



**WEST VIRGINIA
SECRETARY OF STATE**

MAC WARNER

ADMINISTRATIVE LAW DIVISION

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OFFICE OF
WEST VIRGINIA SECRETARY OF STATE

**FORM 5 -- NOTICE OF AGENCY ADOPTION OF A PROCEDURAL OR INTERPRETIVE RULE OR
A LEGISLATIVE RULE EXEMPT FROM LEGISLATIVE REVIEW**

AGENCY **Education**
RULE TYPE **Legislative Exempt** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **126-
025A**
RULE NAME **Standards for Basic and Specialized Health Care Procedures (Policy 2422.7)**

CITE AUTHORITY **W. Va. Code §§29A-3B-1, et seq.; W. Va. Board of Education v. Hechler, 180 W. Va. 451; 376 S.E.2d
839 (1988)**

RULE IS LEGISLATIVE EXEMPT

Yes

CITE STATUTE(S) GRANTING EXEMPTION FROM LEGISLATIVE REVIEW

**W. Va. Code §§29A-3B-1, et seq.; W. Va. Board of Education v. Hechler, 180 W. Va. 451; 376 S.E.2d 839
(1988)**

THE ABOVE RULE IS HEREBY ADOPTED AND FILED WITH THE SECRETARY OF STATE. THE
EFFECTIVE DATE OF THIS RULE IS

Monday, November 13, 2017

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes

**Mary C Tuckwiller -- By my signature, I certify that I am the person authorized to file legislative rules, in
accordance with West Virginia Code §29A-3-11 and §39A-3-2.**



Title-Series: 126-025A



Rule Id: 16593



Document: 49933

126CSR25A

TITLE 126
LEGISLATIVE RULE
BOARD OF EDUCATION

SERIES 25A
STANDARDS FOR BASIC AND SPECIALIZED HEALTH CARE PROCEDURES (2422.7)

§126-25A-1. General.

1.1. Scope. -- This legislative rule establishes standards for certified school registered nurse (RN) to assess student health needs and to decide who is best skilled to respond to them.

1.2. Authority. -- W. Va. Constitution, Article XII, §2, W. Va. Code §§18-2-5, 18-5-22, 18-2K-118-5-22a, 18-5-22b, 18-5-22c (a)-(j), 18-5-22d, 18-2K-1, 30-7-1 et seq. and 30-7A-1 et seq.

1.3. Filing Date. -- October 12, 2017.

1.4. Effective Date. -- November 13, 2017.

1.5. Repeal of Former Rule. -- This rule repeals and replaces W. Va. 126CSR25A, West Virginia Board of Education (WVBE) Policy 2422.7, Standards for Basic and Specialized Health Care Procedures, (Policy 2422.7) filed August 14, 2015, and effective September 14, 2015, and repeals W. Va. 126CSR27, WVBE Policy 2422.8, Medication Administration (Policy 2422.8), filed September 8, 2016, and effective October 11, 2016.

§126-25A-2. Purpose.

2.1. Good health is essential to student learning. This policy establishes the standards that must be followed in providing for students with health care needs including medication administration for students in the West Virginia public education system. In addition to the standards set forth in this policy, county boards of education must comply with the Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools which is designed for use by certified school nurse RNs in West Virginia to assure safe, consistent provision of health care guided by the laws and practice standards for West Virginia nurses as referenced in W. Va. Code §30-7-1 et seq. and §30-7A-1 et seq. and by the West Virginia Board of Examiners for Registered Professional Nurses and the West Virginia State Board of Examiners for Licensed Practical Nurses. This policy shall not impact the operating procedures of School Based Health Centers. It is not the intent of this policy to interfere with existing policies and procedures of health care providers managing School Based Health Centers. County boards of education shall develop or amend policies to meet or exceed the standards set forth in W. Va. Code and this policy.

§126-25A-3. Definitions.

3.1. Administrator's designees are school personnel as defined in W. Va. Code §18-5-22 and this policy (excluding the certified school nurse RN or contracted provider of nursing services) who is designated by the building administrator, is trained to administer non-prescribed over-the-counter (OTC) medication, and agrees to administer non-prescribed OTC medications when county policy allows such practice

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3.2. Basic Health Care Procedures are procedures performed by school personnel to ensure that health and safety needs of students are met.

3.3. Cardiopulmonary Resuscitation (CPR) certification is possession of a current valid certificate from an approved training program for adult, child and/or infant CPR, e.g. American Heart Association/American Red Cross.

3.4. Certified School Nurse RN is a registered professional nurse, who is licensed by the West Virginia Board of Examiners for Registered Professional Nurses (W. Va. Code §30-7-1 et seq.), who has completed a West Virginia Department of Education (WVDE) approved program as defined in the W. Va. 126CSR114, WVBE Policy 5100, Approval of Educator Preparation Programs, and meets the requirements for certification contained in W. Va. 126CSR136, WVBE Policy 5202, Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary Classifications (Policy 5202). The certified school nurse RN must be employed by the county board of education or the county health department as specified in W. Va. Code §18-5-22.

3.5. Contracted Licensed Health Care Provider is defined as a licensed health care provider who is providing health care services under contract with county boards of education. Health care services may be contracted after the ratio of one nurse for every 1,500 students, kindergarten through seventh grade, is provided to county schools.

3.6. Contracted School Nurse RN is an employee of a public health department providing services under a contract with a county board of education to provide services considered equivalent to those required in W. Va. Code §18-5-22.

3.7. Designated qualified personnel is an employee or contracted provider who agrees to administer prescribed medications, is authorized by the administrator/principal, successfully completes training by the certified school nurse RN as defined in Policy 2422.7 and is qualified for the delegation of the administration of prescribed medications by the certified school nurse RN. Designated qualified personnel must also meet the specifications in W. Va. Code §18-5-22(d), (e) which includes delegation of specialized health care procedures and medications to teachers, aides and secretaries (medication only).

3.8. First Aid is a training course in emergency treatment that is administered to an injured or sick person before professional medical care is available. This training will be coordinated by the certified school nurse RN.

3.9. Health Assessment is the process by which the certified school nurse RN obtains student health data. This assessment is comprehensive, systematic and continuous to allow the certified school nurse RN to make a nursing diagnosis and plan for interventions with the student, family, school staff and licensed prescriber when necessary.

3.10. Health Care Plan is the written document developed by the certified school nurse RN which includes a nursing diagnosis, is individualized to the student's health needs, and consists of specific goals and interventions delineating the school nursing actions, delegated procedures and student's role in self-care.

3.11. Intervention Guide is a written plan of action for health care interventions based on the assessment of the certified school nurse RN and/or health care provider intended to be implemented by

school personnel to ensure the safety and welfare of students requiring health care in the school setting.

3.12. Licensed Health Care Provider is a medical doctor or doctor of osteopathy, podiatrist, registered nurse, practical nurse, registered nurse practitioner, physician assistant, dentist, optometrist, pharmacist or respiratory care professional licensed under Chapter 30 of the Code of West Virginia.

3.13. Licensed Practical Nurse (LPN) is a person who has met all the requirements for licensure as a practical nurse and who engages in practical nursing under the direction of a Registered Professional Nurse as defined in W. Va. Code §30-7A-1 et seq. The LPN who is employed in a public school shall function under the supervision, assignment and/or delegation of the certified school nurse to perform nursing services (W. Va. Code §18A-4-8).

3.14. Licensed Prescriber is a licensed health care provider with the authority to prescribe medication and health care procedures.

3.15. Medication Authorization Form is a form, inclusive of an order for prescribed medication, completed and signed by a licensed prescriber with a parent/guardian signature of permission in order to authorize medication administration to said parent's/guardian's child. The form must include the following: student name; date; allergies; medication name, dosage, time and route; intended effect of medication; other medication(s) taken by student; licensed prescriber and parent/guardian signature.

3.16. Non-prescribed Medication is medication and food supplements that have been approved by the Food and Drug Administration and may be obtained OTC without a prescription from a licensed prescriber.

3.17. Prescribed Medication is medication with a written order signed by a licensed prescriber.

3.18. Performance Check List is a tool used by the certified school nurse RN in determining that designated school personnel meets the minimum standards required to safely perform basic and/or specialized health care procedures.

3.19. Qualified is the ability to demonstrate competence and skills in the use of equipment and performance of techniques and procedures necessary to provide basic and/or specialized health care services for individuals with health needs and to demonstrate current knowledge of community emergency medical resources.

3.20. Related Services are transportation and such developmental, corrective, and other supportive services as are required to assist an eligible exceptional student to benefit from education as defined in W. Va. 126CSR16, WVBE Policy 2419, Regulations for the Education of Students with Exceptionalities, (Policy 2419). The term includes, but is not limited to, audiology, speech and language pathology, psychological services, physical and/or occupational therapy, counseling/social services, school health services, early identification and assessment, medical services for diagnostic or evaluation purposes and parent training.

3.21. Retrained is a proper demonstration and/or instruction, as deemed necessary by the certified school nurse RN.

3.22. School Based Health Centers are clinics located in schools that: 1) are sponsored and operated by community based health care organizations; 2) provide primary health care services (including but not limited to diagnosis and treatment of acute illness, management of chronic illness, physical exams, immunizations, and other preventive services) to students who are enrolled in the health center; and 3) follow state and federal laws, policies, procedures, and professional standards for provision of medical care.

3.23. School Health Manager is a certified school nurse RN who reviews and interprets medical data related to student health problems and coordinates all school health services.

3.24. School Personnel, as referred to in this policy and the Basic and Specialized Health Care Procedure Manual, includes any school employee, as defined in W. Va. Code §18-5-22, that is not a licensed health care provider but has been designated, trained, and deemed competent by a certified school nurse RN and approved by a school administrator to provide basic and/or specialized health care procedure(s) to students in West Virginia public schools. School personnel include administrators, teachers, aides and secretaries as defined in W. Va. Code §§18-1-1, 18A-4-8, and 18-5-22.

3.25. School Related Events are any curricular or co-curricular activity, as defined by W. Va. 126CSR42, WVBE Policy 2510, Assuring the Quality of Education: Regulations for Education Programs, that is conducted outside of the school environment and/or instructional day. Examples of co-curricular activities include the following: band and choral presentations; theater productions; science or social studies fairs; mathematics field days; career/technical student organizations' activities; or other activities that provide in-depth exploration or understanding of the content standards and objectives appropriate for the students' grade levels.

3.26. Self-administration is the administration of medication by the student under the approval, assessment, and supervision of the certified school nurse RN with a licensed prescriber order and parent/guardian permission. The self-administration of prescribed medication may also include medication taken by a student in an emergency or an acute situation (e.g., rescue inhaler, epinephrine, diabetic medication, etc.).

3.27. Specialized Health Care Procedures are procedures ordered by the student's licensed prescriber(s) requiring medical and/or health-related training for the individual who performs the procedures.

3.28. Stock medications are medication purchased by the school system under the authorization of a licensed prescriber with medical standing protocols and procedures for administration to students, staff and other persons as allowable by code and policies, such as opioid antagonist and epinephrine.

3.29. Supervision of Designated School Personnel is periodic on-site review and documentation by the certified school nurse RN verifying the competency of that individual in performing basic and/or specialized health care procedures and maintaining appropriate records.

3.30. Direct Supervision is providing availability for consultation and/or referral for appropriate assistance.

3.31. Indirect Supervision is defined as a certified school nurse RN being available to the qualified, designated school personnel either in person or through electronic means to provide necessary

instruction, consultation and/or referral for appropriate assistance.

3.32. Tele-health is the use of electronic information and telecommunications technologies to provide professional health care.

3.33. Training is instruction and demonstration provided to designated school personnel in preparation to be qualified for the performance of basic and/or specialized health care procedures.

§126-25A-4. Training and Certification for Designated School Personnel.

4.1. Training Program. School personnel, who provide basic and/or specialized health care procedures for students with special health needs, shall undergo training or demonstrate competency in the performance of required training that are set forth in Section 4.1. In addition, applicable basic and/or specialized training will be required for all school personnel performing health care procedures.

4.1.a. Required training: All personnel defined in Section 3.24 of this policy must be trained in:

4.1.a.1. Handling and disposal of body fluids;

4.1.a.2. Basic first aid;

4.1.a.3. CPR;

4.1.a.4. Confidentiality.

4.1.a.4.A. School personnel performing basic health care procedures may be exempt from required training of first aid and CPR, if deemed unnecessary by the certified school nurse RN.

4.1.b. Basic training: Individualized training in the performance of any one or more basic health care procedures as applicable to employee job assignment.

4.1.c. Specialized training: Individualized training in the performance of any one or more specialized health care procedures as applicable to employee job assignment.

4.2. Training and retraining must be provided and/or coordinated by a certified school nurse RN.

4.3. An assessment of the performance of each procedure shall be completed by the certified school nurse RN. This assessment shall include the completion of a critical skills performance checklist and shall be conducted in relation to changes in student health care needs, licensed prescriber's orders and medical/health technology.

4.4. The category of supervision required (direct or indirect) in each situation shall be determined by the certified school nurse RN.

4.5. Training shall be provided through simulation or use of training models. Initial practice of the procedure shall be simulated or done on models rather than the student, whenever possible.

4.6. School personnel shall be retrained, every two years, on performance of all basic and/or

specialized health care procedures that are currently prescribed and being performed by the personnel.

4.7. School personnel will be certified for completion of required training and applicable basic and/or specialized health care procedures.

4.7.a. Required training certification must assure:

4.7.a.1. Completion of required training program stipulated for all employees as defined in Section 4.1.

4.7.a.2. Demonstrated competency in required training to be performed in Section 4.1.a.

4.7.b. Basic and specialized certification must assure:

4.7.b.1. Completion of required training program stipulated for all employees defined in Section 4.1.

4.7.b.2. Completion of training in all basic and/or specialized health care procedures to be performed.

4.7.b.3. Demonstrated competency based on a performance checklist.

4.8. The Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools must be used for teaching and training basic and specialized health care procedures. The training may be provided by:

4.8.a. Certified school nurse RNs;

4.8.b. Vocational schools;

4.8.c. Independent faculty approved by a certified school nurse RN;

4.8.d. Schools of nursing;

4.8.e. Public health department;

4.8.f. Licensed health care provider;

4.8.g. Contracted school nurse RN; and

4.8.h. Contracted licensed health care provider.

§126-25A-5. System for School Admission and Care.

5.1. For students needing specialized health care procedures, the certified school nurse RN shall assess the student, review the licensed prescriber's order, and assure implementation of needed health and safety procedures. This assessment shall be completed prior to initial school attendance and following any absence during which a health condition may have changed, necessitating reevaluation.

5.2. The licensed prescriber's orders are kept on file in the student's permanent educational record. These orders are valid for a maximum of one school year, unless changed by the licensed prescriber.

5.3. Certified school nurse RNs shall utilize the "West Virginia Board of Examiners for Registered Professional Nurses Guidelines for Determining Acts that May be Delegated or Assigned by Licensed Nurses", April 2015, and any revisions thereof, as the mechanism for determining assignment and/or delegation of any aspect of basic and/or specialized health care.

5.4. Certified school nurse RNs shall validate and document student knowledge and skills related to self-administration of prescribed medication.

§126-25A-6. Health Care Plan and Intervention Guide.

6.1. A health care plan is required for all students receiving specialized health care procedure(s) during the school day and school related events.

6.2. The health care plan must be prepared by the certified school nurse RN based on assessment of student and/or a written order by a licensed prescriber. The health care plan may be shared with other school personnel for legitimate educational reasons as indicated in The Family Education Rights and Privacy Act (FERPA) (20 U.S.C. §1232g; 34 CFR Part 99) such as, but not limited to, Individualized Education Program (IEP) Team, Section 504 of the Rehabilitation Act of 1973 (Section 504) Team, and Student Assistance Team meetings, classroom teachers providing oversight and care to student, Medicaid billing, etc.

6.3. The health care plan shall guide the certified school nurse RN's care of the student. The certified school nurse RN will develop and revise the health care plan using best practices such as NANDA International nursing diagnosis. The health care plan will be reviewed and revised on an annual basis or as necessary with any change in the student's condition or provider's order.

6.4. The plan should contain:

6.4.a. Nursing assessment;

6.4.b. Nursing diagnosis;

6.4.c. Goals and expected outcomes;

6.4.d. Interventions; and

6.4.e. Evaluation.

6.5. An intervention guide may be used at the discretion of the certified school nurse RN to guide designated school personnel, classroom teachers, and bus drivers in the provision of emergency care and/or specialized health care procedures of students.

§126-25A-7. Quality Assurance.

7.1. The Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools shall be utilized as the minimum standard for safe practice in consultation with the Commissioner of the Bureau for Public Health as outlined in W. Va. Code §18-5-22c(j).

7.1.a. As medical practices change and new technology is developed, other valid nursing resources may be used to ensure standard of practice and safety of student care. The resources may include, but not be limited to, the *Lippincott Manual* by Williams and Wilkins, and *Managing School Age Children with a Chronic Health Condition* by Larson.

7.2. A needs assessment conducted by county certified school nurse RNs within each school district/county will be the basis for revision of the Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools. The Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools will be reviewed and revised on a biennial basis or as deemed necessary by the West Virginia Council of School Nurses based on the needs assessments conducted by certified school nurse RNs.

7.3. The Council of School Nurses shall meet at least bi-annually, or more frequently as deemed necessary, by the Chair of the Council in consultation with the WVDE for review of certification and training program(s) regarding school personnel designated to perform basic and/or specialized health care procedures.

7.4. The certified school nurse RN shall participate in continuing education programs, which provide:

7.4.a. Training related to new specialized health care procedures.

7.4.b. Staff development applicable to effective school health practice.

7.5. The certified school nurse RN must develop a monitoring system with appropriate time frames to ensure safety and effective monitoring of the assignment and delegation of all basic and/or specialized health care procedures.

7.6. The certified school nurse RN may utilize tele-health to provide school nursing services and consultation for all students including those with specialized health care needs. Each county should develop procedures/protocols to provide a framework for the use of tele-health to ensure safety and delivery of quality care as permissible with the assistance of modern technology. The decision to utilize tele-health is at the discretion of the certified school nurse RN based on nursing assessment, student needs, accessibility of equipment and services, etc. in collaboration with school administration to support the student and assistive technology during the tele-health session.

§126-25A-8. School Health Records.

8.1. Confidentiality and release of student health information and records shall be protected and maintained as outlined in W. Va. 126CSR94, WVBE Policy 4350, Procedures for Collection, Maintenance and Disclosure of Student Data and FERPA.

8.2. An individual record will be maintained for each student needing a specialized health care procedure. It will include date and time procedure was performed, any notes on events and/or interactions and signature of person performing/supervising procedure.

8.3. Certified school nurse RNs and LPNs must use standardized nursing terminology when recording nursing notes to establish documentation of care standards.

8.4 Student health records are educational records under FERPA guidelines. While medical information is considered highly confidential and must be decided among county and school teams inclusive of the school nurse RN on specific storage to ensure confidentiality and access as allowable by FERPA including legitimate educational reasons inclusive of SAT, Section 504, IEP, students classroom teacher, bus driver, etc. The student health educational record must be maintained two years from completion of education. Records to verify implementation of federally funded programs and services such as, but not limited to, IDEA, Section 504, etc. and to demonstrate compliance with program requirements must be maintained for five years after the activity is completed. The final educational record must include the student health record to be in compliance with FERPA guidelines.

§126-25A-9. Staffing Requirements.

9.1. Certified school nurse RNs must be employed in sufficient numbers to ensure adequate provision of services to students with complex health care needs. Registered nurses have the authority and the ability to teach and to supervise other persons in rendering selected health services and/or procedures.

9.2. The certified school nurse RN must have a current license as a registered professional nurse in the State of West Virginia (W. Va. Code §30-7-1 et seq.). The school nurse must be certified as a school nurse as set forth in Policy 5202. The certified school nurse RN must be employed by the county board of education or the county health department (W. Va. Code §18-5-22) which contracts to provide equivalent services to boards of education. Performance of professional nursing service means both independent nursing functions and health related services which require specialized knowledge, judgment, and skills as governed by the West Virginia Nurse Practice Act (W. Va. Code §30-7-1 et seq.) and the National Association of School Nurses, Inc. "Scope and Standards of Professional School Nursing Practice".

9.3. Medical contacts, referrals, and interpretations of medical data shall be managed by the certified school nurse RN. The certified school nurse RN serves as the manager for health related problems and decisions. In the role of manager, the certified school nurse RN is responsible for standards of certified school nurse RN practice in relation to health appraisal and health care planning.

9.4. School personnel, with the approval of the principal and the county board of education, may elect or in some cases be required to provide approved specialized health care procedures and such procedures shall be delegated by the certified school nurse RN as deemed appropriate. The certified school nurse RN shall provide for training, retraining, and supervision, and, upon completion, certify satisfactory level of competence before school personnel perform basic and/or specialized health care procedures. A qualified designated school personnel may be deemed not qualified in the performance of delegated basic and/or specialized health care procedures based on the ongoing monitoring and supervision by the certified school nurse RN.

9.5. The LPN must be currently licensed in the State of West Virginia (W. Va. Code §30-7A-1 et seq.) and must function under the supervision of the registered professional nurse or licensed physician. W. Va. Code §18A-4-8 defines licensed practical nurse as a nurse licensed by the West Virginia Board of

Examiners for LPN who is employed to work in a public school under the supervision of a certified school nurse RN. The licensed practical nurse shall not function as a certified school nurse or as a school nurse. The LPN completes a 12-month career and technical or community college program, obtains a diploma, and holds a valid West Virginia LPN licensure; whereas a certified school nurse has completed four to six years of college education, holds at minimum of a Bachelor's degree in nursing, certification in school nursing, and a valid WV RN licensure.

9.5.a. LPN working under the supervision of the school nurse shall practice under assigned and/or delegated nursing duties from the certified school nurse RN. County policy may include, but not be limited to, the following:

9.5.a.1. Nursing competencies;

9.5.a.2. Itinerant status due to the continuous changes in student health care affecting the staffing of county health care providers;

9.5.a.3. Ability to receive written, verbal, telephone, faxed, electronic and/or emailed orders for student care from a licensed health care provider/prescriber with communication to the certified school nurse RN responsible for the overall care of the student; and

9.5.a.4. Contribution to the nursing assessment by collecting, reporting, and recording objective and subjective data, including health screenings, in an accurate and timely manner to the certified school nurse RN.

9.5.a.5. Ability to provide student and staff education related to health promotion, disease prevention, and chronic diseases.

9.6. A licensed prescriber and/or professional nurse may be held liable for delegating professional responsibilities to individuals not qualified to perform them.

§126-25A-10. Administration of Medication.

10.1. Medication administration must take place in a clean and quiet environment where privacy may be established and interruptions are minimal.

10.1.a. The initial dose of any medication should be administered at home, except for emergency medications, and unless otherwise directed by the licensed prescriber and/or a court order.

10.1.b. Parents/guardians shall provide completed and signed medication authorization form(s) (to be designed by each county), which indicates student name; date; allergies; medication name; dosage, time and route; intended effect of medication; other medication(s) taken by student; licensed prescriber; and parent/guardian signature. Parents/guardians shall also replenish long-term and emergency prescribed medication as needed and retrieve unused or expired medicine from school personnel no later than 30 days after the authorization to give the medication expires or on the last day of school.

10.1.c. All medication shall be in the originally labeled container from the pharmacy, which includes the following: student's name (OTCs should have the student's name affixed to the original

manufacturer's bottle); name of the medication; reason(s) for the medication (if to be given only for specific symptoms); dosage; time; route; reconstitution directions if applicable; and the date the prescription and/or medication expires.

10.1.d. If emergency medication or medication authorization form is not provided to the school, the safety and welfare of the student is placed at risk. The student should not attend school until both the medication and medication authorization form are provided to school personnel with a review and delegation from the certified school nurse RN. The Student Assistance Team (SAT), Section 504, or IEP team must regard the lack of emergency lifesaving medication(s) as child neglect.

10.1.e. The certified school nurse RN is to be contacted immediately when a prescribed medication's appearance or dosage is questioned. The certified school nurse RN shall take the appropriate steps to assure the medication is safe to administer.

10.2.f. The certified school nurse RN is to be contacted immediately when a student's health condition suggests that it may not be appropriate to administer the medication.

10.1.g. When a student's medical condition requires a change in the medication dosage or schedule, the parent/guardian must provide a new written medication authorization form from a licensed prescriber, and container, if applicable. This must be given to designated personnel within an appropriate time frame.

10.1.h. Schools may only stock medications as permitted by W. Va. Code §18-5-22c (epinephrine) and §18-5-22d (opioid antagonist) if the county board of education adopts a policy in accordance with Sections 12.2 through 12.14. Schools are required to follow the county board of education policy and may voluntarily adopt W. Va. Code §18-5-22c (stock epinephrine) as outlined in Section 12.2 and W. Va. Code §18-5-22d (stock opioid antagonist) as outlined in Section 12.10. County boards of education will follow the procedures and protocols for school health and school nursing as set forth in code and WVBE rules.

10.1.i. Schools should develop a mechanism to assure the inclusion of all students, especially those with specialized health care needs, to participate in school-related field trips. This includes advance notification to the certified school nurse RN and/or county school health services director to ensure out-of-state field trip destinations allow reciprocity and delegation of certain health care procedures by their state board of nursing laws and practice acts since the certified school nurse RNs is licensed to practice nursing only in West Virginia. County boards of education may consider allowances and reimbursement to certified school nurse RNs and LPNs to hold a compact nursing license, which allows nursing practice in multiple states to support classroom field trips.

10.1.j. Certified school nurse RNs and LPNs are bound by standards of practice by the West Virginia RN and LPN boards including the ability to administer medications, including OTC, with a medical order, only by a licensed prescriber. A county board of education may choose to develop medication policies allowing OTC medications in the original medication bottle with a parent consent to fall under the supervision of the school principal instead of being prescribed under the certified school nurse RN. The school principal may designate school personnel as defined in this policy to be trained to administer OTCs. The designated school personnel should undergo OTC retraining every two years. The WVDE provides online training for OTC administration.

10.2. Medication administration incidents include, but are not limited to, any deviation from the instructions provided by the licensed health care provider. The certified school nurse RN and administrator/principal shall be contacted immediately in the event of a medication administration incident. The school nurse or administrator/principal shall do the following:

10.2.a. Contact the physician and parent/guardian, if necessary.

10.2.b. Implement the certified school nurse RN or administrator recommendation and/or licensed prescriber order in response to a medication incident.

10.2.c. Document all circumstances, orders received, actions taken, and student's status.

10.2.d. Submit a written report to the administrator and county superintendent at the time of the incident. The report should include the name of the student, the parent/guardian name and phone number, a specific statement of the medication incident, who was notified, and what remedial actions were taken.

10.3. Self-administration of medication shall be permitted in accordance with W. Va. Code §§18-5-22a, 18-5-22b, and 18-2K-1 et seq. after the following conditions are met:

10.3.a. A written medication authorization form is received from the parent/guardian and licensed prescriber for self-administration of medication.

10.3.b. A written statement is received from a licensed prescriber, which contains the student name, purpose, appropriate usage, dosage, time or times at which, or the special circumstances under which the medication is to be administered.

10.3.c. The student has demonstrated the ability and understanding to self-administer medication by passing an assessment by the certified school nurse RN evaluating the student's technique of self-administration and level of understanding of the appropriate use of the medication.

10.3.d. The parent/guardian has acknowledged in writing that they have read and understand a notice provided by the county board of education stating that the school, county school board, and its employees and agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication.

10.3.e. The permission to self-administer medication shall be effective for the school year for which it is granted and all documents related to the self-administration of medication shall become part of the student health record.

10.3.f. The permission to self-administer medication may be revoked if the certified school nurse RN finds that the student's technique and understanding of the use of medication is not appropriate or is willfully disregarded.

§126-27-11. Medication Storage, Inventory, Access, and Disposal

11.1. Each school shall designate space in the building to store student medication at the correct temperature, in a secure, locked, clean cabinet or refrigerator, as required. Schools shall maintain

epinephrine auto-injectors in a secure, unlocked location which is accessible to only certified school nurse RNs, health care providers, and authorized nonmedical personnel and not by students. Special considerations may include transportation of medications on the school bus (storage of medication, safety, return of medication to school-especially with epinephrine and stock emergency medications, etc.).

11.2. All medication shall be entered on a medication inventory and routinely monitored for expiration and disposal.

11.3. Access to medications shall be under the authority of the school principal in conjunction with the certified school nurse RN assigned to that school.

11.4. An appropriate supply of long-term and emergency prescribed medication may be maintained at the school in amounts not to exceed school dosages within each calendar month.

11.5. School personnel shall dispose of unused or expired medicine unclaimed by the parent/guardian no later than 30 days after the parent/guardian medication authorization expires or on the last day of school, whichever comes first.

11.6. Medication disposal shall be done in a manner in which no other individual has access to any unused portion. Two individuals will witness the disposal of the medication and the procedure must be documented on the appropriate form related to the specific student.

§126-27-12. Emergency Medication.

12.1. The West Virginia RN board and W. Va. Code allow for the delegation of certain prescribed emergency medication. There are emergency medications that can only be administered by licensed nurses such as, but not limited to, intranasal midazolam, and intravenous clotting factor. The following emergency medications have been approved for school nurses to determine the ability to delegate, train, and continuously supervise school personnel to administer when a diagnosis and order are in place and the school nurse or LPN is not available to provide such care:

12.1.a. Glucagon;

12.1.b. Epinephrine;

12.1.c. Rectal diazepam (i.e. Valium) can only be delegated to unlicensed school personnel if ordered by the student's physician and the certified school nurse RN provides the final determination to allow delegation;

12.1.d. Albuterol or other emergency asthma medication; and

12.1.e. Opioid antagonist.

12.2. A public, private, parochial, or denominational school located within this state may possess and maintain at the school a supply of epinephrine auto injectors for use in emergency medical care or treatment for an anaphylactic reaction. Each county board of education may also develop an optional policy for stock epinephrine during secondary activity/extracurricular events outside of the school day.

A prior diagnosis for a student or school personnel requiring the use of epinephrine auto injectors is not necessary to permit the school to stock epinephrine auto injectors.

12.3. Epinephrine auto-injectors shall be maintained by the school in a secured, unlocked location, which is only accessible by certified school nurse RNs, health care providers, and authorized nonmedical personnel, and not by students.

12.4. An allopathic physician licensed to practice pursuant to the provisions of W. Va. Code §30-3-1 or an osteopathic physician licensed to practice pursuant to the provisions of W. Va. Code §30-14-1 of this code may prescribe within the course of his or her professional practice standing orders and protocols for use when necessary by a school which wishes to maintain epinephrine auto-injector pursuant to the provisions of this section.

12.5. Certified school nurse RNs are authorized to administer an epinephrine auto injector to a student or school personnel during regular school hours or at a school function when the certified school nurse RN medically believes the individual is experiencing an anaphylactic reaction. A certified school nurse RN may also use the school supply of epinephrine auto injectors that meet the requirements of a prescription on file with the school for a student or school personnel.

12.6. Designated qualified school personnel and at county/local discretion, school transportation employees (including bus drivers), who have been trained in the administration of an epinephrine auto-injector by the certified school nurse RN and who have been designated and authorized by the school to administer the epinephrine auto-injector to a student or school personnel during regular school-related events when the school personnel reasonably believes, based upon their training, that the individual is experiencing an anaphylactic reaction may administer epinephrine. Designated qualified school personnel may also use the school supply of epinephrine auto-injectors for a student or school personnel authorized to self-administer that meet the requirements of a prescription on file with the school. Transportation employees, including bus drivers, are not eligible to receive the additional pay provided in W. Va. Code §18-5-22(e).

12.7. The parent/guardian of a student who was administered a school maintained epinephrine auto injection shall be provided with a comprehensive notification immediately. The comprehensive notification should include date and the approximate time the incident occurred, symptoms observed, who administered the injection, the rationale for administering the injection, the response to the epinephrine administration, the dose of epinephrine administered, the current location of the student, and any other necessary elements to make the students' parent/guardian fully aware of the circumstances surrounding the administration of the injection.

12.8. A certified school nurse RN or designated qualified school person who administers an epinephrine auto injection to a student or to school personnel as provided in this policy and in W. Va. Code §18-5-22c is immune from liability for any civil action arising out of an act or omission resulting from the administration of the epinephrine auto injection unless the act or omission was the result of the certified school nurse RN or trained and authorized nonmedical school personnel's gross negligence or willful misconduct.

12.9. The county board of education will provide training on anaphylaxis and allergy awareness for food service workers and others in the school system, if easily available locally.

12.10. W. Va. Code §18-5-22(d) allows county boards of education the option to adopt stock opioid antagonist policies under a standing order by a licensed prescriber with specific protocols for administration by certified school nurse RN and other licensed nurses working in the school (RN and LPN). County boards of education must follow the protocols/standards for dosage as set forth by West Virginia Department of Human and Health Resources (WVDHHR). Nonmedical school personnel as defined in W.Va. Code §18-5-22 who have been trained and deemed competent by the certified school nurse RN in the administration of an opioid antagonist and who have been designated and authorized by the certified school nurse RN to administer the opioid antagonist are authorized to administer an opioid antagonist to a student, school personnel, or to a person during regular school hours, at a school function, at an event on school property when the authorized and designated nonmedical school personnel reasonably believes, based upon their training, that the individual is experiencing an adverse opioid event.

12.11. All licensed prescribers who prescribe an opioid antagonist to a school or county shall provide educational materials to the certified school nurse RN, other licensed nurses, and school personnel working in the school on opiate-related overdose prevention and treatment programs, as well as materials on administering the prescribed opioid antagonist.

12.12. Any certified school nurse RN, other licensed nurses, and designated and trained school personnel who administers an opioid antagonist as provided in this policy and in W. Va. Code §18-5-22d is immune from liability for any civil action arising out of an act or omission resulting from the administration of the opioid antagonist unless the act or omission was the result of the school nurse or trained and authorized nonmedical school personnel's gross negligence or willful misconduct.

12.13. Prior notice to the parents of a student of the administration of the opioid antagonist is not required. Immediately following the administration of the opioid antagonist, the school shall provide notice to the parent of a student who received the opioid antagonist. Any certified school nurse RN, other licensed nurse, and designated school personnel working in the school who administers an opioid antagonist to a person whom he or she believes to be suffering from an opioid-related overdose is required to seek additional medical treatment at a medical facility for that person immediately following the administration of the opioid antagonist to avoid further complications as a result of suspected opioid-related overdose. A comprehensive notice to the parents of a student who was administered a school maintained opioid antagonist is required and shall include who administered the opioid antagonist, the rationale for administering the antagonist, the approximate time of the administration of the opioid antagonist and any other necessary elements to make the student's parent/guardian fully aware of the circumstances surrounding the administration of the antagonist.

12.14. All public schools are required to report each incident resulting in the administration of epinephrine injections and administration of opioid antagonist in their county. Other medication incidents (e.g., wrong dose, incorrect medication administered, other medication errors) shall also be reported. The incidents will be reported to the West Virginia Poison Center by calling 1-800-222-1222 after emergency medical services have transported the student or staff member to acute care. The notification should include the name of the student, the student's age and gender, date and the approximate time the incident occurred, symptoms observed, who administered the injection, the name of the school the student attends, a contact telephone number, the rationale for administering the injection, the response to the epinephrine administration or opioid antagonist, the dose of epinephrine or opioid antagonist administered, and any other necessary elements to provide a complete report for the individual situation. The West Virginia Poison Center will provide the data upon request to the

public schools, local boards of education, and annually to the State Superintendent of Schools. The State Superintendent of Schools shall prepare an annual report to be presented to the Joint Committee on Government and Finance as set forth in article three, chapter four of Code, by December 31 of each year.

§126-25A-13. Student Rights.

13.1. Students are entitled to the assignment of qualified personnel.

13.2. Students are afforded the right to privacy, dignity, respect and courtesy, in accordance with FERPA.

§126-25A-14. Penalties.

14.1. Failure of any school personnel to comply with the above rules will result in personnel disciplinary actions based on state and local board of education policies.

§126-25A-15. Administrative Due Process.

15.1. Families dissatisfied with any part of the management and/or delivery of school health services during the curricular day or co-curricular day and school-related events should:

15.1.a. Schedule a meeting with the certified school nurse RN and school principal or designee.

15.1.b. Follow due process procedures as outlined in Policy 2419, Section 504, and/or W. Va. 126CSR188, WVBE Policy 7211, Conflict Resolution Process for Citizens.

§126-25A-16. Incorporation and Reference.

16.1. Any reference in all WVBE policies to Policy 2422.8 should now be read to apply with the same force and effect by virtue of its incorporation into this policy.

§126-25A-17. Severability.

17.1. If any provision of this rule or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of this rule.