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**Note:** For more resources to develop, implement, and evaluate school health programs, visit the Texas Health and Human Services (DSHS) website at [Texas Guide to School Health Services](#).<sup>1</sup> Additional information about [Medication Administration in the School Setting](#)<sup>2</sup> is available on the [Texas School Nurses Organization website](#).<sup>3</sup>

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**Injury or Illness  
at School**

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

Employees will comply with traumatic injury response protocols, including contacting emergency medical services, when required by law [see CKD].

Employees may also contact emergency medical services for emergency care when deemed necessary.

If a parent cannot be reached, decisions concerning medical treatment will be made by school staff in accordance with parental consent provided on the Authorization to Consent to Medical Treatment of a Student. [See FFAC(EXHIBIT) — F]

A student may consent to medical treatment without parental consent in accordance with Family Code 32.003.

**Administering  
Medication**

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

1. School administrators may only assign to willing and trained District employees the task of administering medication by any mode, including injectable medication, oral medication, inhalants, topical medication, or rectally administered medication. Only authorized District employees may administer medication to students.
2. District employees authorized to administer medication will be provided orientation, instruction, and supervised practice appropriate to the task. The school nurse will explain to the principal or designated building administrator, employees authorized to administer medication, and, as applicable, the student's teachers any adverse side effects of the medication and any recommended action to be taken.
3. Medication for a specific student will be provided and brought to school by the parent of the student. Students will not carry medication or administer it to themselves unless authorized by their physician and permitted by state law to self-carry and

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self-administer. The physician must provide the District campus written documentation for the student to self-carry and self-administer. [See FFAC(LEGAL) and FFAF]

4. The principal or designee will appoint one employee, such as the school nurse, to supervise the storing and administering of medications and to maintain records of the administration of medication. Any District employee administering medication to a student must record each dose given on a medication administration record. Records will also include the parent's written request.
5. The principal will provide locked storage space where all medication may be maintained apart from office supplies, stored at the appropriate temperatures, and accessible only to authorized employees.
6. Each student's medication must have the original pharmacy label, including the student's name, the name of the medication, directions concerning dosage, and the schedule for administration.
7. Unless a shorter duration is specified, all parent requests or permissions for the District to administer medication will expire at the end of each school year and new requests or permissions must be reviewed prior to the beginning of each school year. Renewed, written permission for treatment will be required from both the physician and the parent for each new school year.
8. Hypodermic injections may be administered by a school nurse, if available, when the parental request also includes the prescribing physician's request. The physician's request must include detailed information concerning the administration of the medication, as well as follow-up procedures. The student's parent will be instructed to furnish sterile, disposable syringes and needles. Used syringes and needles will be disposed of in accordance with rules of disposal of sharp instruments.
9. When the course of treatment is complete, or at the end of the school year, the parent will be asked to pick up any medication within a specified amount of time. The District will dispose of any unclaimed medication.
10. The Superintendent or designee may approve additional procedures concerning the handling, storing, administering, transporting, and disposing of medication in accordance with law and policy.

11. If any person has incorrectly administered a medication to a student, this person must immediately contact the emergency medical services, the campus principal, and the school nurse.

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***[Review FFAC(LOCAL) for the Board-adopted provisions regarding opioid antagonists.]***

**Opioid Antagonists**

Definitions

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

*Opioid Antagonists*

"Opioid antagonist" means any drug that binds to opioid receptors and blocks or otherwise inhibits the effects of opioids acting on those receptors.

*Opioid-related drug overdose*

"Opioid-related drug overdose" means a condition, evidenced by symptoms such as extreme physical illness, decreased level of consciousness, constriction of the pupils, respiratory depression, or coma, that a layperson would reasonably believe to be the result of the consumption or use of an opioid.

*Physician*

"Physician" means a person who holds a license to practice medicine in this state.

*Trained Individual*

A "trained individual" or volunteer is a school employee or volunteer who has received required training to administer an opioid antagonist.

**Administration of Opioid Antagonist**

The District will administer an opioid antagonist to a student that has symptoms of an opioid-related drug overdose such as extreme physical illness, decreased level of consciousness, constriction of the pupils, respiratory depression, or coma.

Each campus must have two opioid antagonists available at any given time.

Authorized, trained individuals will administer an opioid antagonist only when that individual reasonably believes a student is experiencing an opioid-related drug overdose.

The District will ensure that at least one authorized and trained individual is present on each campus during regular school hours.

After Emergency Administration to a Student

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

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**District Opioid  
Antagonist  
Coordinator**

The Superintendent has designated the following employee as the District opioid antagonist coordinator:

Position: Director of Nursing and Health Services

Address: 300 East 29<sup>th</sup> St., Odessa, TX 79762

Phone number: (432) 456-8869

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**Responsibilities**

The District opioid antagonist coordinator will:

1. Oversee the maintenance, administration, and disposal of an opioid antagonist.
2. Coordinate the disposal of drugs in accordance with the U.S. Department of Health and Human Services [drug disposal resources](#)<sup>4</sup> and in accordance with Texas Health and Human Services (DSHS) [bloodborne pathogens guidelines](#).<sup>5</sup>
3. Coordinate with each campus to ensure that the opioid antagonists are checked monthly for expiration and usage and the findings are documented.
4. Schedule and coordinate the annual training.
5. Maintain a list of individuals authorized and trained in the District to administer opioid antagonists.
6. Maintain agreements to administer an opioid antagonist signed by each authorized and trained individual. [See FFAC(EXHIBIT) — M]
7. Ensure that each campus has at least one trained individual (e.g., school personnel) or volunteer present for hours required by law or policy.
8. Maintain documentation that each authorized individual received the required training.
9. Disseminate applicable District policies and procedures regarding opioid antagonists.
10. Document the number of and expiration dates for opioid antagonists available at each location where administration is authorized by Board policy.

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11. Train campus staff on the inventory process used to check opioid antagonists monthly for expiration and replacement.
12. Provide guidance to campuses to ensure that opioid antagonists are securely stored and easily accessible to authorized and trained individuals.
13. Arrange for replacement of opioid antagonists due to use or expiration.
14. Make reports required by law. [See Reporting, below]
15. Maintain all reports and records in accordance with the District's record retention schedule regarding the administration, maintenance, and disposal of opioid antagonists.
16. Maintain contact information for any health-care providers who provide the standing orders for opioid antagonists and consult with the physicians as needed.
17. Verify that, for each incident, documentation is maintained regarding notification of a parent, guardian, or emergency contact during or after emergency administration of an opioid antagonist to a student.
18. Coordinate an annual review of the District's procedures.

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The school principal will identify specific individuals, which includes: *school health office employees, and/or volunteers, and/or Board members*), to administer opioid antagonists. Each individual must attend appropriate training. [See Training, below]

**Training**

The District will annually train authorized individuals from each campus as required by law. Documentation that authorized individuals have received the required annual training is maintained at the Nursing and Health Services Department by the District opioid antagonist coordinator. [See FFAC(EXHIBIT) — M]

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**Campus Opioid Antagonist Coordinator**

The school health office employee will be the campus opioid antagonist coordinator.

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**Responsibilities**

The campus opioid antagonist coordinator will:

1. Maintain a list of individuals authorized and trained at the campus level to administer opioid antagonists.

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

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**Reporting**

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

Within 10 business days of the administration of an opioid antagonist, the District opioid antagonist coordinator will notify the physician or other person who prescribed the opioid antagonist, and the commissioner of state health services and report the information required by law. The electronic submission of the [Required Reporting of Administered Opioid Antagonist Medication to DSHS](#)<sup>8</sup> meets the requirement of reporting to the commissioner of state health services and may be used for notifying the other individuals as required by law.

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<b>Disposal</b>	
Expired	Opioid antagonists that have expired but have not been opened, administered, or used for any reason will be disposed of according to the U.S. Department of Health and Human Services <a href="#">drug disposal resources</a> <sup>9</sup> and any District-approved procedures related to medication disposal.
Used	Opioid antagonists that have been opened, administered, or used for any reason will be disposed according to guidelines in the U.S. Department of Health and Human Services <a href="#">drug disposal resources</a> , <sup>10</sup> the Texas Health and Human Services (DSHS) <a href="#">bloodborne pathogens guidelines</a> , <sup>11</sup> and any District-approved procedures related to infectious waste disposal. [See also DBB(LEGAL)]
<b>Annual Review</b>	Opioid antagonist procedures will be reviewed at least annually and after each administration of an opioid antagonist.

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**Eligibility of  
Specialized Health  
Care Services**

Specialized Health Care Treatments may be provided as a related service when it is necessary for a child to receive a full appropriate public education as specified under part B of the Education of the Handicapped Act (P.L. 101-476), Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973.

Specialized physical health care may be provided to any student requiring individualized health services necessary during the school day to enable the student to attend school.

An Admission, Review, and Dismissal (ARD) committee consisting of personnel specified by local guidelines must approve special treatment as a related service on the Individualized Educational Plan (IEP).

**Provision of  
Specialized Health  
Care Service**

A School Nurse health office staff, or designated school person may be assigned the responsibility of providing the service by the Director of Nursing and Health Services or the Principal. Instructions shall be provided by the parent or guardian or prescribing healthcare provider or designee upon request prior to beginning the service. The District is not required to pay for or provide equipment needed for specialized treatment. If adaptive equipment is required, it must facilitate the achievement of specific objectives as stated in the Individual Educational Plan.

**Extent of Specialized  
Health Care Service**

The treatment shall be administered by the District as long as the need exists or until the student can perform the process.

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**Do Not Resuscitate Order**

All school nurses and nurse manager must comply with the federal, state and local regulations providing health services to children with Do Not Resuscitate (DNR) orders.

**Definitions**

All school nurses and nurse manager must comply with the federal, state and local regulations providing health services to children with Do Not Resuscitate (DNR) orders.

For the purpose of this regulation, the following definitions apply:

1. Medically fragile children: minors diagnosed by a physician as suffering from a terminal or irreversible condition. *Texas Health & Safety Code §166.085.*
2. Out-of-hospital DNR order: a written order prepared and signed by the physician for the medically fragile child that documents the parent or legal guardian's instructions and directs health care professional in and out-of-hospital setting not to initiate or continue certain life-sustaining treatment. This does not apply to medical intervention necessary to provide comfort care, alleviate pain, or provide water or nutrition. *Texas Health & Safety Code §166.081 (6).*
3. Emergency first aid: emergency care or treatment given to an ill or injured person before regular medical aid can be obtained.
4. Health care professionals: Physicians, nurses, physician assistants, and emergency medical services personnel.

**Execution of DNR Order on Behalf of a Minor**

The following persons may execute an out-of-hospital DNR order on behalf of a minor:

1. The minor's parents
2. The minor's legal guardians
3. The minor's managing conservator

**DNR Identification Device**

A person who has a valid out-of-hospital DNR order may wear a DNR identification device around the neck or on the wrist as prescribed by Section 166.101 of the Texas Health and Safety Code.

**Requirements**

The school nurse is responsible for coordinating a DNR order issued by the health care provider for the medically fragile child, based on a parental directive.

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The requirements are as follows:

1. A copy of the child's DNR order signed by the physician shall be retained by the school in the child's file.
2. The school nurse and the child's physician and/or medical team shall discuss, the DNR order, the procedures to follow in an emergency, the specific illness involved, and the potential signs and symptoms of deterioration before the child begins to attend school.
3. The school nurse shall develop and make available a personalized care plan that includes the DNR order, basic emergency steps including call emergency medical services (EMS), first-aid measures for comfort care, and designated hospital.
4. The school nurse shall notify the nearest EMS team to inform them of the placement of the child with the DNR order within 24 hours of receipt, including the name and address of the school.
5. The school nurse shall provide training for building and transportation personnel to include:
  - a) Permissible palliative care of the student.
  - b) Medical interventions that can and cannot be done for the student and under what conditions.
  - c) Whom to contact in emergency.
  - d) Steps to be taken in the case of impending or actual death.
  - e) Plans for training and/or supporting school staff and students' peers.

**ARD/504 Committee**

The individualized healthcare plan prepared by the nurse shall be submitted to the ARD/504 Committee for meeting consideration and adoption by the Committee.

**Homebound Services**

The ARD/504 Committee, after consultation with the school nurse, principal, or respective designees, may assess the impact of the child with the DNR order on other members of the class and on the child's ability to participate effectively at school. The ARD/504 Committee may contact and submit recommendations to the child's physician who signed the DNR order as to whether or not the child should receive homebound services rather than remain at school.

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**Revocation**

Parents or legal guardians must provide a signed, written revocation of the DNR order to the school nurse. Upon receiving a signed copy of revocation, the school will revoke the DNR order and the nurse shall update all relevant documentation and inform staff to maintain accurate emergency protocols.

**Procedures**

If the child with the DNR order begins exhibiting signs of extreme distress as set out in the medical care plan or becomes extremely ill or unconscious at school, the following procedures should be followed:

1. The school shall contact the nearest EMS team (911) for transportation of the child from the school.
2. The school nurse shall provide the child with basic emergency first-aid for comfort care.
3. The child's parents shall be notified immediately after notification of the nearest EMS team.
4. Upon arrival of the EMS team, the school nurse shall provide a copy of the DNR order including the name of the designated hospital.

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<sup>1</sup> Texas Health and Human Services (DSHS), Texas Guide to School Health Services: <https://www.dshs.texas.gov/texas-school-health/texas-guide-school-health-services>

<sup>2</sup> Medication Administration in the School Setting: [https://higherlogicdownload.s3.amazonaws.com/NASN/b385213b-35e8-49e3-97fe-d6627843f498/UploadedImages/Public%20Documents/tsno\\_medication\\_position.pdf](https://higherlogicdownload.s3.amazonaws.com/NASN/b385213b-35e8-49e3-97fe-d6627843f498/UploadedImages/Public%20Documents/tsno_medication_position.pdf)

<sup>3</sup> Texas School Nurse Organization: <https://www.txsno.org/home>

<sup>4</sup> U.S. Department of Health and Human Services, drug disposal resources: <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>

<sup>5</sup> Texas Health and Human Services (DSHS), bloodborne pathogens guidelines: <https://www.dshs.texas.gov/bloodborne-pathogens>

<sup>6</sup> U.S. Department of Health and Human Services, drug disposal resources: <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>

<sup>7</sup> Texas Health and Human Services (DSHS), opioid response guidelines: <https://www.hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/texas-targeted-opioid-response>

<sup>8</sup> Required Reporting of Administered Opioid Antagonist Medication to DSHS: <https://www.dshs.texas.gov/opioid-antagonist-required-reporting-administered-opioid-antagonist-medication-dshs>

<sup>9</sup> U.S. Department of Health and Human Services, drug disposal resources: <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>

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- <sup>10</sup> U.S. Department of Health and Human Services, drug disposal resources: <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>
- <sup>11</sup> Texas Health and Human Services (DSHS), bloodborne pathogens guidelines: <https://www.dshs.texas.gov/bloodborne-pathogens>
- <sup>12</sup> Texas Health and Human Services (DSHS), bloodborne pathogens guidelines: <https://www.dshs.texas.gov/bloodborne-pathogens>
- <sup>13</sup> U.S. Department of Health and Human Services, drug disposal resources: <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>
- <sup>14</sup> Asthma — Required Reporting of Unassigned Administered Medications for Respiratory Distress to DSHS: <https://www.dshs.texas.gov/schoolhealth/required-reporting-forms/ReportingForm-Asthma>
- <sup>15</sup> U.S. Department of Health and Human Services, drug disposal resources: <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>
- <sup>16</sup> U.S. Department of Health and Human Services, drug disposal resources: <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>
- <sup>17</sup> Texas Health and Human Services (DSHS), bloodborne pathogens guidelines: <https://www.dshs.texas.gov/bloodborne-pathogens>
- <sup>18</sup> U.S. Department of Health and Human Services, drug disposal resources: <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>
- <sup>19</sup> Texas Health and Human Services (DSHS), bloodborne pathogens guidelines: <https://www.dshs.texas.gov/bloodborne-pathogens>
- <sup>20</sup> U.S. Department of Health and Human Services, drug disposal resources: <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>
- <sup>21</sup> Texas Health and Human Services (DSHS), opioid response guidelines: <https://www.hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/texas-targeted-opioid-response>
- <sup>22</sup> Required Reporting of Administered Opioid Antagonist Medication to DSHS: <https://www.dshs.texas.gov/opioid-antagonist-required-reporting-administered-opioid-antagonist-medication-dshs>
- <sup>23</sup> U.S. Department of Health and Human Services, drug disposal resources: <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>
- <sup>24</sup> U.S. Department of Health and Human Services, drug disposal resources: <https://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html>
- <sup>25</sup> Texas Health and Human Services (DSHS), bloodborne pathogens guidelines: <https://www.dshs.texas.gov/bloodborne-pathogens>