



TEXAS
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Guide to Medication Administration in the School Setting

To Implement Texas Education Code Chapter 22 Section 22.052



Guidelines for Use by Local Boards of Trustees of School Districts
and Governing Bodies of Open-Enrollment Charter Schools

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Introduction

Each year, more students are attending schools with complex and chronic health conditions. According to the National Survey of Children with Special Healthcare Needs, 11.2 million children are at risk for chronic conditions that can affect their physical, emotional, and social well-being.¹ Conditions such as asthma, diabetes, epilepsy, food allergies, obesity, and mental health issues can hinder academic achievement if not given proper attention. Schools can assist in managing these conditions by administering medications and treatments during the school day.

Due to the variety of medications and treatments administered in schools, school nurses and trained school health staff can assist with administering medications, monitoring adherence to medication regimens, and providing recommendations to protect the health and safety of students.

This document is intended to serve as a reference and illustrative guide for local school boards, charter school leadership, school administrators, and school health staff in creating and implementing school district policies and administrative regulations related to medication administration. Any portion of this document may be reproduced for educational purposes or policy development.

Laws Related to Medication Administration

There are federal and state laws that need to be considered when developing school policy and administrative regulations for administering medications in the school setting. Below is a list of some of the laws that could impact the development of school policies.

Federal laws of interest include the following:

- 1. Section 504 of the Rehabilitation Act¹**

Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive federal financial assistance from the U.S. Department of Education. To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment. Section 504 requires that school districts provide a free, appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities.
- 2. The Americans with Disabilities Act (ADA)²**

The ADA prohibits discrimination and guarantees that people with disabilities have the same opportunities to participate in state and local government programs including education and services.
- 3. The Individuals with Disabilities Education Act³**

The Individuals with Disabilities Education Act (IDEA) requires public schools to make available to all eligible children with disabilities a free, appropriate public education in the least restrictive environment appropriate to their individual needs. IDEA requires public school systems to develop appropriate Individualized Education Programs (IEP's) for each child.
- 4. The Family Educational Rights and Privacy Act⁴**

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.

State laws of interest include the following:

- 1. Texas Education Code (TEC), Chapter 22 and Chapter 38¹**

[TEC Section 22.052](#) outlines the establishment of a district policy, parental consent, proper labeling, and civil immunity for medication administration in schools.

[TEC Section 38.0152](#) describes a students' ability to self-administer asthma and allergy medication and gives details of what is required to do so.
- 2. Health and Safety Code (HSC), Chapter 168**

[HSC Sections 168.001 to Section 168.011](#) describes what is permitted and required for students with diabetes to manage their disease, carry and administer their medication while on school property or at school related events or activities.

Civil Immunity

Texas Education Code Chapter 22, [Section 22.052](#)¹ describes how school personnel are protected from civil liability from damages or injuries resulting from the administration of medication to a student.

Permission to administer medication is granted to employees of the school district, when assigned by school principals or superintendents. The law grants immunity to all school district employees including unlicensed school personnel. The responsibility of administering medications to students is considered an administrative task assigned by the principal, rather than a health-related service delivered or delegated by a health care professional.² It is important to note that nurses must practice according to the Texas Board of Nursing's Standards of Nursing Practice which is outlined in Texas Administrative Code Chapter 217, [Rule 217.11](#), and the Nursing Practice Act outlined in Texas Occupations Code [Chapter 301](#).^{3,4}

The only non-employees of the school district permitted to administer medication to students (and these, only if granted authority by the board of trustees and written in board policy) are volunteer licensed physicians and registered nurses whom the district provides liability insurance. This is outlined in Texas Education Code Chapter 22, [Section 22.052 \(b\)](#).

Children with Food Allergies At-Risk for Anaphylaxis

In addition to the federal and state laws previously discussed, children with food allergies may require emergency treatment including the use of medications. A severe food allergy is a dangerous or life-threatening reaction of the human body to a foodborne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

According to the Texas Education Code Chapter 25, [Section 25.0022](#), the school district shall request by form or otherwise, that the parent and/or guardian disclose if their child has a food allergy.¹ The disclosure should include the food that the child is allergic to, and the type of reaction the child experiences. It is important that this information is disclosed to schools so school personnel are aware of the allergy and can act appropriately in emergency situations.

Beyond what is required to be disclosed for children with food allergies, it is recommended that school health staff collect the following information from parents and guardians, to be informed and prepared to serve all students:

- Emergency contact number and address of the prescribing provider.
- Emergency contact information of the parent/guardian(s).
- Student's diagnosis (reason for the medication) and anticipated length of treatment.
- Special handling instructions for the medication.
- Serious reaction(s) that can result from either administering or withholding the medication.

- Other medications the student is taking, including herbal medications, dietary supplements, and/or over-the-counter (OTC) medication.
- Other allergies the student has.
- Other health problems or illnesses that the student has.
- Explanation as to why the medication cannot be administered at home.
- Description of if the medication has been given at home, and any observed reactions.
- Explanation of who will bring the medication to the school.

Policy and Administrative Regulation Development

Texas law requires the local school board to adopt a medication administration policy before medication can be administered to students. The Texas Association of School Boards (TASB), through their policy services division, assists local school boards in writing district policies. TASB states that all school districts should have medication administration policies and administrative regulations in place, based on their individual needs, that outline safe and effective medication administration.¹ TASB writes both legal and local policy for school districts and assists with the development of administrative regulations utilizing sample templates. Before administering any medication to a student, school personnel should review all policies and administrative regulations related to medication administration to students.

Administrative Regulations

Administrative regulations outline the specific details that are to be followed in administering medication to students. They are developed by the superintendent or their designee and are utilized by all school employees. TASB helps school superintendents develop administrative regulations by utilizing templates that outline best practice and are customizable for local school districts.¹ These templates are part of the policy services provided by TASB. Local school districts may independently develop the administrative regulations related to medication administration with input from health services personnel. It is important that any staff assigned to administer medication to students follow the administrative regulations of the school district.

Obtaining Parental Consent

Once a medication policy and administrative regulations have been adopted, the school can seek the necessary permissions from parents or guardians to establish consent for administering the medication.

According to the TEC, [Section 22.052](#), for any medication to be administered in school, a written request from the parent, legal guardian, or other person having legal control of the student must be received by the school district.¹ In order to be in compliance with the Texas Family Code Chapter 32, [Section 32.002](#), the form should include the following information:

1. the name of the child;
2. the name of one or both parents, if known, and the name of any managing conservator or guardian of the child;

3. the name of the person giving consent and the person's relationship to the child;
4. a statement of the nature of the medical treatment to be given; and
5. the date the treatment is to begin.²

It is recommended that school district policy and administrative regulations address the duration that the parental consent form is valid.³ In addition to the information required to provide consent, the request form to administer medication from a parent or legal guardian should also include the following information:

- The name of the medication to be administered
- The dose to be administered
- The route of administration
- The number of days the medication is to be given
- The time(s) of day the medication is to be given
- The reason the medication is needed
- Possible side effects of the medication
- Special requirements for administration, such as “take with food”
- Special storage instructions

In the event of a medication change, school health staff will need to update the student’s health record with a new medication authorization form, signed by the parent, before the medication can be administered.

Medication Administration Schedules

Many medications prescribed for school-aged children can be administered at home by the child’s parent or legal guardian. For example, if a medication is to be administered three times a day, it can be given every eight hours. Most students are not in school for more than eight hours, and therefore, parents/guardians should consider administering medication before and after school, and then at bedtime. The school nurse may help parent/guardian(s) work with their student’s health care provider to adjust the schedule so that the parent/guardian may administer the medication at home.

When medication administration is required during the school day, school health staff (typically the school nurse) or the principal’s designee are responsible for medication administration.

Original, Properly Labeled Containers

In order for any medication to be administered in the school setting, it must be from a container that appears to be the original container and be properly labeled; or from a properly labeled unit dosage container filled by a registered nurse or another qualified district employee.¹ According to US Department of Justice, Drug Enforcement Administration’s Informational Outline of the Controlled Substance Act, information required on prescription labels includes the following:

- Date of filling
- Pharmacy name and address
- The serial (prescription) number

- The name of the patient
- The name of the prescribing practitioner
- Directions for use
- Any cautionary statements²

It is recommended that all medications brought to school for administration be counted or measured, and the initial quantity be recorded in the student's record. If feasible, the medication should be counted with the parent or legal guardian present, and signed off in the student's record. Parents may also record the initial quantity of medication, send it to the school, and upon arrival school health staff may confirm the recorded amount with another staff person present.

Extra precautions should be taken when handling controlled substances (drugs). Controlled drugs (such as Ritalin and Adderall) are substances that have potential for abuse, physical dependence, psychological dependence, with varying degrees of medical acceptance and restrictions on usage.³ Controlled drugs should be counted on arrival to the school, daily by the individual administering the medication, and at least weekly with a witness.⁴ All counts should be recorded in the student's medication record by all present witnesses.⁵

Over the Counter Medication

It is to the discretion of the local school board to decide whether or not they will permit the administration of over the counter (OTC) medication to students. School district policy related to OTC medication should comply with Texas Education Code [Section 22.052](#), and require that OTC medication arrive to school in their original, properly labeled container.¹ Parental consent should be provided for OTC medication through completion of a medication administration authorization form. To assure safe delivery, all medications should be brought to the school by the parent or a responsible adult, especially for elementary school students.²

If policy permits the administration of OTC medication, then it is recommended that formal policies regarding the duration that OTC medication may be administered, be in place. If school district policy permits over-the-counter medication to be kept at the school, to be administered on an "as-needed" basis, it is suggested that physicians' orders be provided to the school. Written parental authorizations for these medication must also be provided to school health staff.

Each time one of these medication is distributed to a student in need, the administration should be logged in the student's record.³ Furthermore, long-term need for OTC medication may indicate the need for clinical evaluation and possible treatment. School health staff should communicate with parents and legal guardians about these concerns as they see appropriate. The American Academy of Pediatrics recommends consulting the student's primary care provider for their insight and approval.⁴

School districts should not provide any medication for students or personnel. Only medication provided by and requested by a parent/guardian should be dispensed. If medication is provided, school districts and school nurses will be in the position of not only "diagnosing and prescribing," but also in "dispensing" medication for which they are not licensed. "Medication" is recognized as prescription as well as nonprescription drugs and includes, but is not limited to: analgesics, antipyretics, antacids, antibiotic

ointments, antihistamines, decongestants, and cough/cold preparations.⁵

Herbal Medications

School personnel may be asked by a student's parent or guardian to administer an herbal or dietary supplement to a student during the school day. Such treatments are on the rise in the U.S. and are referred to as [complementary and alternative medicine](#). In the pediatric population, the use of alternative medicines is utilized more often with children with chronic illnesses.

According to the National Institutes of Health: National Center for Complementary and Integrated Health, "Children's small size, developing organs, and immature immune system make them more vulnerable than adults to having allergic or other adverse reactions to dietary supplements."¹ In addition, the U.S. Food and Drug Administration warns parents in the use of such medications due to the fact that homeopathic remedies and dietary supplements are not evaluated by the FDA for safety or effectiveness.²

The Texas Association of School Boards policy template includes information about the administration of herbal substances or dietary supplements provided by the parent. The template states that this request must be written into the Individualized Education Program or the Section 504 plan for a student with disabilities. School personnel should check their local board policy and administrative regulations before administering any herbal substance, including essential oils or dietary supplements.

Nurses should check the Considerations for School Nurses section in this publication for information related to administration of herbals or dietary supplements. Administration of herbal medications by school personnel other than registered nurses, including LVNs, would not be held to the same standard and would be considered an administrative task assigned by a school principal, rather than delegated by an RN. School administrators can make decisions about assigning this task accordingly.

Medication Errors

"A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use."¹

In the medication administration process, there are many opportunities for errors. These errors may be tied to the distributors of the medication (school personnel), the purveyors of the medication (parents, legal guardians, students) and the recipients of the medication (students).

There are also opportunities for medication errors to occur prior to the medications' arrival to the school. As described previously, medication should arrive to school in a properly labeled, original container.² The medication should be accompanied by a completed and signed medication authorization form.² Failure to provide medication in this manner, would be considered a medication error.

The greatest opportunity for medication errors are during the actual medication administration process. During administration, missteps can occur by violating any one

of the eight rights of medication administration. Errors in medication administration can occur in the following ways:

1. The wrong patient - A medication is administered to the wrong student.
2. The wrong drug - A student is administered the wrong medication.
3. The wrong dose - A student is administered the wrong dose of medication.
4. The wrong route - A medication is administered in the wrong manner.
5. The wrong time - A medication is not administered during its specified time window.
6. The wrong documentation - The administration of a medication is not documented, a medication error is not recorded, or an administration is logged in the wrong record.
7. The wrong diagnosis - A medication is administered that does not properly suit the student's underlying condition. No action to confirm that the medication is suitable is taken.
8. The wrong response - A medication is administered but the student is not held for the observation of side effects. Side effects typically reflect that an error occurred in one of the prior steps.

The source of the error can be the individual, the system they are operating in, or a combination of both. Factors that can contribute to individual medication errors can be inattention, haste, distraction, and fatigue.³ Common system errors in the school setting can be lack of knowledge, lack of training, time constraints, and work-load.⁴ Providing school health staff with annual training and medication administration skills assessments can help prevent errors in medication administration.

Medication errors can also be attributable to the student. Students may forget to come receive their medications, which is considered an error. If a student does not come to receive their medication, school health staff should attempt to contact the student and confirm their presence or absence that day. If they are on school grounds, inquire about them missing their dose. If they still do not come to the health office, then the parents or legal guardians should be contacted.

Medication errors are preventable but will still happen in the school setting. It is important that medication errors are documented as they occur, in detail. Research has demonstrated that there are many barriers to reporting errors. Those barriers include fear of disciplinary action, the inability to report anonymously, and belief that it is unnecessary to report errors because no negative outcomes were observed in the patient.¹ If medication errors continue to be ignored, then strategies to prevent errors cannot be implemented. Therefore it is recommended that district policy and administrative regulations reflect that all errors are to be recorded to help educate staff with prevention strategies for the future.

If a medication error occurs in the school setting, then the following procedures are recommended:

1. Keep the student in the health room.
If the student has returned to class, then have someone accompany the student back to the health room.
2. Observe the student's status, and document what you see.

3. Identify the source of the medication error (incorrect dose, medication, route etc.)
4. Notify the principal and school health services lead if medication was administered by trained, unlicensed assistive personnel.
5. Follow instructions from the Poison Control Center, if possible. If unable to
 - a. The school health services lead will contact the parents, legal guardian, and/or the student's healthcare provider.
 - b. If contacting the Poison Control Center for instructions:
 - i. Give the name and dose of the medication taken in error
 - ii. Give the student's age and approximate weight if possible
 - iii. Give the name and dose of any other medication the student receives, if possible

follow their instructions, explain the problem to the Poison Control Center thoroughly and determine if the student should be transported to emergency care.

6. Complete a medication error report form. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or the student's healthcare provider, and the student's status. All reports are to be filed and kept according to district policy.⁵

Special Considerations for Medication Administration

Asthma and Anaphylaxis Medications

According to Texas Education Code Chapter 38, [Section 38.015](#), students are permitted to possess and self-administer prescription asthma or anaphylaxis medicine. The student must demonstrate to the student's physician or healthcare provider, and the school nurse if available, that they demonstrate the skills necessary to self-administer the medication. The physician and parents must sign an authorization form indicating consent to self-administer and specific information that provides details outlining whether the student has asthma or anaphylaxis, and the purpose, dosage, frequency, and duration of the medication to be self-administered.

School personnel that will be supervising the student during regular school hours and during school-related extracurricular activities, should be informed that the student is self-carrying medication with the intention to self-administer if necessary.

Diabetes Medications

Health and Safety Code Chapter 168, [Section 168.008](#), allows students with diabetes to self-carry and administer medication to manage their condition respectively. Student's management activities should be outlined in their Diabetes Management and Treatment Plan and their Individualized Healthcare Plan. Activities may include but are not limited to performing blood glucose checks, administering insulin, treating hypo or hyperglycemia, and possessing supplies or equipment on their person to monitor and care for diabetes.

In order to self-manage, a student's Diabetes Management and Treatment Plan must evaluate if the student is mature enough and has demonstrated the skills to self-manage, and be signed by the parent and the physician or healthcare provider. It is recommended that the ability to manage and properly self-administer diabetes medications is demonstrated to the school nurse or school health staff at regular intervals to ensure the student can safely and correctly self-administer their medication and manage their diabetes. School personnel that will be supervising the student during regular school hours, and during school-related extracurricular activities should be informed that the student is self-carrying with the intention to self-administer if necessary.

Emergency Medications

In emergency situations, schools should be ready to administer emergency care. To prepare for emergencies that can be reasonably anticipated, school districts should have first aid policies and emergency management practices in place.¹ The school district's policy should reflect staff responsibilities and district expectations for staff action in emergency situations. Staff should be cognizant of which students may need emergency care and should be aware of their role in caring for these students in the event that emergency response is needed.

When drafting emergency medication policies, school districts should consider emergency medication administration across all potential school-related settings including in classrooms, on the playground, at school-based health centers, during before- or after-school programs, on field trips, on busses, and at athletic events.² If a school nurse is available, then they should assist in developing and implementing the emergency plan. Each school should provide the name, phone number, and general location of the school nurse and other trained school health staff on campus who are cleared to administer emergency medications.

Offsite Medication Administration

If the student participates in an offsite, school-related activity and will need medication administered to them, then a plan should be in place to do so. School personnel that are responsible for the student needing medication should be aware of the student's healthcare plan prior to departure from school grounds. It is not necessary for a nurse to accompany students off school grounds to administer medication. Texas Education Code, Chapter 22, [Section 22.052](#) allows principals to assign other school employees to administer medication, without liability, as long as they abide by the district medication policy and administrative regulations.¹ Only the necessary dose of medication should travel offsite, along with a copy of the parental medication authorization form. Medication doses should be prepared on school grounds, before departure.

School districts will need to develop administrative regulations about documentation of medication administration that occurs during off site school-related activities. It is recommended that documentation procedures, mirror those that occur on school grounds.

Considerations for School Nurses

Texas Administrative Code, [Rule 217.11](#) are the standards of care that all licensed and registered nurses must comply with in practicing nursing in Texas. Standard [217.11\(C\)](#) requires nurses to know the rationale for and the effects of the medications and treatments that they administer to students.¹ In addition, [Standard 217.11\(T\)](#) requires

nurses to only accept assignments that they consider commensurate with their educational preparation, experience, knowledge, physical and emotional ability and within their scope of practice.¹

According to [Standard 217.11\(N\)](#), if a nurse is unsure of the dosage or efficaciousness of the medication to be administered, they are required to seek clarification from the student's prescribing practitioner.¹ If a nurse decides not to administer a medication, then they should notify the ordering practitioner with their decision.¹ In the case of herbals, homeopathic medicines, vitamins, traditional or cultural treatments, salves, nutritional supplements, and over the counter medications, the Board of Nursing has made the following statement:

"We often hear from school nurses who have been asked to administer herbal medications and/or supplements. Please keep in mind that the Texas Nursing Practice Act and Board rules are written broadly to apply to all nurses, including advanced practice registered nurses, across all practice settings. As such, neither are prescriptive to specific tasks/services any level of nurse may perform or provide. Likewise, they do not address specific practice settings for specific categories of advanced practice registered nurses.

In terms of medication administration and treatments, the Nursing Practice Act (NPA) states that RNs "administer a medication or treatment as ordered by a physician, podiatrist, or dentist" [\[NPA 301.002\(2\)\(C\)\]](#). The Standards of Nursing Practice, found in [Board Rule 217.11](#), that apply to all nurses provide some additional direction regarding this situation. Some of the more applicable standards addressed in [Board Rule 217.11](#) include:

- *(A): Requires the nurse to know and conform to the Texas Nursing Practice Act and the Board's rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the nurse's current area of nursing practice;*
 - *Therefore school nurses should be familiar with the Texas Education Code and how it affects their delivery of nursing services to students (e.g. [section 22.052\(a\)](#) addresses medication administration in the school setting). With these statutory requirements in mind, school nurses must make the decision whether or not they will administer herbal medications/products.*
- *(B): Implement measures to promote a safe environment for clients and others;*
- *(C): Requires a nurse to know the rationale for and the effects of medications and treatments and shall correctly administer the same;*
- *(G) and (H): Requires a nurse to obtain instruction, supervision, orientation and training when encountering or incorporating a new task;*
 - *This aids in determining if the nurse personally possesses current clinical competence to perform the task safely from knowledge acquired in a basic nursing education program, post-basic program, or continuing education program.*
- *(N): When nurses have questions or concerns about orders or recommended treatment regimens, they must clarify these orders with the ordering practitioner and notify him or her if the nurse believes the order is non-*

efficacious, contraindicated, or inaccurate and when the nurse makes the decision not to administer the medication or treatment;

- *(T): Accept only those nursing assignments that take into consideration client safety and that are commensurate with the nurse's educational preparation, experience, knowledge, and physical and emotional ability;*
 - *Prior to administration of medications nurses must ensure that they have the requisite knowledge and skill to safely accept an assignment. Each nurse is accountable to accept only assignments that are within the nurse's ability. If a nurse accepts an assignment to administer herbal medications, then he/she is responsible for adhering to the NPA and Board Rules in delivering safe patient care.*

The BON has presented the issue of alternative/complementary therapies and the RN's role in [Position Statement 15.23 The Use of Complementary Modalities by the LVN or RN](#). Regardless of the practice setting, nurses who incorporate complementary modalities into their practice are accountable and responsible for adherence to the NPA and BON Rules and Regulations.

Specific regulations of particular relevance are identified in this position statement, including a reference to the BON's [Six-Step Decision Making Model for Determining Nursing Scope of Practice](#). Also, a list of criteria is included in order for nurses to show accountability for the care they provide. Lastly, nurses are accountable to hold proper credentials (e.g., license, certification, registration) to safely engage in specific practices, where applicable.

Please keep in mind that a nurse functions under his/her own nursing license, and as such has a duty to patients that is separate from any employment relationship. In other words, a physician's order, facility policy or a directive from a non-nursing supervisor cannot supersede a nurse's duty to keep a patient(s) safe ([Position Statement 15.14, Duty of a Nurse in Any Practice Setting](#))."

General Procedures for Medication Administration

Medication Verification

When preparing to administer medications to a student it is important to review the eight "rights" for safe medication administration:

1. **Right patient** - Assure the right patient is receiving the right drug by checking two unique patient identifiers before administering medication. This can be verified by asking the student their name and their birthday.
2. **Right drug** - Check the name of the drug to be administered with the drug that is listed on the student's medication authorization form. Check the name on the prescription bottle if administering a prescription medication.
3. **Right dose** - Check the student's medication authorization form and the prescription bottle to determine the proper dose to be administered. If administering an over the counter medication, check the dosage on the package. If the dose seems higher or lower than expected, then consult the student's prescribing physician.

4. **Right route** - Check the student's medication authorization form and the prescription's label to determine the proper route to administer the medication.
5. **Right time** - Check the student's authorization form, the prescription bottle or over the counter package instructions to determine that the administration schedule is being followed.
6. **Right documentation** - Document administering medication in the student's records immediately after completion.
7. **Right diagnosis** - According to the description of the student's condition, outlined in their medication authorization form, determine if the drug is suitable for treating their condition. If the prescription does not seem suitable, then consult the primary care physician.
8. **Right response** - After the drug has been administered, assure that the desired effect takes place. If quality checks are performed, then record them in the student's record.¹

Storage

To promote safe medication administration, it is recommended that each school district have storage policies and administrative regulations in place. For medications that have been provided to schools with written authorization, it is advised that school health staff store medication in a locked cabinet or drawer, with medications placed on a secure, solid surface.¹ It is preferable that the storage container have a solid rather than opaque door.¹ Medications that require refrigeration should be stored in the refrigerator in a locked box.² To maintain the integrity of the medications, the temperature of the refrigerator should be monitored.¹ Temperatures should be maintained between 33 and 45 degrees Fahrenheit.³

Access to locked medication should be limited to designated school health staff, the principal, and/or other authorized staff.² A list of authorized staff should be kept and maintained by the school principal. To assure that authorized staff can access locked medications, keys to medication storage should never leave the school grounds.

When managing student's medication, it is advised that only a month's supply of medication be stored at the school. Requiring a parent or legal guardian to bring in each month's supply on a mutually agreed upon date will assist the nurse or school health staff in maintaining the store of medications. During the drop-off period, parents and school health staff can discuss the status of the student's condition and implementation of their designated care plan.

Handling Medication

The following section was adapted from the Kentucky Department of Education's Medication Administration Training Manual for Non-Licensed School Personnel.¹

Hand Washing. Before administering medication to students, it is important for school health staff to wash their hands. If it is necessary for the student to touch the medication then they should wash their hands. It is best practice to use soap and water, especially if hands are visibly soiled. When soap and water are not available it is recommended that alcohol-based hand sanitizers are used. The following steps should be taken to properly cleanse hands:

1. Wet hands with water

2. Use soap to scrub hands for 20 seconds
3. Scrub backs of hands, wrists, between fingers, and under fingernails
4. Rinse with water
5. Towel dry
6. Turn off the faucet with towel

When hand-sanitizer is available, and soap and water is not:

1. Apply a nickel size of sanitizer in the palm of the hand
2. Rub hands together, covering all surfaces until hands are dry (approximately 20 seconds)

Avoid Touching Medication. Pour pills, tablets, or capsules into the bottle cap then distribute them into a disposable medicine cup. A clean paper towel or mini paper cup may be used if the medicine to be administered is only one pill, capsule or tablet. Kids can take the medication themselves, by putting it in their mouth. If it is necessary for school health staff to administer the medication to the student's mouth directly then disposable gloves must be used. Be aware of any allergies the students may have, especially to latex. Dispose of the gloves once the medication has been administered.

Cutting or Crushing Tablets. Scored tablets that must be cut in half to obtain a smaller dose should be cut by the school nurse, a licensed healthcare provider, or the student's dispensing pharmacist. Cutting, crushing, or sprinkling of medications are examples of changing the form of an oral medication. Changing the form of the medication should be avoided unless doing so is advised on the prescription's label. If the form of the medication must be changed, then leave the task to trained or licensed school health staff.

Measuring Liquid Medication. When preparing liquid medication, follow the directions on the bottle regarding shaking of the medication. Remove the bottle cap and place it, bottle side face up, on a solid surface. Liquid medications should be measured to ensure accurate dosage. A marked medicine cup, oral syringe, or dropper should be used to ensure accuracy. Find the marks on the measurement tool that correspond to the dose the prescription calls for. When pouring the medication into the container, or filling the syringe, hold the container so the label is in the palm of your hand to prevent spillage that could cause the label to become illegible. For medication that is poured into a medicine cup, look at the medicine cup at eye level when filling it up, to ensure an accurate amount is poured. If more than one liquid medication is to be administered to a student, then measure each medication separately.

Documentation

In the school setting, documentation promotes high quality student health services, increases efficiency, and creates a legal record of health services provided to students. A student's health record should provide a chronological map of their demographics, medical diagnoses, medications, immunizations, screening results, and school health staff's notes to complete the picture. To ensure complete record keeping, records of each student's visits should be logged, labeled with the time and date of the visit, the school health staff's name, the reason the student was seeking health services, the school health staff's recommended course of action, and the outcomes of the visit.¹ From a legal perspective, if it was not documented then it did not occur.

As recommended by the School Nurse Resource Manual: A Guide to Practice, every school should keep an individual medication log for each medication a student receives.² Every time a dose is administered, the medication administrator should document the action and sign the record.¹ In the case of trained unlicensed assistive personnel, documenting the medication administration process should be done regardless of if a nurse is present or not.²

National standards further recommend that each student's medication log be distinct, and that a running administration log for all students be avoided.² According to the National Association of School Nurses (NASN) Principles of Documentation, nursing documentation should be accurate, objective, concise, thorough, timely and well organized.

NASN offers the following recommendations to reach documentation standards:

- Entries should be legible and written in ink or on a computer. The ink should be black or blue
- Computerized records should be secure and password-protected
- The date and exact time should be included with each entry
- Documentation should include any nursing action taken in response to a student's problem
- Assessment data should include significant findings, both positive and negative
- Records, progress notes, Individual Healthcare Plans, and flow charts should be kept current
- Documentation should include only essential information; precise measurements, correct spelling, and standard abbreviations should be used
- Documentation should be based on nursing classification and include uniform data sets
- The frequency of documentation should be consistent over time and based on district policy, nursing protocols, and the acuity of the student's health status
- Standardized healthcare plans increase efficiency of documentation and are acceptable to use so long as they are adapted to the individual needs of each student
- Student symptoms, concerns, and health maintenance questions (subjective data) should be documented in the student's own words
- Only facts (objective data) relevant to the student's care and clinical nursing judgements should be recorded; personal judgements and opinions of the school health staff should be omitted²⁻⁴

Disposal

If a medication is no longer needed, parents or legal guardians should notify the school and arrange to retrieve the medication from school property.³ At the conclusion of the school year, school health staff should communicate a time and date when medications stored at the school can be retrieved. If medications are not retrieved by a parent or legal guardian, it is appropriate to dispose of medication at the end of the school year or after the expiration date if the medication is discontinued.²

While there is no specific law in Texas related to medication disposal, the Texas Health and Safety Code does address disposal of “sharps.” This would include all needles, including epinephrine auto-injectors. Under the Texas Health and Safety Code Chapter 81, [Section 81.304](#), the executive commissioner adopted minimum standards to implement a blood borne pathogen exposure control plan, with these rules being aligned with the standards adopted by the federal Occupational Safety and Health Administration.⁴

All needles should be disposed of according to the local school districts Exposure Control Plan (ECP). It is the school district’s responsibility to make arrangements with custodial staff, district, and other relevant agencies to have medications disposed of in accordance with local regulations. The U.S. Food and Drug Administration also offers recommendations for the safe disposal of medications.

U.S. Food and Drug Administration's recommendations are as follows:

- Follow any disposal directions provided on the prescription’s label. Do not flush medications down the sink or toilet, unless instructed to do so.
- Pursue local drug recycling programs that can take care of proper disposal for customers, if available. Centers in Texas can be located at: texasakeback.com/texasrecycles/hard-to-recycle/pharmaceuticals.⁵
- Call local law enforcement agencies and/or your local household trash and recycling service to learn about disposal options in the area.
- Consult a pharmacist about proper disposal practices.⁶

If no disposal instructions are provided on the label and no take-back programs are locally available, then follow these steps to dispose of medication in the trash:

- Remove the medication from the container and mix with an undesirable substance such as coffee grounds, dirt, or kitty litter.
- Place the mixture in a sealable bag or container to prevent the drug from leaking in the garbage.
- Needles and lancets need to be disposed of in a puncture proof container, marked in red, with a biohazard label, and disposed of in accordance with the local ECP ^{1,2}
- Asthma inhalers may be disposed of in the trash²

Once medication is properly disposed of, disposal should be documented by signing and dating the action in the student’s medication record to indicate that it has been destroyed.³

Procedures for Various Routes of Medication Administration

The following section provides step by step guidance on how to administer medications in different ways, depending on what a medication's label calls for. This section was modeled from Medication Administration chapters in *Fundamental & Advanced Nursing Skills 3rd Edition*¹ (2010), Kentucky Department of Education's *Medication Administration for Unlicensed School Staff*² (2015), and from Virginia's *Virginia School Health Guidelines*³ (1999).

Oral Medications

1. Wash hands and put on clean gloves.
2. Verify the patient's identity, using two identifiers, such as their name and birthdate.
3. Verify the student's medication is authorized by checking their authorization form.
4. Remove the medication from locked storage.
5. Check both the medication's label and authorization form for administration instructions. Seek clarification if necessary.
6. Check the expiration date of the medication.
7. Consult the student and their authorization form regarding any allergies or medical conditions that would contraindicate use of the drug.
8. Consider the eight rights of medication administration:
 - a. Right patient - verify the student's name and birthday.
 - b. Right drug - verify the name on the container matches the name listed on the student's medication authorization form.
 - c. Right route - check both the label and the student's authorization form to determine the route for administration.
 - d. Right time - check the label and student's authorization form to determine the administration schedule of the drug.
 - e. Right documentation - record administering medication in the student's record.
 - f. Right diagnosis - determine if the drug is suitable for treating the student's condition listed in their authorization form.
 - g. Right response - assure that the desired effect takes place after administration.
9. Prepare the proper dosage of the medication needed, avoiding touching the medication.
 - a. For oral medication in a bottle (pills, capsules): Remove the bottle cap and transfer the prescribed dose into the cap. Transfer the medication from the cap to a clean medicine cup to be given to the student.
 - b. For oral medication that is individually wrapped (blister packets): Remove or tear off the number needed and place the package in medication cap. When student is ready, remove pills from pack and transfer to cup.
 - c. For oral liquid or powder medication: Shake medication if instructed to do so. Pour liquid with the label side of the bottle facing up, at eye level, into a graduated medicine cup. Be certain that medication does not cling to the cup or spoon to ensure that proper dosage is distributed. Use a calibrated dropper

- or syringe to measure small amounts of liquid.
- d. When using a nipple: pour medicine into the nipple after it has been measured. Once medication is consumed, follow up with a teaspoon of water from the nipple to ensure all medication has been taken.
10. Explain the purpose of the drug, and ask the student if they have any questions.
 11. Explain the intake procedures to the student.
 - a. For sublingual medications, instruct the student to place the medication under the tongue and wait for it to dissolve completely.
 - b. For buccal medications, instruct the student to place the medication in the mouth against the cheek and wait for it to dissolve completely.
 - c. For oral medications given through a nasogastric tube or feeding tube, follow the primary care provider's instructions or the student's Individual Healthcare Plan.
 12. Provide the student 4-6 ounces of water for swallowing the medication.
 13. Administer the correct dose of medication, to the correct student, at the correct time, by the correct route.
 14. Observe student placing medication in their mouth.
 15. Verify intake by asking the student to open their mouth and raise their tongue. Assure that students are not hoarding the medication.
 16. Monitor the student for any adverse reactions.
 17. Dispose of soiled supplies and wash hands.
 18. Immediately record the name, time, medication, dose, route, person administering the medication, and any unusual observations.
 19. Return the medication to locked storage.

Topical Medications

1. Wash hands and put on clean gloves.
2. Verify the patient's identity, by asking the student their name and their birthday.
3. Verify the student's medication is authorized by checking their authorization form.
4. Remove the medication from locked storage.
5. Check both the medication's label and authorization form for administration instructions. Seek clarification if necessary.
6. Check the expiration date of the medication.
7. Consult the student and their authorization form regarding any allergies or medical conditions that would contraindicate use of the drug.
8. Consider the eight rights of medication administration:
 - a. Right patient - verify the student's name and birthday.
 - b. Right drug - verify the name on the container matches the name listed on the student's medication authorization form.
 - c. Right route - check both the label and the student's authorization form to determine the route for administration.
 - d. Right time - check the label and student's authorization form to determine the administration schedule of the drug.

- e. Right documentation - record administering medication in the student's record.
 - f. Right diagnosis - determine if the drug is suitable for treating the student's condition listed in their authorization form.
 - g. Right response - assure that the desired effect takes place after administration.
9. Gather necessary equipment to administer a topical medication. This may include a tongue blade, gauze, tape, cleansing material, or a cotton-tipped applicator.
 10. If dressing is over the area to be treated, remove and discard the dressing, and change gloves.
 11. Check the condition of the student's skin area. If unusual, document notes in their record before administering.
 12. Cleanse skin gently with soap and water, removing any previously applied medication if not contraindicated.
 13. Apply medication as directed on the label.
 - a. For lotion or ointment: apply in a thin layer and smooth into skin as indicated on the label.
 - b. For sprays: shake the container and administer evenly over the affected area. Avoid spraying too close to the student's face.
 - c. For gels or pastes: use applicator to apply. If applying over an area with hair growth, follow direction of hair.
 - d. For powders: dust lightly and avoid inhalation.
 - e. For nitroglycerin ointment or paste: follow instructions carefully to administer the correct dosage in the proper manner.
 - f. For transdermal patches: follow the manufacturer's instructions and apply the patch to a smooth, cleaned skin surface.
 14. Monitor the student for any adverse reactions. If any occur then notify the parent, school nurse, or principal of any changes.
 15. Cover the treated area with gauze or other skin protector as directed on the label.
 16. Dispose of soiled supplies and wash hands.
 17. Immediately record the name, time, medication, dose, route, person administering the medication, and any unusual observations.
 18. Return the medication to locked storage.

Nasal Medications

1. Wash hands and put on clean gloves.
2. Verify the patient's identity, by asking the student their name and their birthday.
3. Verify the student's medication is authorized by checking their authorization form.
4. Remove the medication from locked storage.
5. Check both the medication's label and authorization form for administration instructions. Seek clarification if necessary.
6. Remove the medication from locked storage.
7. Check the expiration date of the medication.
8. Consult the student and their authorization form regarding any allergies or

- medical conditions that would contraindicate use of the drug.
9. Consider the eight rights of medication administration:
 - a. Right patient - verify the student's name and birthday.
 - b. Right drug - verify the name on the container matches the name listed on the student's medication authorization form.
 - c. Right route - check both the label and the student's authorization form to determine the route for administration.
 - d. Right time - check the label and student's authorization form to determine the administration schedule of the drug.
 - e. Right documentation - record administering medication in the student's record.
 - f. Right diagnosis - determine if the drug is suitable for treating the student's condition listed in their authorization form.
 - g. Right response - assure that the desired effect takes place after administration.
 10. Gather necessary equipment to administer nasal medication. This may include tissues, gloves, and a mask for the administrator.
 11. Explain the purpose of the medication to the student.
 12. Explain the local effects of the medication to the student such as burning, tingling, and the effect on taste buds. Also explain that the sensation of medications may be felt in the back of the throat.
 13. Explain the procedure for administration to the student.
 14. Have the students blow their nose to clear the nostril of as much discharge as possible.
 15. Have the student assume a comfortable, position. For sprays this will be an upright position, for drops this will be whatever position is necessary to access the affected sinuses.
 - a. For sprays: Have the student exhale and close one nostril. Ask the student to inhale while the spray is pumped or sprayed into the first nostril. Repeat this process for the other nostril.
 - b. For drops: Insert the nasal dropper about 3/8 of an inch into the nostril, keeping the tip of the dropper way from the sides of the nostril. Insert the prescribed dosage of medication into the nostril. Discard of any un-used medication in the dropper in the trash.
 16. Have the student blot excess drainage from nostrils, but do not allow them to blow their nose.
 17. Dispose of soiled supplies and wash hands.
 18. Immediately record the name, time, medication, dose, route, person administering the medication, and any unusual observations.
 19. Evaluate the effect of the medication in 15-20 minutes. Document important observations in the student's record.

Nebulized Medications

1. Wash hands thoroughly.
2. Verify the patient's identity, by asking the student their name and their birthday.
3. Verify the student's medication is authorized by checking their authorization form.
4. Remove the medication from locked storage.

5. Check both the medication's label and authorization form for administration instructions. Seek clarification if necessary.
6. Check the expiration date of the medication.
7. Consult the student and their authorization form regarding any allergies or medical conditions that would contraindicate use of the drug.
8. Follow the eight rights of medication administration:
 - a. Right patient - verify the student's name and birthday.
 - b. Right drug - verify the name on the container matches the name listed on the student's medication authorization form.
 - c. Right route - check both the label and the student's authorization form to determine the route for administration.
 - d. Right time - check the label and student's authorization form to determine the administration schedule of the drug.
 - e. Right documentation - record administering medication in the student's record.
 - f. Right diagnosis - determine if the drug is suitable for treating the student's condition listed in their authorization form.
 - g. Right response - assure that the desired effect takes place after administration.
9. Gather necessary equipment to administer nebulized medication. This may include a nebulizer cup with cap, tubing, a T-shaped tube, medication, saline, a nebulizer machine, and a mouthpiece or face mask.
10. Measure the medication at eye level if using droppers to dispense the solution into the nebulizer cup.
11. Pour the dose into the nebulizer cup carefully, not making contact with the medication.
12. Cover the cup with the cap and fasten.
13. Fasten the T-piece to the top of the cap.
14. Fasten a short length of tubing to one end of the T-piece.
15. Fasten the mouthpiece or mask to the other end of the T-piece; avoid contact with the interior part of the mask.
16. Attach the tubing to the bottom of the nebulizer cup and attach the other end to the nebulizer machine.
17. Have the student breath in and out, slowly and deeply through the mouthpiece/ mask, keeping their lips sealed tightly around the mouthpiece.
18. When the nebulizer cup is empty turn off the nebulizer machine.
19. Detach the tubing from the nebulizer machine and the nebulizer cup.
20. Dispose of the nebulizer cup if it is disposable; if it's meant to be reused then carefully wash, rinse, and dry the nebulizer cup and cap.
21. Wash hands thoroughly.
22. Immediately record the name, time, medication, dose, route, person administering the medication, and any unusual observations.
23. Return the medication to locked storage.

Metered Dose Inhaler (MDI)

1. Wash hands thoroughly.
2. Verify the patient's identity, by asking the student their name and their birthday.
3. Verify the student's medication is authorized by checking their authorization form.
4. Remove the medication from locked storage.
5. Check both the medication's label and authorization form for administration instructions. Seek clarification if necessary.
6. Check the expiration date of the medication.
7. Consult the student and their authorization form regarding any allergies or medical conditions that would contraindicate use of the drug.
8. Follow the eight rights of medication administration:
 - a. Right patient - verify the student's name and birthday.
 - b. Right drug - verify the name on the container matches the name listed on the student's medication authorization form.
 - c. Right route - check both the label and the student's authorization form to determine the route for administration.
 - d. Right time - check the label and student's authorization form to determine the administration schedule of the drug.
 - e. Right documentation - record administering medication in the student's record.
 - f. Right diagnosis - determine if the drug is suitable for treating the student's condition listed in their authorization form.
 - g. Right response - assure that the desired effect takes place after administration.
9. Gather the necessary equipment to administer the medication. This may include the metered dose inhaler, a MDI spacer if ordered, and water to rinse the mouth after administration.
10. Shake the MDI as indicated in the prescription packaging.
11. Place the MDI into the spacer.
12. Have the student place the mouthpiece in their mouth.
13. Have the student press down on the MDI while they inhale.
14. Observe the student for several minutes for adverse effects.
15. Have the student rinse their mouth with water.
16. Wash hands thoroughly.
17. Immediately record the name, time, medication, dose, route, person administering the medication, and any unusual observations.
18. Return the medication to locked storage.

Rectal Medications

1. Wash hands thoroughly.
2. Verify the patient's identity, by asking the student their name and their birthday.
3. Verify the student's medication is authorized by checking their authorization form.
4. Remove the medication from locked storage.
5. Check both the medication's label and authorization form for administration

- instructions. Seek clarification if necessary.
6. Check the expiration date of the medication.
 7. Consult the student and their authorization form regarding any allergies or medical conditions that would contraindicate use of the drug.
 8. Follow the eight rights of medication administration:
 - a. Right patient - verify the student's name and birthday.
 - b. Right drug - verify the name on the container matches the name listed on the student's medication authorization form.
 - c. Right route - check both the label and the student's authorization form to determine the route for administration.
 - d. Right time - check the label and student's authorization form to determine the administration schedule of the drug.
 - e. Right documentation - record administering medication in the student's record.
 - f. Right diagnosis - determine if the drug is suitable for treating the student's condition listed in their authorization form.
 - g. Right response - assure that the desired effect takes place after administration.
 9. Gather necessary equipment to administer rectal medication. This will include water soluble lubricant, latex free gloves, tissues or washcloth, and disposable towels or pads.
 10. Assess the student's readiness to receive the medication.
 11. Protect the student's privacy by asking all other people to leave the room until the procedure is over.
 12. Put on latex-free gloves.
 13. Provide protection under the student by laying down a towel or pad on the table.
 14. Place the student in a side-lying position. Preferably have them on their left side with their upper leg drawn up towards their chest.
 15. Remove suppository from wrapper and lubricate rounded end along with the insertion finger.
 16. Retract buttocks with non-dominant hand, finding the anus. Using the dominant index finger, slowly and gently insert the suppository through the anus, past the internal sphincter, and against the rectal wall. Depth of insertion will vary with the age of the student.
 17. Remove finger or enema tip and wipe student's anal area with a washcloth or tissue.
 18. Dispose of soiled supplies, dispose of used gloves and wash hands.
 19. Have student remain on their side or in bed for 10 minutes.
 20. Monitor student closely for potential defecation. Inform the student they may ask for assistance at any time.
 21. Immediately record the name, time, medication, dose, route, person administering the medication, and any unusual observations.
 22. Return the medication to locked storage.

References

Introduction

1. The National Survey of Children with Special Healthcare Needs. *US Department of Health and Human Services, Maternal and Child Health Bureau*. 2013. mchb.hrsa.gov/cshcn0910/more/pdf/nscshcn0910.pdf. Accessed January 24, 2017.
2. Advocates for Kids. Texas Association of School Boards. www.tasb.org/Board-Service/Role-of-School-Boards/Understanding-Your-School-Board.aspx. Accessed March 7, 2017.

Laws Related to Medication Administration

Federal Laws

1. Catabay R. Individuals with Disabilities Education Act. Individuals with Disabilities Education Act. www2.ed.gov/about/offices/list/osep/osep-idea.html. Published February 16, 2017. Accessed March 7, 2017.
2. Protecting Students With Disabilities. Protecting Students With Disabilities. www2.ed.gov/about/offices/list/ocr/504faq.html. Published October 16, 2015. Accessed March 7, 2017.
3. Information and Technical Assistance on the Americans with Disabilities Act. ADA. gov. www.ada.gov/. Accessed March 7, 2017.
4. Public Health and Schools Toolkit. Comparison of FERPA and HIPAA Privacy Rule | State Public Health | ASTHO. www.astho.org/Programs/Preparedness/Public-Health-Emergency-Law/Public-Health-and-Schools-Toolkit/Comparison-of-FERPA-and-HIPAA-Privacy-Rule/. Published 2017. Accessed January 18, 2017.

State Laws

1. Texas Legislature. Texas Education Code, Section 22.052 Administration of Medication by School District Employees or Volunteer Professionals; Immunity from Liability. Austin, TX: 2003.
2. Texas Legislature. Texas Education Code, Section 38.015 Policies for Care of Certain Students at Risk for Anaphylaxis. Austin, TX: 2015.
3. Texas Legislature. Health and Safety Code, Chapter 168 Care if Students with Diabetes. Austin, TX: 2005.

Civil Immunity

1. Texas Legislature. Texas Education Code, Section 22.052 Administration of Medication by School District Employees or Volunteer Professionals; Immunity from Liability. Austin, TX: 2003.
2. Stewart, R. Chairperson. (March, 1998). Report of the School Health Task Force to the Texas Board of Health.(p.16).
3. Texas Legislature. Texas Administrative Code-Rule 217.11 Standards of Nursing Practice. Austin, TX: 2007.
4. Texas Legislature. Texas Occupations Code, Section 301.001 Nursing Practice Act. Austin, TX: 1999.

Children With Food Allergies

1. Texas Legislature. Texas Education Code, Section 25.0022 Food Allergy Information Requested Upon Enrollment. Austin, TX: 2011.

Policy and Administrative Regulation Development

Administrative Regulations

1. Advocates for Kids. Texas Association of School Boards. [www.tasb.org/ Board-Service/Role-of-School-Boards/Understanding-Your-School Baord.aspx](http://www.tasb.org/Board-Service/Role-of-School-Boards/Understanding-Your-School-Baord.aspx). Accessed March 7, 2017.

Obtaining Parental Consent

1. Texas Legislature. Texas Education Code, Section 22.052 *Administration of Medication by School District Employees or Volunteer Professionals; Immunity from Liability*. Austin, TX: 2003.
2. Texas Legislature. Texas Family Code, Chapter 32, Section 32.002 *Consent to Treatment of a Minor*. Austin, TX: 2007.
3. School Nurse Program Policies: Medication Administration. *School Nurse Resource Manual: a Guide to Practice*. Nashville, TN: School Health Alert; 2010: 257-335.

Original, Properly Labeled Container

1. Texas Legislature. Texas Education Code, Section 22.052 *Administration of Medication by School District Employees or Volunteer Professionals; Immunity from Liability*. Austin, TX: 2003.
2. Section X-Dispensing Requirements.
3. www.deadiversion.usdoj.gov/pubs/manuals/pharm2/pharm_content.htm#10. Accessed March 1, 2017.
4. *Legislation-Controlled Substances Act*. US Food and Drug Administration Home Page. www.fda.gov/regulatoryinformation/legislation/ucm148726.htm
5. Published June 11, 2009. Accessed March 7, 2017.
6. Schwab N, Gelfman MHB. Legal issues in school health services: a resource for school administrators, school attorneys, school nurses. North Branch, MN: Sunrise River Press; 2001.

Over the Counter Medications

1. Texas Legislature. Texas Education Code, Section 22.052 *Administration of Medication by School District Employees or Volunteer Professionals; Immunity from Liability*. Austin, TX: 2003.
2. Prescription Medication: Parental Consent. In: Michigan Department of Education, *Administration of Medication in Schools: Model School Nurse Guideline*. Michigan: 2014: 2-5.
3. Health Services Management: Medication Administration. In: Selekman, J, 2nd ed. *School Nursing: a Comprehensive Text*. Philadelphia, PA: National Association of School Nurses; 2013.
4. Policy Statement—*Guidance for the Administration of Medications in School*. The American Academy of Pediatrics. 2009; 124(4):1244-1251.
5. Bergin, V., Grimes, G., Psencik, L., Thomas, S. M., Jackson, M. L. H., Robinson, P. F., (September 1989). *School Nurse Handbook for the School Health Program (Section E-3.2)*. Austin, TX: Texas Education Agency.

Herbal Medications

1. United States Department of Health and Human Services. National Institutes of Health: National Center of Complementary and Integrative Health.
2. Children and the Use of Complementary Health Approaches. nccih.nih.gov/health/children. Retrieved May 16, 2017.
3. United States Department of Health and Human Services. United States Food and Drug Administration. About FDA: Children, www.fda.gov/AboutFDA/Transparency/Basics/ucm319792.htm Retrieved May 16, 2017.

Medication Errors

1. Abeysekera A, Bergman IJ, Kluger MT, Short TG. *Drug error in anaesthetic practice: a review of 896 reports from the Australian Incident Monitoring Study database*. *Anaesthesia*. 2005;60(3):220-227. Doi:10.1111/j.1365-2044.2005.04123.x.
2. Texas Legislature. Texas Education Code, Section 22.052 *Administration of Medication by School District Employees or Volunteer Professionals; Immunity from Liability*. Austin, TX: 2003.
3. *Legal Issues, Policies and Procedures: Medication Errors*. In Holliday, T. Medication Administration for Unlicensed School Staff. Frankfort, KY; 2015:10-21.
4. Zimmerman S, Love K, Sloane PD, Cohen LW, Reed D, Carder PC. *Medication Administration Errors in Assisted Living: Scope, Characteristics, and the Importance of Staff Training*. *Journal of the American Geriatrics Society*. 2011;59(6):1060-1068. Doi:10.1111/j.1523-5415.2011.03430.x.
5. *Other Legal Considerations in Medication Administration*. In Holliday, T. Medication Administration for Unlicensed School Staff. Frankfort, KY; 2015:15-20.

Self-carrying and Administration of Medications

Asthma and Anaphylaxis Medications

1. Texas Legislature. Texas Education Code, Section 38.015 *Policies for Care of Certain Students at Risk for Anaphylaxis*. Austin, TX: 2015.

Diabetes Medications

1. Texas Legislature. *Health and Safety Code, Chapter 168 Care of Students with Diabetes*. Austin, TX: 2015.

Emergency Medications

1. Emergency Medications. In Pennsylvania Department of Health. *Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care*. PN; 2010:19-21.
2. Medical Emergencies Occurring at School. *American Academy of Pediatrics*. 2008:122(4):887-894. doi:10/1542/peds.2008-2171.

Offsite Medication Administration

1. Texas Legislature. Texas Education Code, Section 22.052 *Administration of Medication by School District Employees or Volunteer Professionals: Immunity from Liability*. Austin, TX: 2003.

Considerations for School Nurses

1. Texas Board of Nursing. *Texas Administrative Code, Rule §217.11 Licensure Peer Assistance and Practice: Standards of Nursing Practice*. TX: 2007.

General Procedures for Medication Administration

Medication Verification

1. Workman ML, LaCharity LA, Kruchko SC. *Understanding pharmacology: essentials for medication safety*. St. Louis, MO: Elsevier/Saunders; 2011.

Storage

1. Altman G, Kerestzes P, Wcisel M. Medication Administration. In: *Fundamental & Advanced School Nursing*. 3rd ed. Clifton Park, NY: Delmar Cengage Learning; 2010.
2. Handling Medication. In Holliday, T. *Medication Administration for Unlicensed School Staff*. Frankfort, KY; 2015: 10-21.
3. Keen TP, Ford N. *Virginia school health guidelines*. Richmond, VA: Virginia Department of Health, Division of Child and Adolescent Health, 1999.; 1999.

Handling Medication

1. Handling Medication. In Holliday, T. *Medication Administration for Unlicensed School Staff*. Frankfort, KY; 2015: 10-21.
2. Health Services Management: Medication Administration. In: Selekman, J, 2nd ed. *School Nursing, a Comprehensive Text*. Philadelphia, PA: National Association of School Nurses; 2013: 1190-1215.
3. School Nurse Program Policies: Medication Administration. *School Nurse Resource Manual: a Guide to Practice*. Nashville, TN: School Health Alert; 2010: 257-335.
4. Legal Issues, Policies and Procedures: Storage and Disposal of Medications. In Holliday, T. *Medication Administration for Unlicensed School Staff*. Frankfort, KY; 2015: 10-21.

Documentation

1. Handling Medication. In Holliday, T. *Medication Administration for Unlicensed School Staff*. Frankfort, KY; 2015: 10-21.
2. Health Services Management: Medication Administration. In: Selekman, J, 2nd ed. *School Nursing, a Comprehensive Text*. Philadelphia, PA: National Association of School Nurses; 2013: 1190-1215.
3. Health Services Management: Medication Administration. In: Selekman, J, 2nd ed. *School Nursing, a Comprehensive Text*. Philadelphia, PA: National Association of School Nurses; 2013: 1190-1215.

Disposal

1. Health Services Management: Medication Administration. In: Selekman, J, 2nd ed. *School Nursing, a Comprehensive Text*. Philadelphia, PA: National Association of School Nurses; 2013: 1190-1215.
2. School Nurse Program Policies: Medication Administration. *School Nurse Resource Manual: a Guide to Practice*. Nashville, TN: School Health Alert; 2010: 257-335.
3. Legal Issues, Policies and Procedures: Storage and Disposal of Medications. In Holliday, T. *Medication Administration for Unlicensed School Staff*. Frankfort, KY; 2015: 10-21.
4. Texas Legislature. Texas Health and Safety Code, Section 81.304 Minimum Standards. Austin, TX: 2015.
5. Pharmaceuticals. *Recycling in the Lone Star State*. texasakeback.com/texasrecycles/hard-to-recycle/pharmaceuticals/. Published November 13, 2015. Accessed April 11, 2017.
6. *How to Dispose of Unused Medicines*. www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm. Published June 2015. Accessed January 19, 2017.

Procedures for Various Routes of Medication Administration

Administration

1. Altman G, Kerestzes P, Wcisel M. Medication Administration. In: *Fundamental & Advanced School Nursing*. 3rd ed. Clifton Park, NY: Delmar Cengage Learning; 2010.
2. Handling Medication. In Holliday, T. *Medication Administration for Unlicensed School Staff*. Frankfort, KY; 2015: 10-21.
3. Keen TP, Ford N. *Virginia school health guidelines*. Richmond, VA: Virginia Department of Health, Division of Child and Adolescent Health, 1999.; 1999.

Statutory Reference Guide

The following document is meant as a tool in assisting school nurses or other school health staff in locating selected school health laws and rules related to medication administration.

If you need additional citations, visit the Texas Legislature Online statutes webpage, statutes.capitol.texas.gov, to search for all state statutes.

Area of School Health or Health- Related Services	Associated State/Federal Code (Title, Subtitle/Part, Chapter, Subchapter, and Section) or Other Resource	State or Federal Statute
Immunity from Liability	<u>Texas Education Code, Title 2, Subtitle D, Chapter 22, Subchapter A, Section 22.052</u>	State
Allergy Info at Enrollment	<u>Texas Education Code, Title 2, Subtitle E, Chapter 25, Subchapter A, Section 22.0022</u>	State
Self-Administration of Asthma or Anaphylaxis Medicine	<u>Texas Education Code, Title 2, Subtitle G, Chapter 38, Subchapter A, Section 38.015</u>	State
Consent Form	<u>Texas Family Code, Subtitle A, Chapter 32, Subchapter A, Section 32.002</u>	State
Independent Monitoring and Treatment	<u>Texas Health and Safety Code, Title 2, Subtitle H, Chapter 168, Section 168.008</u>	State
Minimum Standards, Exposure Control Plan	<u>Texas Health and Safety Code, Title 2, Subtitle D, Chapter 81, Subchapter A, Section 81.304</u>	State

Roles and Responsibilities

The following descriptions outline the different roles and responsibilities that may be involved in medication administration process in Texas Schools.

School Board

The Texas Association of School Boards (TASB), through their policy services division, assists many public school boards in writing district policies. TASB states that all school districts should have medication administration policies and administrative regulations in place, based on their individual needs that outline safe and effective medication administration. TASB writes both legal and local policy for school districts and assists with the development of administrative regulations.¹

According to Chapter 22, [Section 22.052](#) of the Texas Education Code, upon adoption of policies concerning medication administration in a school district, its board of trustees and its employees are immune from civil liability. Immunity from the outcomes of medication administration is only applicable if the school has received a medication authorization form, serving as parental and provider consent, and if the medication was provided to the school in its original, properly labeled container.²

School Administrators

District superintendents, school principals, and health service coordinators are charged with the task of assuring that the policies and procedures outlined in their districts' medication administration policy are being implemented and executed effectively. School administrators assist in coordinating and determining which medication administration tasks will be performed by which school personnel.

According to TEC, Chapter 22, [Section 22.052](#), the responsibility of administering medications to students is considered an administrative task assigned by the principal, rather than a health-related service delivered or delegated by a health care professional.²

It is essential that the school health staff (the school nurse or other trained unlicensed assistive personnel in the absence of a nurse), is qualified to perform the tasks outlined in their district's medication policy. School administrators work with the school health staff lead to coordinate trainings for unlicensed assistive personnel on a regular basis. In addition to helping coordinate trainings, school administrators assist the school nurse in educating parents and/or guardians about the district's policy for medication administration.

Registered Nurse (School Nurse)

Licensed by the Texas Board of Nursing, a school nurse is a registered nurse who provides services on school campuses to meet the health needs of students and staff, and/or who supervises and trains other staff to do so.³ The school nurse is responsible for implementing the school district's health policies and procedures. School nurse duties include managing students' health conditions, promoting health and safety in the school setting, and collaborating with parents, staff, and community members to develop plans to best serve students.

Licensed Vocational Nurse

Licensed by the Texas Board of Nursing, a vocational nurse provides services to meet the needs of the students on a school campus under the clinical supervision of a School Nurse. The LVN's duties may include attending to the health needs of the student population and students with identified health conditions, following school health protocols and Individualized Healthcare Plans, assisting with mandatory screenings, and performing other necessary tasks to maintain student's health under the direction of the supervising RN.³

Trained Unlicensed Assistive Personnel

According to Texas Education Code, Chapter 22, [Section 22.052](#), permission to administer medication may be granted to employees of the school district, when authorized by superintendents, school principals, or health service coordinators.² These employees do not need to be licensed health care professionals but are expected to be competent and only carry out tasks for which they are knowledgeable.⁴

Parent(s) and/or Guardian(s)

Parents and or guardians are important to the medication administration process, serving as a responsible voice for students and a source of consent and verification regarding a student's overall health.

The major responsibilities of parent(s) and/or guardian(s) are the following:

- Assure that medications are authorized by the child's primary care provider.
- Provide a medication authorization form to school health staff outlining instructions for administering the student's medication, potential contraindications, and the underlying reason that the medication needs to be administered. This serves as parental consent.
- Provide medication to the school in its original, properly labeled container with any additional information that the district's policy requires.
- Retrieve student's medication from the school when it is no longer needed by the student or at the conclusion of the school year.
- Communicate with the school regarding any changes in the student's health status, medication regimen, primary care provider, or emergency contact information.
- Provide consent for school health staff to communicate with the child's prescribing physician.⁵

Primary Care Provider (Physician, Nurse Practitioner, or Physician's Assistant)

The primary care provider's main role in student's medication administration includes writing prescriptions or orders for school health staff. Prescriptions should include the name of the medication, the dosage, the time it is to be administered, the frequency it is to be administered, and the duration that it is to be administered (number of days). Furthermore, primary care providers should be available to communicate medication instructions, and any other important details to the parents, students, the school nurse, and other unlicensed assistive personnel as necessary.⁵

School Personnel

School personnel should be knowledgeable of their school district's policies surrounding school health services, specifically medication administration.³ For medication administration, it is important that all school staff are aware of what their districts policies are for self-administration, administration on field trips, and emergency medication administration.

For emergency medications, staff should be aware of students who carry their medication with them with the intention to self-administer. Also, all staff should be aware of where stock epinephrine is stored on school grounds (if applicable), for response to students that appear to be experiencing an anaphylactic reaction. A running list of school staff that are qualified to respond in emergencies, and which staff carry keys to medication in locked storage should be kept and maintained by the school principal.⁶

References

1. Advocates for Kids. Texas Association of School Boards. www.tasb.org/Board-Service/Role-of-School-Boards/Understanding-Your-School-Board.aspx. Accessed March 6, 2017.
2. Texas Legislature. Texas Education Code, [Section 22.052](#) *Administration of Medication by School District Employees or Volunteer Professionals; Immunity from Liability*. Austin, TX: 2003.
3. Texas School Health Advisory Committee - Resources. *School Health Advisory Committee Resources*. www.dshs.texas.gov/schoolhealth/shadviserresources.shtm. Published January 14, 2013. Accessed February 14, 2017.
4. Health Services Management: Medication Administration. In: Selekman, J, 2nd ed. *School Nursing, a Comprehensive Text*. Philadelphia, PA: National Association of School Nurses; 2013.
5. Roles and Responsibilities. In Bell, M. *Medication Administration: A Guide for Training Unlicensed School Staff*. Anchorage, AK; 2014: 9-10.
6. School Nurse Program Policies: Medication Administration. *School Nurse Resource Manual: a Guide to Practice*. Nashville, TN: School Health Alert; 2010: 257-335.

Medication Administration Definitions

The following definitions are common to the practice of medication administration. They can be found throughout this manual and are therefore highlighted in this appendix.

Administrative Regulations - Administrative regulations outline the specific details that are to be followed in administering medication to students.

Adverse effect - When the result of medication administration is not expected or intended. Adverse effects or side effects are often unwanted, and vary in their degree of harm. Variables that affect the occurrence of adverse effects include age, sex, body weight, allergies, absorption, and other drugs and supplements the student may be taking.¹

Dispense - The preparation and delivery of a prescription drug by a licensed healthcare provider, to distribute prescription medication in a suitable and appropriately labeled container for later administration to or self-administration by a student.²

Licensed Vocational Nurse - A nurse licensed by the Texas Board of Nursing to practice vocational nursing. The LVN has a directed scope of practice. LVNs, like RNs, may administer medications and treatments for which they know the rationale for and the effects of.

Long-term medication - A prescription medication used for the treatment of a chronic illness on both a daily and an as-needed basis.

Medication - Prescription and nonprescription drugs used to prevent, cure, or relieve symptoms or disease. Medications are FDA approved, meaning they have proved to be safe and effective for use. Medications include but are not limited to: analgesics, antipyretics, antacids, antibiotic ointments, antihistamines, decongestants, and cough/cold preparations.¹

Medication administration - Assisting a student with the ingestion, application, inhalation, injection, insertion, or self-management of medication according to the direction of a licensed prescriber or parents and legal guardians.

Medication Administration Policy - A policy adopted by the local school board outlining the general guidelines for medication administration across the school district. According to the Texas Association of School Boards, all school districts should have medication administration policies and administrative guidelines in place, based on their individual needs that outline safe and effective medication administration.³

Over the Counter (OTC) Medication - Medications that are safe and effective for use by the general public and can be obtained without a prescription. Also called non-prescription medication.² OTCs typically provide temporary relief from pain, discomfort, or other short term symptoms.

Parental consent - To give permission for something to happen or be done.⁴ Parental consent must be provided through a medication authorization form for school health staff to administer medications to a student.

Prescribed Dose - The amount of medication to be administered to a student per the advice of their prescribing physician and/or their medication's label considering the weight, height, and the personal characteristics of the child and their condition.

Prescription Medication - A drug that can only be obtained with written prescription from a physician.

Registered Nurse (RN)/ School Nurse - A registered nurse, licensed by the Texas Board of Nursing to practice professional nursing in Texas who is employed in the school setting.

Route - The means by which a medication enters the body. The different routes of medication administration most common to the school setting include oral (mouth), sublingual (under the tongue), buccal (cheek), respiratory (lungs), ocular (eye), auricular (ear), nasal (nose), topical (skin), and rectal (rectum).⁵

School health staff - Those who are authorized to administer medication in the school setting including school nurses, and trained unlicensed assistive personnel who are employees of the school. The responsibility of administering medications to students is considered an administrative task assigned by the principal to school health staff, rather than a health-related service delivered or delegated by a health care professional.⁶

Self-administration - A student's self-management of medication.² According to Texas Education Code, Chapter 38, [Section 38.015](#) and Texas' Health and Safety Code, Chapter 168, [Section 168.008](#) students with asthma and anaphylaxis, or diabetes are permitted to self-carry with the intention to self-administer their medications in order to manage their chronic conditions.^{7,8}

Short-term medication - A prescription medication used for the treatment of a short term illness, including infectious diseases.

Standing Order - A physician's order that provides instructions for a procedure that can be activated by school personnel when specific conditions and circumstances occur in the school setting.⁹ Standing orders should be developed by the district's consulting physician, approved by the school board, and approved by school's nurse, if applicable.

Unlicensed Assistive Personnel - School staff such as secretaries, teachers, and coaches who are not licensed to practice practical nursing, medicine, or any other health profession that require a license.² Unlicensed assistive personnel may administer medication assuming they have been assigned the task by the school principal or administrator and have completed the necessary training to do so.

References

1. Learning about Side Effects. *Learning about Side Effects*. www.fda.gov/Drugs/ResourcesForYou/Consumers/ucm196029.htm Published January 26, 2017. Accessed February 9, 2017.
2. Definitions. In Bell, M. *Medication Administration: A Guide for Training Unlicensed School Staff*. Anchorage, AK; 2014: 4-7.
3. Advocates for Kids. Texas Association of School Boards. www.tasb.org/Board-Service/Role-of-School-Boards/Understanding-Your-School-Board.aspx. Accessed March 6, 2017.

4. Dictionary and Thesaurus | Merriam-Webster. Merriam-Webster Dictionary. www.bing.com/cr?IG=35502F94D3D541F997653AB48A750F33&CID=23BA634224956AFA3265696625A46B0A&rd=1&h=I0x8rJycXpu7mLSC6_6ShsdjqWYv0pwUZ ZG- BBLQzqE&v=1&r=https%3a%2f%2fwww.merriam-webster.com%2f&p=DevEx,5077.1. Accessed February 9, 2017.
5. Route of Administration. Route of Administration. www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/DataStandardsManualmonographs/ucm071667.htm. Published July 2014. Accessed February 9, 2017.
6. Texas Legislature. Texas Education Code, [Section 22.052](#) *Administration of Medication by School District Employees or Volunteer Professionals; Immunity from Liability*. Austin, TX: 2003.
7. Texas Legislature. Texas Education Code, [Section 38.015](#) *Self Administration of Prescription Asthma or Anaphylaxis Medicine by Students*. Austin, TX: 2006.
8. Texas Legislature, *Texas Health and Safety Code, Section 168.008 Independent Monitoring and Treatment*. Austin, TX: 2005.
9. Renee H. Martin, JD, MSN, RN. Standing Orders. *Advance Healthcare Network for Nurses*. nursing.advanceweb.com/Article/Standing-Orders.aspx. Published June 11, 2001. Accessed April 6, 2017.

Common Metric Measurements and Abbreviations

Abbreviations Commonly Used in Prescriptions:

am – morning
 cc – cubic centimeters
 g – gram
 h or hr – hour
 HS – at bedtime
 mg – milligram
 mL – milliliter
 oz – ounces
 pm – afternoon
 po – by mouth
 prn – as needed
 tab – tablet
 tbsp – tablespoon
 tsp – teaspoon

Tablet Conversions:

1000 mg = 1 g
 500 mg = 0.5 g
 250 mg = 0.25 g

Liquid Measurements Conversions:

1mL = 1cc
 2.5 mL = 0.5 tsp
 5 mL = 1 tsp
 15mL = 3 tsp
 30mL = 1 fluid oz
 60mL = 2 fluid oz

Sample Requests, Medical Assessments, Letters and Reports

[School Logo Goes Here]

SAMPLE Request for Administration of Medication at School

This form must be filled out completely in order for school health staff to administer medication to a student. A new medication authorization form must be completed at the beginning of each school year, for each medication, and each time there is a change in the medication's administration instructions. The following is required by the provider of the medication according to Texas Education Code's, Chapter 22, Section 22.052:

- Prescription and non-prescription medication must be delivered to school in its original container.
- The container must be properly labeled by a pharmacist or the prescribing physician.

Student's Name _____ Sex _____

Date of Birth ____/____/____ Teacher/Homeroom _____

Condition for which medication is being administered _____

Medication Name _____ Dose _____ Route _____

Times(s) of day to administer _____

Medication shall be administered from: ____/____/____ to: ____/____/____

Possible side effects _____

Special requirements for administration/storage _____

Known Food or Drug Allergies: YES ___ NO ___

If Yes, please explain: _____

Prescriber's Name _____ Telephone _____ - _____ - _____

Address _____

Prescriber's Signature _____ Date _____

[School Logo Goes Here]

Parent / Guardian Authorization

I request that school health staff administer the medication as described above by my child's primary prescriber. I consent to medication administration for my child named above and agree to review and provide any special instructions for the administration of child's medication, and share that information with my child's school health staff.

Parent/Guardian Signature _____ Date _____

Cell Phone: ____ - ____ - ____ Home Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____

[School Logo Goes Here]

Faculty Review

Medication was received from _____ Date _____

Medication was received by _____ Date _____

Initial Count (pills or tablets) or Measurement (liquids) _____

Witness Signature _____ Date _____

[School Logo Goes Here]

SAMPLE Emergency Contact and Medical Information for a Child

_____ Child's Name		_____ Date of Birth		M F Sex
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name		
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact		
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

Medical Information

Hospital/Clinic Preference

_____ Parent's/Guardian's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

Please describe any medications, herbals, dietary supplements or over the counter medications your child currently uses or intermittently takes:

Please describe any serious reaction(s) that can result from either administering or withholding medications:

Parent/Guardian Signature _____ Date _____

[School Logo Goes Here]

SAMPLE Self-Medication Authorization Form

The following must be provided to the school in order for a student to self-administer asthma or anaphylaxis medicine according to Texas Education Code, Chapter 38, Section 38.015:

- A written statement from the student’s licensed healthcare provider that describes the student’s medication and confirms their ability to self-administer their prescribed medication
- A written authorization signed by the parent for the student to self-administer the prescription while on school property or at a school related event or activity

Prescriber’s Authorization

Student’s Name _____ Sex _____

Date of Birth ____/____/____ Teacher/Homeroom _____

Condition for which medication is being administered _____

Medication Name _____ Dose _____ Route _____

Time(s) of day to administer _____

Is this a PRN, (As-needed) Medication? YES NO

Medication shall be administered from: ____/____/____ to: ____/____/____

The student has demonstrated that they are capable of self-administering their medication:
YES NO If No, please explain: _____

Prescriber's Name _____ Telephone ____ - ____ - ____

Address _____

Prescriber’s Signature _____ Date _____

Parent/Guardian Authorization

I request that school health staff allow my child to self-carry with the intention to self-administer the medication described above by my child’s primary prescriber. I agree to notify the school nurse or school health staff and provide a new self-medication authorization form when there is a change in my child’s medication, health status, or authorized healthcare provider.

Describe how your child will carry/store their medications: _____

Parent/Guardian Signature _____ Date _____

Cell Phone: ____ - ____ - ____ Home Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____

[School Logo Goes Here]

School Nurse Authorization

An evaluation of the student’s ability to self-administer their asthma or anaphylaxis medication is conducted by the school nurse, if a school nurse is available.

Self-Administration Evaluation Date: ____/____/____

The student is capable of self-administration? YES NO

If NO, then please explain: _____

School Nurse Signature _____ Date _____

Inform all relevant school staff that this student is permitted/not permitted to self-carry and administer their medication(s).

[School Logo Goes Here]

SAMPLE Student Self-Medication Assessment

(To Be Completed by a Professional School Nurse)

Student Name _____ Student ID _____ Year _____

Auto-Injectable Epinephrine or Inhaled Asthma Medication

Criteria for Self-Medication:

	Yes	No
1. Student is knowledgeable and capable of identifying individual medication.	<input type="checkbox"/>	<input type="checkbox"/>
2. Student is knowledgeable of purpose of individual medication.	<input type="checkbox"/>	<input type="checkbox"/>
3. Student is able to identify specific symptom occurrence and need for medication administration.	<input type="checkbox"/>	<input type="checkbox"/>
4. Student is knowledgeable and capable of identifying medication dosage.	<input type="checkbox"/>	<input type="checkbox"/>
5. Student is knowledgeable about method of medication administration.	<input type="checkbox"/>	<input type="checkbox"/>
6. Student is able to state side effects/adverse reactions to medication.	<input type="checkbox"/>	<input type="checkbox"/>
7. Student is knowledgeable of how to access assistance for self if needed in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>
8. An Individual Health Care Plan (IHP)/ Emergency Action Plan has been developed for the student that will monitor and evaluate the student's health status.	<input type="checkbox"/>	<input type="checkbox"/>

Based on Assessment:

1. The student is a candidate for a self-medication program with supervision.	<input type="checkbox"/>	<input type="checkbox"/>
2. The student has successfully completed self-medication training and has demonstrated their ability to self-administer.	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Reviewed By:

Principal Signature _____ Date _____

School Nurse Signature _____ Date _____

Diabetic Insulin Administration

Criteria for Self-Management of Diabetes

	Yes	No
Student is knowledgeable and capable of blood glucose testing.	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for Insulin Administration (Syringe):

1. Student is knowledgeable and capable of counting carbohydrates.	<input type="checkbox"/>	<input type="checkbox"/>
2. Student is knowledgeable and capable of calculating amount of carbohydrates consumed.	<input type="checkbox"/>	<input type="checkbox"/>
3. Student is knowledgeable and capable of calculating corrective dose of insulin.	<input type="checkbox"/>	<input type="checkbox"/>
4. Student is capable of drawing up correct dosage of insulin.	<input type="checkbox"/>	<input type="checkbox"/>
5. Student is knowledgeable about administering insulin at appropriate site.	<input type="checkbox"/>	<input type="checkbox"/>
6. Student is knowledgeable of the proper method for disposal of equipment.	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for Insulin Administration (Pen):

1. Student is knowledgeable and capable of counting carbohydrates.	<input type="checkbox"/>	<input type="checkbox"/>
2. Student is knowledgeable and capable of calculating amount of carbohydrates consumed.	<input type="checkbox"/>	<input type="checkbox"/>
3. Student is knowledgeable and capable of calculating correct dose of insulin.	<input type="checkbox"/>	<input type="checkbox"/>
4. Student is knowledgeable about administering insulin at appropriate site.	<input type="checkbox"/>	<input type="checkbox"/>
5. Student is knowledgeable of the proper method for disposal of needles.	<input type="checkbox"/>	<input type="checkbox"/>

[School Logo Goes Here]

Criteria for Insulin Administration (Pump):

	Yes	No
1. Student is knowledgeable and capable of counting carbohydrates.	<input type="checkbox"/>	<input type="checkbox"/>
2. Student is knowledgeable and capable of calculating amount of carbohydrates consumed.	<input type="checkbox"/>	<input type="checkbox"/>
3. Student is capable of calculating and administering corrective bolus.	<input type="checkbox"/>	<input type="checkbox"/>
4. Student is knowledgeable and capable of calculating and setting basal profiles.	<input type="checkbox"/>	<input type="checkbox"/>
5. Student is knowledgeable and capable of calculating and setting temporary basal rate.	<input type="checkbox"/>	<input type="checkbox"/>
6. Student is knowledgeable and capable of disconnecting pump.	<input type="checkbox"/>	<input type="checkbox"/>
7. Student is knowledgeable and capable of reconnecting pump at infusion set.	<input type="checkbox"/>	<input type="checkbox"/>
8. Student is knowledgeable and capable of preparing reservoir and tubing.	<input type="checkbox"/>	<input type="checkbox"/>
9. Student is capable of inserting infusion set.	<input type="checkbox"/>	<input type="checkbox"/>
10. Student is able to troubleshoot alarms and malfunctions.	<input type="checkbox"/>	<input type="checkbox"/>

Based on the Assessment:

1. The student is a candidate for a self-medication program with supervision.	<input type="checkbox"/>	<input type="checkbox"/>
2. The student has successfully completed self-medication training and has demonstrated proper self-administration.	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Reviewed By:

Principal Signature _____ Date _____
School Nurse Signature _____ Date _____

IMPORTANT NOTICE

If the school nurse does not concur with the health care provider’s instructions after assessing the competencies of the student, the school nurse will contact the health care provider to attempt to agree upon a plan. Permission for the self-administration of medication may be suspended if the student is unable to maintain the procedural safeguards established in the above agreement.

Comments: _____

[District Letterhead]

SAMPLE LETTER

[School Name]

[Street Address]

[City, ST ZIP Code]

[Date]

Dear Parent or Guardian:

To comply with the school districts medication administration policy and Texas State Law, please review the following information for medication administration:

1. All medication must be brought to school and kept in the _____ (location) in a locked _____ (storage unit).
2. Both prescription and non-prescription medications must be brought to the school in their original, properly labeled container. Prescription medication must contain a current pharmacy label.
3. A medication authorization form must be signed for all medications that are to be administered to the student.
4. School personnel will not give any medicine, including over the counter medications and products, to students except as authorized by district policy and with a signed medication authorization form.

This policy is necessary to protect the health and safety of your child. We appreciate your cooperation in this matter for those reasons.

Sincerely,

Parent or Guardian

School Nurse Phone Number

*Please keep a copy of this form for future use, in case your child should need to take medication during school.

[School Logo Goes Here]

SAMPLE Medication Administration Record

Assure that the medication to be administered has arrived to school in its original, properly labeled container. Record the following information to assure the proper medication is being administered to the correct student.

Student Name _____ DOB ____/____/____

Proper Label & Instructions

Name of Patient _____ Sex (circle one) M F

Prescribing Practitioner's Name _____ Phone _____

Pharmacy Name _____ Address _____

Date of filing ____/____/____ Expiration Date ____/____/____ Prescription No. _____

Medication Name _____ Dose _____ Route _____

Precautions, if any _____

Directions for use _____

Time(s) to be Administered _____ Frequency (daily, times/week) _____

Medication Log

Date	Time(s)	Initials	Side Effects (if none then write N/A)

[School Logo Goes Here]

Name of Patient _____ DOB ____/____/____ Sex M F

Weight _____ Medication(s) _____ Dose _____

Route _____ Planned Time(s) for Administration _____

Condition being treated _____

Reporter Name _____ Reporter Phone ____ - ____ - ____

Role at School _____

Error Details

Error Date ____/____/____ Error Time ____:____

Discovery Date ____/____/____ Discovery Time ____:____

Description of the Event: _____

Name of Person Directly Involved: _____ Role at School _____

Error Type (Select one)

- | | |
|--|---|
| <input type="checkbox"/> Wrong Patient | <input type="checkbox"/> Unauthorized Staff |
| <input type="checkbox"/> Wrong Drug | <input type="checkbox"/> Untrained Staff |
| <input type="checkbox"/> Wrong Dose | <input type="checkbox"/> Pharmacy Error |
| <input type="checkbox"/> Wrong Route | <input type="checkbox"/> Omission |
| <input type="checkbox"/> Wrong Time | <input type="checkbox"/> Patient Refusal |
| <input type="checkbox"/> Wrong Diagnosis | <input type="checkbox"/> Drug was Unavailable |
| <input type="checkbox"/> Wrong Response | |
| <input type="checkbox"/> Wrong Documentation | |

Contributing Factor(s) (Select all that apply.)

- | |
|--|
| <input type="checkbox"/> Lack of Concentration |
| <input type="checkbox"/> Inexperienced Staff |
| <input type="checkbox"/> Insufficient Staff |
| <input type="checkbox"/> Emergency Situation |
| <input type="checkbox"/> Medication Unavailable |
| <input type="checkbox"/> Misread/Misinterpreted Instructions |

Notification

Patient Notified YES NO Date ____/____/____ Time ____:____

Physician Notified YES NO Date ____/____/____ Time ____:____

Parent Notified YES NO Date ____/____/____ Time ____:____

Corrective Action Taken _____

Outcome

- No change was observed in the patient's condition; no medical intervention required
- Produced a temporary or localized response; did not cause ongoing complications or require medical intervention
- Patient required medical attention
- Patient required hospitalization
- Patient sustained long-term complications
- Other, explain (*Explain on next page*)

[School Logo Goes Here]

Explain: _____

Follow Up

Problem Identification:

- Lack of knowledge
- Performance Problem
- Administration Problem
- Other _____

Comments _____

Response:

- Provided Education
- Changed School Policy and/or Procedure(s)
- System Process Changed
- Addressed Individual Awareness
- Addressed Group Awareness
- Other _____

Resolution

Please describe the resolution to the identified problem. If this has not been addressed already, then please provide a timeline for the action plan:

Signature of Reporter

Date

Signature of School Health Staff Lead

Date

Signature of Person Directly Involved

Date

Eight Rights to Medication Administration



Right Patient. Make sure that the right patient is receiving the prescribed drug. Check two unique patient identifiers (name and birth date) before administration.



Right Drug. Make sure that the drug being given is the correct drug. Compare the drug with the patient's medication authorization form before administration.



Right Dose. Make sure that the proper dose of the drug is being administered. Compare the dose on the label with the patient's medication authorization form before administration.



Right Route. Make sure that the drug is administered by the correct route. Consult the medication's label and the patient's medication authorization form before administration.



Right Time. Make sure the drug is administered at the correct time of day. Consult the medication's label and the patient's medication authorization form before administration.



Right Documentation. Make sure the action of drug administration is recorded immediately. Side effects and medication errors should also be recorded. If an action is not recorded, then there is no proof that it happened.



Right Diagnosis. Make sure the drug to be administered is appropriate for the patient's diagnosis. If the medication does not seem suitable for the condition in question, then question the prescription.



Right Response. Make sure the drug has the desired effect after administration. Make sure enough time has passed to make these observations.

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TEXAS
Health and Human
Services

Texas Department of State
Health Services

Texas Department of State Health Services
School Health Program
dshs.texas.gov/schoolhealth

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