigned epinephrine procedures will be reviewed by the director, Health and Medical Services and Compliance, at least annually and after each administration of unassigned epinephrine.</u>
<u>Medication for Respiratory Distress</u>	<u>In accordance with state law, and for the purposes of these procedures, the following definitions will apply:</u>
<u>Definitions</u>	
<u>Medication for Respiratory Distress</u>	<u>Medication for respiratory distress means albuterol, levalbuterol, or another medication designated by the executive commissioner of the Health and Human Services Commission for treatment of respiratory distress.</u>
<u>Trained Individual</u>	<u>A trained individual is a school employee who has received required training to administer medication for respiratory distress.</u>
<u>Administration of Medication for Respiratory Distress</u>	<u>An authorized, trained individual will administer medication for respiratory distress when that individual reasonably believes a person is experiencing respiratory distress.</u>
	<u>The District will ensure that at least one authorized and trained individual is present on each campus during regular school hours.</u>
<u>After Emergency Administration to a Student</u>	<u>If an individual administers medication for respiratory distress to a student, the school will promptly notify the student's parent, guardian, or emergency contact of the administration.</u>
	<u>If the student's parent or guardian has not notified the District that the student has been diagnosed with asthma, the school nurse will refer the student to the student's primary care provider on the day the medication for respiratory distress is administered and inform the student's parent or guardian regarding the referral. The referral must include the following:</u>
	<ul style="list-style-type: none"><u>The symptoms of respiratory distress observed;</u><u>The name of the medication for respiratory distress administered to the student; and</u><u>Any patient care instructions given to the student.</u>
	<u>If the student does not have a primary care provider, the school nurse will give the student's parent or guardian information to assist the parent or guardian in selecting a primary care provider for the student.</u>
<u>District Coordinator for Respiratory Distress Medication</u>	<u>The Superintendent has designated the director, Health and Medical Services and Compliance, as the District coordinator for respiratory distress medication.</u>
<u>Responsibilities</u>	<u>The District coordinator for respiratory distress medication will:</u>

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1. Oversee the acquisition or purchase of medication for respiratory distress.
2. Coordinate the disposal of drugs in accordance with the U.S. Department of Health and Human Services drug disposal resources^{xi} and in accordance with Texas Health and Human Services (DSHS) bloodborne pathogens guidelines.^{xii}
3. Coordinate with each campus to ensure that the medications for respiratory distress are checked monthly for expiration and usage and the findings are documented.
4. Schedule and coordinate the annual training.
5. Maintain a list of individuals authorized and trained in the District to administer medication for respiratory distress.
6. Maintain agreements to administer medication of respiratory distress signed by each authorized and trained individual.
7. Ensure that each campus has at least one trained individual (e.g., school personnel) present for hours required by law or policy.
8. Maintain documentation that each authorized individual received the required training.
9. Disseminate applicable District policies and procedures regarding medication for respiratory distress.
10. Document the number of and expiration dates for medication for respiratory distress available at each location where administration is authorized by Board policy.
11. Train campus staff on the inventory process used to check medication for respiratory distress monthly for expiration and replacement.
12. Provide guidance to campuses to ensure that medication for respiratory distress is securely stored and easily accessible to authorized and trained individuals.
13. Arrange for replacement of medication for respiratory distress due to use or expiration.
14. Make reports required by law. [See Reporting, below]
15. Maintain all reports and records in accordance with the District's record retention schedule regarding the administration, maintenance, and disposal of medication for respiratory distress.

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16. Maintain contact information for any health-care providers who provide the standing orders for medications for respiratory distress and consult with the physicians as needed.
17. Verify that, for each incident, documentation is maintained regarding required referral of the student and notification of the student's parent or guardian after administration of medication for respiratory distress to a student.
18. Coordinate an annual review of the District's procedures.

The school principal will identify specific individuals, which include school staff, to administer medications for respiratory distress. Each individual must attend appropriate training. [See Training, below]

Notification

Before the start of each school year, the District will provide notice to parents of the District's policy to authorize and train individuals to administer medications for respiratory distress to a person who may be experiencing respiratory distress. The District will provide notice within 15 calendar days of any change to these provisions or discontinuation of this service.

Training

The District will annually train authorized individuals from each campus as required by law. Documentation that authorized individuals have received the required annual training is maintained in the employees' training history by the District coordinator for respiratory distress medication.

Campus Coordinator for Respiratory Distress Medication

The Superintendent has designated the school nurse, if available, or other employee at each campus as the campus coordinator for respiratory distress medication. A detailed list of campus coordinators for respiratory distress medication is maintained in the Office of Health and Medical Services.

Responsibilities

The campus coordinator for respiratory distress medication will:

1. Maintain a list of individuals authorized and trained at the campus level to administer medication for respiratory distress.
2. Attend the annual training.
3. Ensure that authorized individuals at the campus level have attended the necessary training.
4. Ensure that at least one authorized and trained individual is present on campus during regular school hours.
5. Check the inventory of medication for respiratory distress and expiration dates monthly to ensure sufficient inventory at each location where administration is authorized by Board policy.

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6. Maintain documentation regarding referral of a student and notification of the student's parent or guardian after administration of medication for respiratory distress to a student.
7. Report to the District coordinator the required information when medication for respiratory distress is used.
8. Submit requests to the District coordinator for replacement of medication for respiratory distress six weeks before the expiration and within five days of use.
9. Maintain, administer, store, and dispose of medications for respiratory distress in accordance with the U.S. Department of Health and Human Services drug disposal resources.^{xiii}
10. Develop a map to be placed in high-traffic areas that indicates the location of medications for respiratory distress.

Inventory and Storage

On Campus

Each campus will have two doses of unassigned medication for respiratory distress available to use at the campus during regular school hours and whenever school personnel are physically on site for school-sponsored activities.

The supply of unassigned medication for respiratory distress will be stored in the school health office.

In Transit

The campus will supply one dose of unassigned respiratory distress medication for use while in transit to and from school events.

The supply of unassigned respiratory distress medication will be stored in the possession of the event coordinator.

Reporting

Within five business days after an individual has administered medication for respiratory distress, the individual will meet with the District coordinator for respiratory distress medication to document needed information for the DSHS electronic submission form.

Within 10 business days of the administration of medication for respiratory distress, the District coordinator for respiratory distress will notify the physician or other person who prescribed the medication for respiratory distress, the student's primary healthcare provider, and the commissioner of state health services and report the information required by law. The electronic submission of the *Required Reporting of Unassigned Administered Asthma Medication to DSHS*^{xiv} meets the requirement of reporting to the commissioner of state health services and may be used to notify other individuals as required by law.

Disposal

Expired

Unassigned respiratory distress medications that have expired but have not been opened, administered, or used for any reason will be disposed of according to the U.S. Department of Health and

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	<u>Human Services drug disposal resources^{xv} and any District-approved procedures related to medication disposal.</u>
<u>Used</u>	<u>Unassigned respiratory distress medications that have been opened, administered, or used for any reason will be disposed according to guidelines in the U.S. Department of Health and Human Services drug disposal resources,^{xvi} the Texas Health and Human Services (DSHS) bloodborne pathogens guidelines,^{xvii} and any District-approved procedures related to infectious waste disposal. [See also DBB(LEGAL)]</u>
<u>Annual Review</u>	<u>Procedures related to medications for respiratory distress will be reviewed by the director, Health and Medical Services and Compliance, at least annually and after each administration of a medication for respiratory distress.</u>
<u>Opioid Antagonists</u>	<u>In accordance with state law, and for the purposes of these procedures, the following definitions will apply:</u>
<u>Definitions</u>	
<u>Opioid Antagonists</u>	<u>Opioid antagonist means any drug that binds to opioid receptors and blocks or otherwise inhibits the effects of opioids acting on those receptors.</u>
<u>Opioid-related drug overdose</u>	<u>Opioid-related drug overdose means a condition, evidenced by symptoms such as extreme physical illness, decreased level of consciousness, constriction of the pupils, respiratory depression, or coma, that a layperson would reasonably believe to be the result of the consumption or use of an opioid.</u>
<u>Physician</u>	<u>Physician means a person who holds a license to practice medicine in this state.</u>
<u>Trained Individual</u>	<u>A trained individual is a school employee who has received required training to administer an opioid antagonist.</u>
<u>Administration of Opioid Antagonist</u>	<u>For students in all grades, the District will administer an opioid antagonist to a student that has symptoms of an opioid-related drug overdose such as extreme physical illness, decreased level of consciousness, constriction of the pupils, respiratory depression, or coma.</u> <u>Each campus must have a minimum of 2 doses of opioid antagonists available at any given time.</u> <u>Authorized, trained individuals will administer an opioid antagonist only when that individual reasonably believes a student is experiencing an opioid-related drug overdose.</u> <u>The District will ensure that at least one authorized and trained individual is present on each campus during regular school hours.</u>

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After Emergency
Administration to a
Student

If an individual administers an opioid antagonist to a student, the school will notify the student's parent, guardian, or emergency contact as soon as is feasible during the emergency response to the opioid-related drug overdose.

District Opioid
Antagonist
Coordinator

The Superintendent has designated the director, Health and Medical Services and Compliance, as the District opioid antagonist coordinator.

Responsibilities

The District opioid antagonist coordinator will:

1. Oversee the maintenance, administration, and disposal of an opioid antagonist.
2. Coordinate the disposal of drugs in accordance with the U.S. Department of Health and Human Services drug disposal resources^{xviii} and in accordance with Texas Health and Human Services (DSHS) bloodborne pathogens guidelines.^{xix}
3. Coordinate with each campus to ensure that the opioid antagonists are checked monthly for expiration and usage and the findings are documented.
4. Schedule and coordinate the annual training.
5. Maintain a list of individuals authorized and trained in the District to administer opioid antagonists.
6. Maintain agreements to administer an opioid antagonist signed by each authorized and trained individual.
7. Ensure that each campus has at least one trained individual (e.g., school personnel) present for hours required by law or policy.
8. Maintain documentation that each authorized individual received the required training.
9. Disseminate applicable District policies and procedures regarding opioid antagonists.
10. Document the number of and expiration dates for opioid antagonists available at each location where administration is authorized by Board policy.
11. Train campus staff on the inventory process used to check opioid antagonists monthly for expiration and replacement.
12. Provide guidance to campuses to ensure that opioid antagonists are securely stored and easily accessible to authorized and trained individuals.

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13. Arrange for replacement of opioid antagonists due to use or expiration.
14. Make reports required by law. [See Reporting, below]
15. Maintain all reports and records in accordance with the District's record retention schedule regarding the administration, maintenance, and disposal of opioid antagonists.
16. Maintain contact information for any health-care providers who provide the standing orders for opioid antagonists and consult with the physicians as needed.
17. Verify that, for each incident, documentation is maintained regarding notification of a parent, guardian, or emergency contact during or after emergency administration of an opioid antagonist to a student.
18. Coordinate an annual review of the District's procedures.

The school principal will identify specific individuals, which include school staff, to administer opioid antagonists. Each individual must attend appropriate training. [See Training, below]

Training

The District will annually train authorized individuals from each campus as required by law. Documentation that authorized individuals have received the required annual training is maintained in the employees' training history by the District opioid antagonist coordinator.

Authorized and trained individuals may administer an opioid antagonist on campus and while in transit to and from a school event. An authorized, trained individual will administer an opioid antagonist only when that individual reasonably believes that a person is experiencing an opioid-related drug overdose.

Campus Opioid Antagonist Coordinator

The Superintendent has designated the school nurse, if available, or other employee at each campus as the campus opioid antagonist coordinator. A detailed list of campus opioid antagonist coordinators is maintained in the Office of Health and Medical Services and Compliance.

Responsibilities

The campus opioid antagonist coordinator will:

1. Maintain a list of individuals authorized and trained at the campus level to administer opioid antagonists.
2. Attend the annual training.
3. Ensure that authorized individuals at the campus level have attended the necessary training.

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4. Ensure that at least one authorized and trained individual is present on campus during regular school hours.
5. Check the inventory of opioid antagonists and expiration dates monthly to ensure sufficient inventory at each location where administration is authorized by Board policy.
6. Maintain documentation regarding notification of a parent, legal guardian, or emergency contact after emergency administration of an opioid antagonist to a student.
7. Report to the District opioid antagonist coordinator required information when an opioid antagonist is used.
8. Submit requests to the District opioid antagonist coordinator for replacement of opioid antagonists six weeks before the expiration and within five days of use.
9. Maintain, store, and dispose of opioid antagonist in accordance with the U.S. Department of Health and Human Services drug disposal resources^{xx} and in accordance with Texas Health and Human Services (DSHS) opioid response guidelines.^{xxi}
10. Develop a map to be placed in high-traffic areas that indicates the location of the opioid antagonists.

**Campus Inventory
and Storage**

Each campus will have at least 2 doses of opioid antagonists available to use at the campus during regular school hours.

The supply of opioid antagonists will be stored in the school health office.

Reporting

Within five business days after an individual has administered an opioid antagonist, the individual will meet with the District opioid antagonist coordinator to document needed information for the DSHS electronic submission form.

Within 10 business days of the administration of an opioid antagonist, the District opioid antagonist coordinator will notify the physician or other person who prescribed the opioid antagonist, and the commissioner of state health services and report the information required by law. The electronic submission of the *Required Reporting of Administered Opioid Antagonist Medication to DSHS*^{xxii} meets the requirement of reporting to the commissioner of state health services and may be used for notifying the other individuals as required by law.

Disposal

Expired

Opioid antagonists that have expired but have not been opened, administered, or used for any reason will be disposed of according to the U.S. Department of Health and Human Services drug dis-

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positional resources^{xxiii} and any District-approved procedures related to medication disposal.

Used

Opioid antagonists that have been opened, administered, or used for any reason will be disposed according to guidelines in the U.S. Department of Health and Human Services drug disposal resources,^{xxiv} the Texas Health and Human Services (DSHS) bloodborne pathogens guidelines,^{xxv} and any District-approved procedures related to infectious waste disposal. [See also DBB(LEGAL)]

Notification

Before the start of each school year, the District will provide notice to parents of the District's policy to authorize and train individuals to administer an opioid antagonist to a person who may be experiencing an opioid-related drug overdose. The District will provide notice within 15 calendar days of any change to these provisions or discontinuation of this service.

Annual Review

Opioid antagonist procedures will be reviewed by the director, Health and Medical Services and Compliance, at least annually and after each administration of an opioid antagonist.

Requirements

~~The Texas Education Code requires that school health services be provided by a physician, registered nurse (RN), or someone acting under the delegated authority of a physician or RN. The exception is the administration of medication as described in Reference (d). The principal may assign the task of administering medication to a school employee other than the school nurse.~~

Guidelines

~~The guidelines for coordinating requests for administration of medication are as follows:~~

Assessment of Medical Condition

~~Each case will be handled on an individual basis with the approval of Health and Medical Services, the parents or guardians, and the private physician. An Individual Health Care Plan will be developed by the school nurse and will include necessary action to be taken, scheduled training of school personnel, a back-up plan, and coverage for field trips and after school programs. See Reference (f).~~

~~The nurse will develop the plan based upon critical judgments of the medical experts and knowledge of current medicines and procedures used to treat the particular illness. The nurse will consider the following:~~

- ~~• The nature of the emergency;~~
- ~~• The duration of the emergency;~~
- ~~• The severity of the risk or potential risk; and~~
- ~~• The procedures to follow in an emergency.~~

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	<p>Each case will be reevaluated when necessary, but at least annually.</p>
<p>Consent to Medical Treatment</p>	<p>The attending physician and the student's parents or guardians must submit to the school principal a written consent for administration of medication. The original consent form must be filed in the nurse's office. The consent form should include the following information:</p> <ul style="list-style-type: none">• The name of the child;• The name of the person giving consent and the person's relationship to the child;• A statement of the nature of the medical treatment to be given; and• The date treatment begins. See Reference (e). <p>If the attending physician determines that the child no longer requires medication due to changes in his or her medical condition, the physician will notify the principal in writing.</p>
<p>Staff Designated to Administer Medication Assignment</p>	<p>For the purpose of the emergency procedure to be implemented, the school principal will identify personnel as follows.</p> <ol style="list-style-type: none">1. The school principal or designee will assign the administration of medication task to school personnel taking into consideration student safety and whether or not the tasks are commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignment is made. See References (f) and (g); and
<p>Training</p>	<ol style="list-style-type: none">2. The school principal or designee obtain a copy of the training documentation provided by the school nurse and signed by the school nurse and the parent or guardian of the student for assistance in delegating assignments.
<p>Supervision of Services</p>	<p>The school nurse will function as the liaison between the student's physician and the coordinator of services provided by assigned school personnel. See References (f) and (h). The school nurse will:</p> <ul style="list-style-type: none">• Review and clarify all orders or procedures from the physician;• Prepare an Individual Health Care Plan;

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- Identify instructional materials and provide in-service training to back-up nurses and assigned personnel for coverage during his or her absence;
- Train and document competency of nonnursing staff assigned by the principal; and
- Routinely monitor the student to determine if his or her medical condition changes.

Procedures

The school nurse will administer medication as outlined in the child's Individual Health Care Plan and consent form. If the school nurse is not available to administer medication in an emergency situation, personnel assigned by the principal will administer the medication. More detailed guidelines are outlined in Reference (c). In the event of a medical emergency, the following procedures should be followed:

- The school nurse or assigned school personnel verifies that the medicine is in its original container and is properly labeled with the child's name, name of attending physician, name of medicine, and correct dosage;
- The school nurse or assigned school personnel administers the medicine according to label directions;
- The school nurse, principal, or designee notifies the parents or guardians; and
- The school nurse, principal or designee monitors the child's condition until the parent arrives and calls 911 as indicated on the Individual Health Care Plan.

**Civil Liability
Immunity**

The school principal or designee will have immunity from civil liability for damages or injuries resulting from the administering of medication to a student if:

**Documented
Request**

1. The District has a written request to administer the medication from the physician and the parent, legal guardian, or other person having legal control of the student.

**Administration of
Medication**

2. When administering the prescription medication, the medication appears to be in the original container and to be properly labeled.

These statements will not be construed to grant immunity from civil liability for injuries resulting from gross negligence. See References (a) and (d).

Consultation

This regulation does not require consultation.

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**Maintenance
Responsibility**

The director, Health and Medical Services and Compliance, ~~assistant superintendent, Student Support Services~~, is responsible for maintenance of this regulation.

Effective Date

This regulation is effective as of the adoption date, _____, 2025.

REFERENCES:

- ~~(a) Board Policy FFAC(LEGAL)~~
- ~~(b) Board Policy FFAC(LOCAL)~~
- ~~(c) Handbook for School Health~~
- ~~(d) Texas Education Code §22.052(a) Administration of Medication by School District Employees or Volunteer Professionals; Immunity from Liability~~
- ~~(e) Texas Family Code §32 Consent to Treatment of Child by Non-Parent or Child~~
- ~~(f) Texas Nurse Practice Act §217.11 Standards of Professional Nursing Practice~~
- ~~(g) Texas Nurse Practice Act §218.5 General Criteria for Delegation~~
- ~~(h) Texas Nurse Practice Act §218.6 Supervision~~

ⁱ Texas Health and Human Services (DSHS), Texas Guide to School Health Services: <https://www.dshs.texas.gov/texas-school-health/texas-guide-school-health-services>

ⁱⁱ Medication Administration in the School Setting: https://higherlogicdownload.s3.amazonaws.com/NASN/b385213b-35e8-49e3-97fe-d6627843f498/UploadedImages/Public%20Documents/tsno_medication_position.pdf

ⁱⁱⁱ Texas School Nurse Organization: <https://www.txsno.org/home>

^{iv} U.S. Department of Health and Human Services, drug disposal resources: <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>

^v Texas Health and Human Services (DSHS), bloodborne pathogens guidelines: <https://www.dshs.texas.gov/bloodborne-pathogens>

^{vi} Texas Health and Human Services (DSHS), epinephrine autoinjector guidelines: <https://www.dshs.texas.gov/texas-school-health/skilled-procedures-texas-school-health/epinephrine-auto-injector-resources>

^{vii} [Required Reporting of Unassigned Administered Epinephrine Auto-Injectors to DSHS: https://www.dshs.texas.gov/texas-school-health/required-reporting-forms/required-reporting-administered-epinephrine](https://www.dshs.texas.gov/texas-school-health/required-reporting-forms/required-reporting-administered-epinephrine)

^{viii} [U.S. Department of Health and Human Services, drug disposal resources: https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html](https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html)

^{ix} [U.S. Department of Health and Human Services, drug disposal resources: https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html](https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html)

^x [Texas Health and Human Services \(DSHS\), bloodborne pathogens guidelines: https://www.dshs.texas.gov/bloodborne-pathogens](https://www.dshs.texas.gov/bloodborne-pathogens)

^{xi} [U.S. Department of Health and Human Services, drug disposal resources: https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html](https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html)

^{xii} [Texas Health and Human Services \(DSHS\), bloodborne pathogens guidelines: https://www.dshs.texas.gov/bloodborne-pathogens](https://www.dshs.texas.gov/bloodborne-pathogens)

^{xiii} [U.S. Department of Health and Human Services, drug disposal resources: https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html](https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html)

^{xiv} [Asthma – Required Reporting of Unassigned Administered Asthma Medication to DSHS: https://www.dshs.texas.gov/schoolhealth/required-reporting-forms/ReportingForm-Asthma](https://www.dshs.texas.gov/schoolhealth/required-reporting-forms/ReportingForm-Asthma)

^{xv} [U.S. Department of Health and Human Services, drug disposal resources: https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html](https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html)

^{xvi} [U.S. Department of Health and Human Services, drug disposal resources: https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html](https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html)

^{xvii} [Texas Health and Human Services \(DSHS\), bloodborne pathogens guidelines: https://www.dshs.texas.gov/bloodborne-pathogens](https://www.dshs.texas.gov/bloodborne-pathogens)

^{xviii} [U.S. Department of Health and Human Services, drug disposal resources: https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html](https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html)

^{xix} [Texas Health and Human Services \(DSHS\), bloodborne pathogens guidelines: https://www.dshs.texas.gov/bloodborne-pathogens](https://www.dshs.texas.gov/bloodborne-pathogens)

^{xx} [U.S. Department of Health and Human Services, drug disposal resources: https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html](https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html)

^{xxi} [Texas Health and Human Services \(DSHS\), opioid response guidelines: https://www.hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/texas-targeted-opioid-response](https://www.hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/texas-targeted-opioid-response)

^{xxii} [Required Reporting of Administered Opioid Antagonist Medication to DSHS: https://www.dshs.texas.gov/opioid-antagonist-required-reporting-administered-opioid-antagonist-medication-dshs#:~:text=In%20accordance%20with%2025%20Texas,from%20the%20date%20of%20administration](https://www.dshs.texas.gov/opioid-antagonist-required-reporting-administered-opioid-antagonist-medication-dshs#:~:text=In%20accordance%20with%2025%20Texas,from%20the%20date%20of%20administration)

^{xxiii} [U.S. Department of Health and Human Services, drug disposal resources: https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html](https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html)

^{xxiv} [U.S. Department of Health and Human Services, drug disposal re-sources: https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html](https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html)

^{xxv} [Texas Health and Human Services \(DSHS\), bloodborne pathogens guidelines: https://www.dshs.texas.gov/bloodborne-pathogens](https://www.dshs.texas.gov/bloodborne-pathogens)