



Department of
Health Services

North East Independent School District

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AUTHORIZATION TO CARRY AND SELF-ADMINISTER PRESCRIPTION ANAPHYLAXIS MEDICINE

The 79th Texas Legislature enacted Senate Bill 221 which amended the Texas Education Code to allow a student with severe allergic reactions to possess and self-administer prescription anaphylaxis medication while on school property or at a school related event. Each request for a student to carry and self-administer prescription anaphylaxis medication will be evaluated on a case-by-case basis and must be in full compliance with Senate Bill 221 and North East Independent School District Policy.

The following protocols have been established in compliance with Senate Bill 221 to allow students to possess and self-administer prescription anaphylaxis medication and provide for the safety of all students:

- The student's parents/guardians will provide a written physician's order to include the student's name; diagnosis of anaphylaxis or severe allergic reaction; substances that trigger anaphylaxis; the name and dose of the prescription anaphylaxis medication; the indications for use; the frequency of use; and special precautions. The physician's order must also state the student is capable of self-administering the prescription anaphylaxis medication.
- The prescription anaphylaxis medication has been prescribed for the student in possession of the medication as indicated by the prescription label.
- The parent/guardian must provide written consent for their child to possess and self-administer prescription anaphylaxis medication while on school property or at a school-related event.

The nurse will meet with the parent/guardian and student to review the protocol and sign this form agreeing to comply with the NEISD protocols. A list of students who are authorized to carry and self-administer prescription anaphylaxis medicine will be given to a designated campus administrator.

- The nurse will serve as the liaison for the parent/guardian, student, faculty, campus administrators, and physician regarding the student's care.
- The nurse will inform the student's teachers, coaches, extracurricular activity sponsors, and other district employees that the student may possess and self-administer their prescription anaphylaxis medication. This will be done confidentially and only on a need-to-know basis.
- The student will demonstrate the ability to properly use the prescribed anaphylaxis medication; identify indications for use of the medication; identify signs and symptoms requiring self-medication; agree to report to the nurse immediately after self-administering the medication; express understanding that the medication is only for their personal use and is not to be in the possession of another student for any reason; and express understanding of the responsibilities and safety factors related to carrying and self-administering prescribed anaphylaxis medication.

- If it is learned that the student demonstrated a lack of ability to properly use the prescription anaphylaxis medication or is not complying with physician’s orders or district policies, the nurse will notify those involved (parents/guardians, students, campus administrator, physician, and Health Services) to assess and review the situation and make the appropriate changes in the student’s Individualized Health Plan (IHP) and Emergency Care Plan (ECP).
- The student agrees to immediately report to the clinic or immediately inform a coach/extracurricular activity sponsor if the prescribed anaphylaxis medication is self-administered.
- To ensure that a student always has access to the prescription anaphylaxis medication, a second prescription anaphylaxis medication is to be kept in a locked and labeled cabinet in the school clinic. If the student is in middle school or high school and participates in school-sponsored extracurricular activities, it is recommended that an additional prescription anaphylaxis medication be kept in a locked case or cabinet in close proximity to the student. Only full-time certified North East teachers who have received medication training from the nurse are to have access to the locked case or cabinet.
- The nurse will prepare an Individualized Health Plan (IHP) and an Emergency Care Plan (ECP) that incorporate physician’s orders and student specific information. The IHP and ECP will be reviewed and updated as the treatment plan changes, as physician’s orders are received, and at the beginning of every school year.
- The nurse will prepare a labeled individual container for each student with prescription anaphylaxis medication. The container will be clearly labeled with the student’s name, grade, and teacher (elementary only). The following items will be included in the container: prescription anaphylaxis medication, a copy of the ECP, a small picture of the student, directions for use of prescribed anaphylaxis medication (from manufacturer), parent/physician contact information, and a copy of the current completed Medication Administration Request.
- A copy of the IHP and the ECP will be placed in the Substitute Nurse’s Folder.
- The expiration date of the prescription anaphylaxis medication will be noted in red on the front and back of the student’s medication card/sheet.
- The nurse, with permission from the student’s parents/guardians, will collaborate with the prescribing physician as necessary to facilitate optimum care for the student.
- Appropriate staff on each campus will be trained to properly administer the prescribed anaphylaxis medication. The training will be conducted by the nurse at the beginning of each school year, as needed for newly enrolled students, and prior to field trips/off-campus activities. All training shall be documented. Documentation shall include the date of the training/review, material covered, campus, name and signature of those trained. Documentation of training shall be kept on file in the clinic.
- By signing this form, the student, parent/guardian, and nurse indicate they understand and agree to follow this protocol.

STUDENT: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____

RN: _____ DATE: _____

LVN: _____ DATE: _____

Reviewed 7/2015