

MEDICATION ADMINISTRATION GUIDELINES

Reference: CISD Board Policy – FFAC (LEGAL); FFAC (LOCAL); Texas Education Code § 22.052; Texas Health and Safety Code, chapter 168; Texas Department of State Health Services Guide to Medication Administration in Schools

Prescription or non-prescription medication required by a student should be administered at home by a parent or by the student’s medical provider whenever possible. Parents should make every effort to have medication administration set for time periods other than school hours to avoid disruption of the student’s school day. CISD recognizes, however, that it may be necessary for a student to receive medication during school hours in some instances. When home administration is not possible, authorized CISD staff may assist in administering medications to students during school hours per these guidelines and Board policy. School nurses will comply with the Nurse Practice Act (NPA) at all times and will not administer medication in a manner that conflicts with their professional duties and expectations under the NPA or CISD board policy.

I. Administration of Medications

- A. CISD staff will only administer those medications that must be given during the school day. If dosing can be done outside of the school day, the medication should not be administered at school.
- B. Except as otherwise provided herein, only the school nurse, nurse substitute, health aide, or school employee designated by the superintendent and/or principal may administer medications to students.
- C. School personnel shall accept no more than a 30-day supply of a student’s prescription medication.
- D. School personnel shall not administer expired medications.
- E. School personnel shall not administer medication that exceeds the recommended maximum dose or maximum daily dose (when prescribed for administration more than once per day) as stated on the medication label.
- F. Unless a critical timing notation is made in the physician’s order, scheduled medications may be given up to 30 minutes before or 30 minutes after the scheduled time to allow for flexibility around the student’s schedule.
- G. If a student does not report to the clinic at the time of their scheduled medication, the RN or designated school staff responsible for medication administration will contact the classroom teacher or otherwise attempt to locate the student for the scheduled medication. Except in critical dosing situations, if a student at the secondary level still does not report to the clinic after CISD staff contacts

them to report to the clinic, the medication will be documented as “not given.” The parent will only be notified if the student misses more than (2) consecutive doses.

H. If medically possible, the first dose of a new medication should be given by a parent at home to observe for any adverse reactions. If a medication must be administered for the first time at school, a registered nurse must administer the first dose of a new medication that has not been previously administered to the student to observe for any adverse reaction to the medication. If a parent brings in a new medication and the nurse cannot be present to administer the first dose, the parent must administer the first dose and remain to observe the student for at least 20 minutes. An exception to these guidelines (F) would be if the medication were an emergency medication such as glucagon, epinephrine, or rectal diazepam.

I. Medications prescribed by out-of-state physicians^[1] who are registered and licensed to practice medicine in the U.S. may be administered for up to 90 days. After 90 days, the parent must provide a prescription issued by a physician licensed to practice medicine in the State of Texas.

II. Medication Administration

A. The routes of medications (manner of administration) that can be administered in the school setting include oral, topical (*e.g.*, eye drops, ear drops, nose sprays, patches, and ointments), inhaled (*e.g.*, metered-dose inhalers, nebulizer treatments), specific injectable medication, specific rectal medication, and via gastrostomy tube.

B. Who may administer each type of medication:

Registered Nurse	Authorized Unlicensed Assistive Personnel ^[2]	Authorized Unlicensed Diabetic Care Assistant
Oral	Oral	Oral
Topical (<i>e.g.</i> , eye drops, ear drops, nose sprays and ointments)	Topical (<i>e.g.</i> , eye drops, ear drops, nose sprays ^[3] and ointments)	-----

Metered Dose Inhalers	Metered Dose Inhalers	-----
Nebulizer Treatment	Nebulizer Treatment	-----
Injectable Medication ^[4]	Injectable Medication (see note 4 below)	Injectable Medication (see note 4 below)
Injectable Insulin ^[5]	-----	Injectable Insulin
Gastrostomy Tube	Gastrostomy Tube	-----
Rectal Diazepam	Rectal Diazepam	-----

Note: A student may be allowed to carry and self-administer medication prescribed for asthma or anaphylaxis under the conditions provided herein.

III. Medication Container

A. Medication (prescription and nonprescription) that is brought to school must be in the original, properly labeled container.

1. A properly labeled prescription medication has a pharmacy label that includes the student’s name, name of medication, dosage that matches the parent/doctor request form, physician’s name, times and methods of administration, and date the prescription was filled. The parents should request the pharmacist to dispense two labeled bottles of medication if the medication must be administered at school – one for home and one for school.
2. A new pharmacy label is required for medication dosage changes. (The school nurse may accept changes in medication directions by telephone from the prescribing provider, but must be confirmed in writing within three days of the change. A doctor’s written order, including legible faxed orders, will be accepted for a temporary change and until a new label can be obtained.)
3. Any prescription labels that state “use as directed” must include written clarification from the doctor explaining the dosage and frequency of administration.
4. The original bottle should be provided to the school with only the number of doses that are to be administered during school hours.

5. Nonprescription medication the parent provides must be labeled with the student's name. The original container must indicate the medication's dosage guideline and expiration date. CISD staff must administer nonprescription medication according to the dosage instructions on the bottle unless additional doctor's orders are received.

*Aspirin and/or products containing aspirin will not be administered without a doctor's order.

6. Medication in plastic bags or other non-original containers will not be accepted or administered.

7. All sample medications (including inhalers) dispensed by doctors must be accompanied by the doctor's written authorization/prescription for administering the medication.

IV. Written Request

A. Parent-provided prescription and nonprescription medication

1. A Medication Administration form must be completed by the parent/guardian for all medications to be administered at school.

2. A separate request form is required for each medication.

3. All information requested on the form must be provided before administering medication. This information includes the student's name, date of request, name of medication to be administered, dosage, route of administration, time and dates of administration, reason for medication, possible side effects, known medication allergies, and parent/guardian signature.

4. A new written request must be completed for any changes to the original request.

5. Parent-provided nonprescription medication from the district-approved list may be given up to 10 times during a school year (and no more than 5 consecutive school days) without a physician's signature. All other nonprescription medications require a physician's signature when the medication must be kept at school for more than 10 school days after the original medication form was completed.

6. A request is valid for the current school year and must be renewed at the beginning of each school year.

7. The school nurse is responsible for maintaining the request form in the Campus Medication Book.

8. Verbal consent (without current year written consent) is unacceptable for administering district-approved nonprescription medications.

V. Location/Storage of Medications

Except as provided below, all medication brought to school shall be kept in the school clinic in a locked container.

A. A student whose physician has diagnosed him or her with asthma, anaphylaxis, or other life-threatening condition may be allowed to carry and/or self-administer medication prescribed for these conditions when:

- School authorities receive a written request from the prescribing physician that it is medically necessary for the student to have the medication available for immediate administration

AND

- Health Services staff have reviewed the student's condition, physical/cognitive/ developmental capabilities, and school environment and determined appropriate self-carry and/or self-administration of the medication.

1. The student's parent must provide written authorization for his/her child to carry and/or administer the medication, and the physician must provide a statement to confirm that the student has demonstrated the ability to self-administer the medication as prescribed for asthma, anaphylaxis, or other life-threatening condition.

- The parent's and physician's written request is valid for one school year and must be renewed at the beginning of each school year.
- The student must demonstrate the ability to properly self-administer the medication and express an understanding of safety factors and responsibility related to carrying medication.

2. The student must carry the emergency medication in the original, properly labeled container.

3. CISD reserves the right to require any medication be kept in the clinic if, in the school staff's judgment, the student cannot or will not carry the medication safely and/or properly self-administer the medication.

B. Emergency epinephrine that has not been approved by the physician/parent for the student to self-carry and antihistamine prescribed for use during a severe allergic reaction will be stored in a secure but unlocked location in the clinic.

C. Medications that require refrigeration will be stored in the clinic refrigerator.

VI. Transportation of Medications

A. For student safety, parents or guardians should bring all medication to the clinic. The school nurse, parent or guardian, or other designated CISD staff member will count and sign in all controlled medication.

B. CISD staff are not responsible for exchanging student medications between a student's parents/guardians unless the medication is for medical emergencies such as diazepam, epinephrine, or glucagon. Should the student require medication at multiple households, it is the responsibility of the parent/guardian to facilitate the provision of medication to necessary caregivers outside of the school setting.

C. A parent or guardian must pick up all medication after it is discontinued. Medication will be properly disposed of if not picked up at the end of the school year or within 2 weeks after discontinued.

VII. Refusal of Medication

A. If a student refuses to take a medication prescribed by the student's physician or an over-the-counter medicine, and for which the parent has requested that it be administered at school, school personnel will:

1. Attempt to discover why the student is refusing medication and will encourage the student to accept the medication;
2. Not employ extraordinary means or physically force the student to take the medication;
3. Contact the student's parent/legal guardian to apprise him/her of the student's refusal to take the medication and offer the parent/legal guardian the opportunity to come to the school to administer the medication and
4. contact the prescribing physician if appropriate.

VIII. Documentation

- A. The school nurse shall maintain all current year Medication Administration Request forms in the Campus Medication book.
- B. School personnel shall record each dosage of medication administered on the student's medication administration record in the district's documentation system. Should the electronic documentation system not be available for immediate documentation of medication administration, staff shall document administration on a paper record in the medication book until such time as the data can be transferred to the electronic system. The date, time, and initials of the person administering the medication are required.
- C. All persons administering medication in the school setting must sign the Medication Signature Sheet located in the front of the medication administration book.
- D. A Medication Incident Report must be completed for any medication error (*e.g.*, missed doses, incorrect medication, incorrect dosage, etc.). A parent/guardian will be notified as quickly as possible after the discovery of the incident.
- E. The lead nurse shall conduct a periodic review of medication administration procedures and documentation.

IX. Gastrostomy Tube Feedings

Many gastrostomy tube feedings in the school setting include the physician's order for standard formulas (e.g. Pediasure, Jevity), which come pre-packaged by the manufacturer and list the ingredients contained. However, the physician may prescribe a "homemade" formula prepared by the parent/guardian to help meet the child's nutritional needs. When a "homemade" formula is ordered by the physician, the physician's orders must include the specific expected ingredients and indicate the prescribed ratios/volumes of the ingredients.

X. Homeopathic, Herbal, & Dietary Supplements/Medication

CISD staff will not administer home remedies, plants, herbs, vitamins, dietary supplements, or other non-traditional forms of medicine at school unless the herbal or dietary supplement is part of the student's Individual Education Plan (IEP) or 504 plan and accompanied by a written order from the student's physician which specifies that the product(s) must be administered during school hours. The physician's statement should verify that the product and requested dosage are safe for the student and provide information about

therapeutic and untoward effects and interactions for the prescribed substance for the condition in which it is being prescribed.

The decision not to administer unregulated substances is based, among other reasons, on the following rationale:

A. All medication administered in the school setting must be approved by the Food and Drug Administration (FDA). The 1999 Dietary Supplement and Health Education Act created a “supplement” category of pharmaceuticals that includes vitamins, minerals, and herbs, which do not require proof of efficacy or safety and do not provide standards for purity and equivalence to similar products from other manufacturers. The FDA has not evaluated these products.

1. The “Texas Standards of Professional Nursing Practice” require the nurse to know the rationale for and the effects of medications to administer the same correctly.
2. The purity and consistency of herbal preparations cannot be verified from batch to batch or manufacturer to manufacturer.
3. Dosage guidelines do not exist for administering herbal substances to school-age children.

XI. Experimental & Off-Label Medications

Off-label medications are FDA-approved legal medications that are prescribed for non-approved indications in children (medications prescribed in doses or routes outside the FDA guidelines, medications known to be safe in adults and prescribed without long-term studies demonstrating safety in the pediatric population, or medications approved to treat one type of medical condition but being prescribed for a different medical condition).

Experimental drugs are those medications involved in clinical trials that do not have FDA approval.

CISD generally prohibits the administration of any prescription medication that has not been authorized for pediatric use. The district recognizes that current studies suggest that FDA-approved off-label medication can have valuable therapeutic effects. The district also recognizes that pediatric experimental drugs that are undergoing formal study/clinical trials to determine the efficacy and safety of pediatric dosing are designed to protect participant safety and rights. The district understands that the prescription of off-label and experimental medications is based on the physician’s reasonable medical evidence with the same judgment as exercised in medical practice in general.

To provide a student with a prescribed off-label or experimental medication, a parent request will be considered after an evaluation is made by the district lead nurse, principal, and/or superintendent following documentation/resources that will be made available to CISD by the prescribing physician:

FDA Approved Off-label Medications (at least one of the following references supporting the use of the medication for the student):

- Published anecdotal reports of use in children for the indication the prescriber names
- Current information from recognized medical journals or pediatric medical or mental health facilities including recommended dosages for use in children
- Reports from the manufacturer
- Reports from a reliable pharmacy

Experimental Medications:

- Copy of the written protocol
- Study summary from the research organization
- Copy of the detailed consent form signed by the parent/guardian which:
 - describes the study (including the potential benefits and risks),
 - the signs and symptoms of adverse reactions to be reported, and
 - the name and telephone numbers of the investigator or research team.

XII. District-Provided Emergency Epinephrine

A. The district will provide written notice to parents/guardians in the Student Handbook at the beginning of each year regarding the administration of district-provided epinephrine (unassigned/stock epinephrine).

B. The district lead nurse will serve as the District Epinephrine Coordinator and shall:

1. Review the District's procedures annually and revise as needed.
2. Disseminate applicable district policies and procedures regarding epinephrine auto-injectors
3. Facilitate emergency epinephrine standing orders from the District's Medical Advisor each year.
4. Assist the campus nurse with replacement epinephrine due to use or expiration.

5. Guide campuses to ensure epinephrine auto-injectors are securely stored and readily accessible to all trained staff
6. Submit and maintain all reports required by law:
 - Within 5 days of epinephrine use, collect a written report from the campus nurse
 - Notify District Medical Advisor, Commissioner of Education, and Commissioner of State Health Services within ten business days of unassigned epinephrine use
 - Information to be collected in all reports and notifications are to include:
 - Age of the patient
 - Description of patient (i.e., student, parent, employee, or visitor)
 - Physical location of epinephrine use event
 - Number of doses of epinephrine administered during the event
 - Title of the person administering the unassigned epinephrine
 - Any other information requested by the Commissioners

C. Each campus nurse shall serve as the Campus Epinephrine Coordinator and shall:

1. Ensure the campus clinic has at least two (2) unexpired unassigned epinephrine auto-injector doses available for administration to a person who is reasonably believed to be experiencing anaphylaxis on a school campus
2. Demonstrate competency in the administration of the auto-injector
3. Monitor the expiration date of all unassigned epinephrine auto-injectors
4. Submit requests to the district lead nurse for replacement of unassigned epinephrine auto-injectors
5. Promptly report all epinephrine use to the district lead nurse.

XIII. Medication for Off-Site Trips & District Sponsored Activities

The Principal or designated CISD staff who will administer medications will follow Board Policy and District Guidelines in administering and documenting student medication and will maintain the medication in a secure location along with the medication request forms. Documentation of medication administration will be provided to the school nurse following the trip/off-site activity. Parent chaperones may not administer student medications (except to their personal child).

If medications are found on the student's person or in his/her belongings that are not accounted for by the written request forms described here and are not approved as a self-carry medication in accordance with Board Policies FFAC (LEGAL) and FFAC (LOCAL), the student may be subject to disciplinary action.

A. Field Trips

1. Any medication that must be sent on a field trip must be in the properly labeled original container or a properly labeled unit dosage container. The unit dosage container should contain only the required number of pills to be administered on the field trip. A registered nurse or another qualified district employee must fill the properly labeled unit dosage container from the original properly labeled container.
2. A copy of the Medication Administration Form form must accompany each medication to be administered on the field trip.
3. The parent/guardian may submit written permission for the school to waive a dose of medicine for the field trip if the medication can be safely rescheduled or omitted.
4. If additional medication is required to be given to a student during the trip that is not currently on file with the nurse (such as when departure time occurs before the start of the school day), a Medication Administration Form must be completed.

B. Elementary Overnight Camp Trips

1. An Off-Site Activity/Trip Medication Request form must be completed by the parent/guardian for each medication required to be administered at camp (including those that are normally available at school during the school day).
 - *This form is only valid for camp and cannot be used for medications to be given at school before or after camp.*
2. For student safety, all medication should be brought to the clinic by the parent for camp med check-in at least 5 school days before the camp trip. The original, properly labeled container should be provided to the school with only the number of doses that are to be administered during camp. Prescription medication will be counted/signed in by the school nurse, parent/guardian, or other designated CISD staff member. No medication will be sent automatically from the clinic for camp trips.
3. CISD provides nonprescription (stock) medications for students, which will be available during camp trips if a CISD RN or licensed physician employed by the district attends the camp trip.

- All students attending camp are required to return a completed Camp Health Information form, which includes optional parental consent for the administration of Deet insect repellent and the district-provided nonprescription medications. Without written parental consent for these products for this trip, they will not be administered.

4. When available, a single dose of stock epinephrine may accompany school staff on the camp trip due to the delayed EMS response time of that location and increased susceptibility to insect bites/stings with outdoor activities.

C. Other Off-Site District-Sponsored Activities/Trips

1. A Medication Request Form must be completed by the parent/guardian for each medication required to be administered during the trip/off-site activity.

2. For student safety, all medication should be brought to the clinic by the parent for med check-in at least 5 school days before the activity/trip. The original, properly labeled container should be provided to the school with only the number of doses that are to be administered during the activity/trip. Prescription medication will be counted/signed in by the school nurse and parent/guardian or other designated CISD staff member. No medication will be sent automatically from the clinic for trips.

XIII. Training

A. The school nurse will train all school personnel whom the Principal and/or superintendent has designated to administer medication before their administration of any medication. The school nurse and/or district lead nurse will train nurse substitutes to administer medication before their administration of any medication. The school nurse and/or district lead nurse will periodically re-evaluate the skills of the Principal designee to administer medication. Additional training will be provided as needed or as otherwise required by law.

B. The Checklist for Medication Administration Training Form will be completed for each Principal designee every year.

C. The Checklist for Medication Administration Training Form will be completed for the Principal designee(s) for each trip, specific to the students and medications for the trip.

[1] As used in these guidelines, a reference to "Doctor" or "Physician" includes MDs, DOs, and Dentists licensed to practice in U.S.A., as well as physicians' assistants and licensed nurse practitioners who are authorized to issue prescriptions and who practice under the authority and supervision of a licensed physician.

[2] Authorized Unlicensed Assistive Personnel (UAP): This category includes all personnel (except Registered Nurses) who (i) have been designated by the Principal to administer medication in the school setting, and (ii) have successfully completed medication administration training.

[3] Intranasal versed will only be administered by a registered nurse.

[4] Injectable Medication: The registered nurse will be responsible for administering injectable medications. Only in extreme emergency situations will a UAP be asked to administer injectable medications such as epinephrine or glucagon. If such medications are administered, 911 must be called for continued care in the emergency situation. Appropriate training of all UAP is required. Unlicensed Diabetic Care Assistants (UDCA) may administer injectable insulin and/or glucagon or any prescribed oral medication according with the diabetic student's Individual Health Plan if a registered nurse is not available.

[5] Insulin: A student may self-administer insulin with supervision provided a Annual Health Services Prescription: Physician/Parent Authorization for Diabetic Care form or Physician Care Plan and a Parent/Physician Request for Administration of Medication by School Personnel form has been completed, and the student has demonstrated competence in self-administration.