WEST VIRGINIA SECRETARY OF STATE

NATALIE E. TENNANT

ADMINISTRATIVE LAW DIVISION

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OFFICE OF
WEST VIRGINIA SECRETARY OF STATE

FORM 1 -- NOTICE OF A PUBLIC HEARING OR COMMENT PERIOD ON A PROPOSED RULE (Page 1)

AGENCY **Education**

RULE TYPE **Legislative Exempt** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **126-027**

RULE NAME **Medication Administration (2422.8)**

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)**

COMMENTS LIMITED TO
Written

DATE OF PUBLIC HEARING

LOCATION OF PUBLIC HEARING

DATE WRITTEN COMMENT PERIOD ENDS
Tuesday, November 12, 2013 4:00 PM

WRITTEN COMMENTS MAY BE MAILED TO
Rebecca J. King
WVDE Office of Special Programs
Capitol Building 6, Room 309
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

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

Yes

Charles K Heinlein -- 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.

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FORM 1 -- NOTICE OF A PUBLIC HEARING OR COMMENT PERIOD ON A PROPOSED RULE (Page 2)

AGENCY **Education**

RULE TYPE **Legislative Exempt** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **126-027**

RULE NAME **Medication Administration (2422.8)**

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)**

PROVIDE A BRIEF SUMMARY OF YOUR PROPOSAL

The revisions will allow for further clarifications in over-the-counter medications and the incorporation of fluoride rinse program through West Virginia Department of Health and Human Resources to assist with decreasing dental caries by possibly 35%. The policy revisions clarify emergency medications including the additional optional allowance of stock epinephrine through new legislation (W.Va. Code §18-5-22c). The revisions provide County Board of Education with the option to adopt a stock epinephrine policy under the standing order of a licensed prescriber. The optional stock epinephrine policy would allow school nurses to administer and delegate to designated and trained school personnel, as identified in W.Va. Code §18-5-22 (d), the administration of school stocked epinephrine to staff and students who experience signs and symptoms of anaphylactic shock without prior diagnoses. If adopted by the County Board of Education then each school may participate, as indicated in W.Va. Code §18-5-22c, in the EpiPen4Schools Program to receive FREE EpiPens with a prescription. The policy and manual changes/additions were made to ensure clarity to the current medication administration practices in the school setting.

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

Yes

Charles K Heinlein -- 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.

FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 1)

AGENCY **Education**
RULE TYPE **Legislative Exempt** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **126-027**
RULE NAME **Medication Administration (2422.8)**

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)**

SUMMARIZE IN A CLEAR AND CONCISE MANNER WHAT IMPACT THIS MEASURE WILL HAVE ON COSTS AND REVENUES OF STATE GOVERNMENT.

No state cost or revenues will be impacted by the proposed amendment of Policy 2422.8 Medication Administration.

Charles K Heinlein -- 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.

FORM 11 – FISCAL NOTE FOR PROPOSED RULES (Page 2)

AGENCY **Education**
RULE TYPE **Legislative Exempt** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **126-027**
RULE NAME **Medication Administration (2422.8)**

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)**

FISCAL NOTE DETAIL -- SHOW OVER-ALL EFFECT IN ITEM 1 AND 2 AND, IN ITEM 3, GIVE AN EXPLANATION OF BREAKDOWN BY FISCAL YEAR, INCLUDING LONG-RANGE EFFECT.

Effect Of Proposal	Current Increase/Decrease (use ' - ')	Next Increase/Decrease (use ' - ')	Fiscal Year (Upon Full Implementation)
ESTIMATED TOTAL COST	0	0	0
PERSONAL SERVICES	0	0	0
CURRENT EXPENSES	0	0	0
REPAIRS AND ALTERATIONS	0	0	0
ASSETS	0	0	0
OTHER	0	0	0
ESTIMATED TOTAL REVENUES	0	0	0

Charles K Heinlein – 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.

FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 3)

AGENCY **Education**
RULE TYPE **Legislative Exempt** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **126-027**
RULE NAME **Medication Administration (2422.8)**

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)**

3. EXPLANATION OF ABOVE ESTIMATES (INCLUDING LONG-RANGE EFFECT). PLEASE INCLUDE ANY INCREASE OR DECREASE IN FEES IN YOUR ESTIMATED TOTAL REVENUES.

No state cost or revenues will be impacted by the proposed amendment of Policy 2422.8 Medication Administration.

Charles K Heinlein -- 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.

FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 4)

AGENCY **Education**
RULE TYPE **Legislative Exempt** AMENDMENT TO EXISTING RULE **Yes** . TITLE-SERIES **126-027**
RULE NAME **Medication Administration (2422.8)**

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)**

PLEASE IDENTIFY ANY AREAS OF VAGUENESS, TECHNICAL DEFECTS, REASONS THE PROPOSED RULE WOULD NOT HAVE A FISCAL IMPACT, AND/OR ANY SPECIAL ISSUES NOT CAPTURED ELSEWHERE ON THIS FORM.

No state cost or revenues will be impacted by the proposed amendment of Policy 2422.8-Medication Administration. The revisions of the Medication Administration Policy include new legislation from W.Va. Code §18-5-22c which allows the option of County Board of Education to adopt a stock epinephrine policy under the standing order of a licensed prescriber. The optional stock epinephrine policy would allow school nurses to administer and delegate to designated and trained school personnel, as identified in W.Va. Code §18-5-22 (d), the administration of school stocked epinephrine to staff and students who experience signs and symptoms of anaphylactic shock without prior diagnoses. If adopted by the County Board of Education then each school may participate, as indicated in W.Va. Code §18-5-22c, in the EpiPen4Schools Program to receive FREE EpiPens with a prescription. The West Virginia Council of School Nurses are convened by the West Virginia State Board of Education (W.Va. Code § 18-5-22g) to assist with the development of school health standards and procedures for this optional county policy.

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

Charles K Heinlein -- 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.

EXECUTIVE SUMMARY
WEST VIRGINIA DEPARTMENT OF EDUCATION

Policy 2422.8-Medication Administration

Background:

Medication administration occurs on a daily basis in the West Virginia public school system. In 2010/11 school year, approximately 22% of children in West Virginia's public schools require regular and ongoing health services during the school day for chronic medical conditions. The type and amount of basic and specialized health care procedures in WV schools increases every year with new medical technology and advancement in chemical laboratories to create new medications. The school nurse oversees the delegation of medication administration in schools. The Medication Administration Policy outlines the safe and standard procedures for administration of medication in the school setting. W.Va. Code §18-5-22 creates the Council of School Nurses to provide school health guidance on policies and procedures (see attached list of 2012-13 members).

The revisions have allowed for further clarifications in over-the-counter medications and the incorporation of fluoride rinse program through West Virginia Department of Health and Human Resources to assist with decreasing dental caries by possibly 35%. The policy revisions clarify emergency medications including the additional optional allowance of stock epinephrine through new legislation (W.Va. Code §18-5-22c). The revisions provide County Board of Education with the option to adopt a stock epinephrine policy under the standing order of a licensed prescriber. The optional stock epinephrine policy would allow school nurses to administer and delegate to designated and trained school personnel, as identified in W.Va. Code §18-5-22 (d), the administration of school stocked epinephrine to staff and students who experience signs and symptoms of anaphylactic shock without prior diagnoses. If adopted by the County Board of Education then each school may participate, as indicated in W.Va. Code §18-5-22c, in the EpiPen4Schools Program to receive FREE EpiPens with a prescription. The policy and manual changes/additions were made to ensure clarity to the current medication administration practices in the school setting. This policy revision will not affect any other existing State Board of Education policies.

Proposals:

The WVDE-Office of Special Programs is requesting that the revisions to Policy 2422.8 be placed on public comment for 30 days.

Significant Revisions to Policy 2422.8 include:

- Section 4.6 provides the addition of the Fluoride Rinse Program.
- Section 6.1.h. allow the promotion and designation of the Fluoride Rinse as a

nonprescribed medication under the auspices of the school principal.

- Section 6.4.e clarifies the safety of students without emergency medication(s) and licensed prescriber order at school. Students should not attend school without both in place as this is child neglect and could lead to a tragic outcome of the student.
- Section 7.2.e. clarifies the general rule of stock medication are not permissible in the school system. Medication(s) should be supplied by the parent/guardian for each individual student unless the County Board of Education has adopted the option of stock epinephrine as outlined in W.Va. Code §18-5-22c.
- Section 8.2 describes the WVDHHR-Fluoride Rinse Program for public health.
- Section 10 clarifies the ability to delegate the administration of specific emergency medications formerly approved by the West Virginia Board of Examiners for Professional Registered Nurses. It also allows for the ability of county boards of education to adopt the optional stock epinephrine policy to allow administration of epinephrine to students and school personnel who do not have prior diagnosis of severe allergies/anaphylactic shock under the standing order of a physician. The school nurse also has the ability to delegate and assign this procedure to other registered nurses and licensed practical nurses and designated qualified personnel per W.Va. Code §18-5-22 (d) in the school setting.

Impact:

The proposed revision to the policy will provide clarity to the administration of medications. The proposed revisions of the rule will encourage schools to participate in the WVDHHR/BPH-Fluoride Rinse Program to enhance the oral health for students in grades K-6. The revisions will also allow County Boards of Education the legislative option to develop medication policies allowing stock epinephrine administered under the prescription and standing orders of a licensed prescriber to students and school personnel who are experiencing signs and symptoms of severe allergic reactions/anaphylactic shock without prior diagnoses. The training and delegation of administering epinephrine to students and school personnel without prior diagnoses of anaphylactic shock will on be done by school nurses with delegation and assignment to other nurses (registered nurses and licensed practical nurses) and designated qualified personnel (teachers at will, aides and secretaries) working in the school system.

Policy 2422.8 Medication Administration
Stakeholder Group
(WV Council of School Nurses)

RESA I
Amanda Meadows
Mercer County

RESA II
Kristi Scaggs
Logan County

RESA III
Melinda Embrey
Kanawha County

RESA IV
Paula McCoy
Greenbrier County

RESA V
Milissa Mace
Roane County

RESA VI
Carol Cipoletti
Brooke County

RESA VII
Shelly Kerere
Preston County

RESA VIII
Deborah Stine
Berkeley County

TITLE 126
LEGISLATIVE RULE
BOARD OF EDUCATION

SERIES 27
MEDICATION ADMINISTRATION (2422.8)

§126-27-1. General.

1.1. Scope. – This legislative rule establishes standards for administration of all medication in the West Virginia public school system.

1.2. Authority. – W.Va. Constitution, Article XII, §2 and W.Va. Code §§18-1-1, 18-2-5, 18-5-22, 18-5-22a, 18-5-22b, 18-5-22c, 18A-4-8, and 30-7-1, et seq.

1.3. Filing Date. – ~~April 19, 2004~~

1.4. Effective Date. – ~~July 1, 2004~~

1.5. Repeal of Former Rule. – ~~None. This is a new policy.~~This legislative rule amends W. Va. 126CSR27 "Medication Administration (2422.8)," filed April 19, 2004, and effective July 1, 2004.

§126-27-2. Purpose.

2.1. Good health and safety are essential to student learning. The administration of medication to students during the school day should be discouraged unless absolutely necessary for the student's health. ~~Administration of medication during the school day is essential to allow some students to attend school.~~ This policy establishes the standards that must be followed when any medication is required to be administered during attendance at school or school related events as defined herein and to provide for emergency medication administration, when necessary.

2.2. An objective of this medication administration policy is to promote individual responsibility. This can be achieved by educating students and their families.

§126-27-3. Application.

3.1. These regulations apply to school nurses, administrators, other authorized school employees, contracted school nurses, and contracted licensed health care providers (as specified in W.Va. Code §18-5-22a) administering medication to students in the West Virginia public school system.

3.2. County ~~B~~boards of ~~E~~education shall develop or amend medication administration policies to meet or exceed the standards set forth in W.Va. Code §18-5-22a as well as the components set forth in this policy.

3.3. The West Virginia Department of Education (WVDE) may issue and periodically update advisories to provide guidance on the administration of medication to students in the West Virginia public school system.

3.4. 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.

§126-27-4. Definitions.

4.1. "Administration of medication" means a health care procedure, which ~~may be performed by school personnel who are designated, qualified, trained and authorized to administer medications to students~~ includes providing oral medication for a student to swallow or administering medication by another means (e.g., auto-injector) as designated by written or standing order.

4.2. "Administrator's designee" means an employee (excluding the school nurse or contracted provider of nursing services) who is designated by the building administrator, is trained to administer non-prescribed medication, and agrees to administer non-prescribed medications when county policy allows such practice.

4.3. "Contracted licensed health care provider" means a licensed health care provider, as set forth in Section 4.~~6~~7 of this policy, providing health care services under a 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.

4.4. "Contracted school nurse" means 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.

4.5. "Designated qualified personnel" means an employee or contracted provider who agrees to administer medications, is authorized by the administrator/principal, successfully completes training as defined in West Virginia Board of Education Policy 2422.7 – Standards for Basic and Specialized Health Care Procedures (126CSR25A), hereinafter Policy 2422.7, and is qualified for the delegation of the administration of prescribed medications. Designated qualified personnel must also meet the specifications in W.Va. Code §18-5-22 (d) and (e) which includes delegation of specialized health care procedures and medications to teachers, aides and secretaries (medication only).

4.6. "Fluoride Rinse Program" means a program offered by the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Public Health (BPH), Office of Maternal, Child and Family Health (OMCFH), Oral Health Program, Children's Dentistry Project. The Fluoride Rinse Program is the most cost effective and least expensive way to reduce dental decay on a group or community basis. The program is developed for students in grades k-6 with parental/guardian permission and with close adult supervision to assist in the prevention of swallowing of rinse solution. The fluoride rinse is a 0.2 % sodium fluoride solution administered once a week for 30 weeks. The WVDHHR/BPH Instructions for Conducting the Fluoride Rinse Program may be found is at www.dhhr.wv.gov/oralhealth.

4.~~6~~7. Licensed health care provider means ~~a medical doctor~~ allopathic physician or ~~doctor of osteopathy~~ an osteopathic physician, podiatrist, registered nurse, practical nurse, advanced practice registered nurse ~~practitioner~~, physician assistant, dentist, optometrist, pharmacist or respiratory care professional licensed under ~~Chapter Thirty of~~ W.Va. Code §30.

4.~~7~~8. "Licensed prescriber" means licensed health care providers with the authority to prescribe medication as per their scope of practice.

4.~~8~~9. "Long-term and Emergency Prescribed Medication" means medication ordered by a licensed

prescriber that is used to treat acute and chronic health conditions including both daily and PRN (as needed) medication.

4.10. "Medication Authorization Form" means a form completed and signed by parent/guardian 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; and parent/guardian signature.

4.911. "Medication document" means the individual medication record or medicine log used to record the administration of medication to a student.

4.102. "Non-prescribed Medication" means medication and food supplements that have been approved by the Food and Drug Administration and may be obtained over-the-counter (OTC) without a prescription from a licensed prescriber.

~~4.11. "Parent/Guardian Authorization Form" means a form completed and signed by parent/guardian 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; and parent/guardian signature.~~

4.123. "Prescribed Medication" means medication with a written order signed by a licensed prescriber.

4.134. "School Based Health Centers" means 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.

4.145. "School Nurse" is defined as a registered professional nurse, 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 West Virginia Board of Education Policy 5100 – Approval of Educational Personnel Preparation Programs (126CSR114) and meets the requirements for certification contained in West Virginia Board of Education Policy 5202 – Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary Classification (126CSR136). The school nurse must be employed by the county board of education or the county health department as specified in W.Va. Code §18-5-22.

4.156. "School-related event" means any curricular or co-curricular activity, as defined in West Virginia Board of Education Policy 2510 – Assuring the Quality of Education: Regulations for Education Programs (126CSR42), 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.

4.167. "Self-administration" means medication administered by the student under the approval, assessment and supervision of the school nurse~~, designated qualified personnel, administrator or administrator's designee~~ with a licensed prescriber order. 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.).

§126-27-5. Authorization.

5.1. Authorized personnel include trained school nurses, other licensed health care providers, administrators, teachers, aides and secretaries as defined in W.Va. Code §§18-1-1, 18A-4-8 and 18-5-22.

§126-27-6. Roles and Responsibilities.

6.1. Role of the school administrator(s)/principal(s).

6.1.1a. Provide for appropriate, secure, and safe storage and access of medications.

6.1.2b. Provide a clean, safe environment for medication administration.

6.1.3c. Provide a mechanism for safely receiving, counting and storing medications.

6.1.4d. Provide a mechanism for receiving and storing appropriate medication authorization forms.

6.1.5e. Select potential candidates for medication administration (prescribed and non-prescribed).

6.1.6f. Assign qualified employees, who meet a satisfactory level of competence for prescribed medication administration as defined in Policy 2422.7 and non-prescribed medication as determined by the WVDE.

6.1.7g Coordinate development of procedures for the administration of medication during school-related events with classroom teachers, school nurses, parents/guardians, designated qualified personnel and administrator's designees.

6.1.h. Assist with the promotion of WVDHHR/BPH-Oral Health Program's Fluoride Rinse Program especially in school districts which lack optimal fluoridated water.

6.1.i. Provide scheduled time for designated school personnel to be Cardiopulmonary Resuscitation (CPR)with Automated External Defibrillation (AED) certified and first aid trained according to WVBE Policy 2422.7 to meet qualifications for administering medications whether prescribed or nonprescribed.

6.2. Role of the school nurse and contracted licensed health care provider.

6.2.1a. Determine if the administration of prescribed medication may be safely delegated to designated qualified personnel, as defined in Section 4.4.

6.2.2b. Contact the parent/guardian or licensed health care provider to clarify any questions about prescribed medication that is to be administered in the West Virginia public school system.

6.2.3c. Manage health related problems and decisions. In the role of manager, the nurse is responsible for standards of school nurse practice in relation to health appraisal, health care planning and maintenance of

complete and accurate documentation. For students needing long-term and emergency prescription medication to attend school, the school nurse shall assess the student, review the licensed prescriber's orders, ~~assure~~ promote implementation of needed health, ~~and~~ safety procedures, and develop a health care plan and an optional intervention guide if deemed appropriate.

6.2.4d. Utilize the "West Virginia Board of Examiners for Registered Professional Nurses Guidelines for Determining Acts that May be Delegated or Assigned by Licensed Nurses", ~~January 2001~~ June 2009, and any revisions thereof, as the mechanism for determining whether or not the administration of prescribed medications may be delegated.

6.2.5e. Provide and/or coordinate training, as defined in Policy 2422.7, for all school employees designated to administer prescribed medication.

6.2.6f. Validate and document student knowledge and skills related to self-administration of prescribed medication.

6.3. Role of designated qualified personnel/administrator's designee.

6.3.1a. Successfully complete the ~~Cardiopulmonary Resuscitation (~~CPR with AED~~)~~, First Aid, and the medication administration portion of training, as defined in Policy 2422.7.

6.3.2b. Store and administer medication, complete the medication document and report medication incidents as outlined in Sections 7.4. and 8.5.

6.3.c. Meet the specifications in W.Va. Code §18-5-22 (d) and (e) which includes teachers, aides and secretaries.

6.4. Role of the parent/guardian.

6.4.1a. Administer the initial dose of any medication at home, except for emergency medications and unless otherwise directed by the licensed prescriber and/or a court order.

6.4.2b. Complete and sign a parent/guardian authorization form (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; and parent/guardian signature.

6.4.3c. Provide school with completed licensed prescriber authorization form for prescribed medication(s) and emergency contact information including parent name, address and at least two telephone numbers in case of emergency.

6.4.4d. Supply medication and ensure that medication arrives safely at school in a current and properly labeled container (see Sections 7.2 and 8.3). Give the medication to the person authorized by the administrator/principal to receive, store, and administer medication. Maintain effective communication pertaining to medication administration.

6.4.5e. Replenish long-term and emergency prescribed medication as needed. 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 school nurse. The Section 504 or Individualized Education Program (IEP) team should review the lack of emergency lifesaving medication(s) as child neglect.

6.4.6f Retrieve unused or ~~outdated~~ expired medicine from school personnel no later than ~~thirty~~ 30 days after the authorization to give the medication expires or on the last day of school.

6.5. Role of the student.

6.5.~~1~~a. Consume the medication in the specified manner, in as much as his/her age, development and maturity permit.

6.5.~~2~~b. Self-administer prescribed emergency or acute medications, such as but not limited to ~~a Epi-pen~~ epinephrine, insulin, asthma inhaler or ibuprofen when the prescription indicates that said student ~~must~~may maintain possession of the medication. The student must be able to bring the medication to school, carry the medication in a safe and responsible manner, and use the medication only as prescribed. At the discretion of county boards of education, high school students (not below grade 9) may be allowed to carry and self-administer non-prescribed over-the-counter (OTC) medication ~~(OTC)~~ with parent/guardian authorization, unless restricted by the administrator/principal.

§126-27-7. Administration of Prescribed Medication.

7.1. Prescribed medications shall be administered after written authorization ~~from a licensed prescriber and parent/guardian are~~ is received.

7.~~2~~1.a. Prescribed medication shall be in the originally labeled container from the pharmacy, which includes the following:

~~7.2.1. Prescribed medication(s) from a pharmacy~~

7.1.a.1. student's name,

7.1.~~b~~a.2. name of the medication,

7.1.~~c~~a.3. reason(s) for the medication (if to be given only for specific symptoms),

7.1.~~d~~a.4. dosage, time and route,

7.1.~~e~~a.5 reconstitution directions, if applicable, and

7.1.~~f~~a.6. the date the prescription and/or medication expires.

7.~~2.2~~1.b. Prescribed Over-the-Counter Medication(s)

7.1.~~a~~b.1. student's name (affixed to original manufacturer's bottle),

7.1.b.2. name of the medication,

7.1.eb.3. reason(s) for the medication (if to be given only for specific symptoms),

7.1.db.4. dosage, time and route,

7.1.eb.5. reconstitution directions, if applicable, and

7.1.fb.6. the date the prescription and/or medication expires.

7.32. Medication administration steps must be followed exactly as outlined in Policy 2422.7.

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

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

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

7.3.4.2.d. When a student's medical condition requires a change in the medication dosage or schedule, the parent 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.

7.2.e. Stock medications are not permitted in the public school system unless schools are following the County Board of Education policy and have voluntarily adopted W.Va. Code §18-5-22c (stock epinephrine) as outlined in section 10.2. Parents/guardians must provide all medication for students with previous medical diagnoses along with a medication authorization form.

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

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

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

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

7.4.3.4.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.

7.5.4. Self-administration of ~~asthma~~ 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:

7.~~5.1.~~1.a. A written medication authorization form is received from the parent/guardian and licensed prescriber for self-administration of ~~asthma~~ medication.

7.~~5.2.~~1.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.

7.~~5.3.~~1.c. The student has demonstrated the ability and understanding to self-administer ~~asthma~~ medication by passing an assessment by the school nurse evaluating the student's technique of self-administration and level of understanding of the appropriate use of the ~~asthma~~ medication.

7.~~5.4.~~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 ~~asthma~~ medication.

7.~~5.5.~~1.e. The permission to self-administer ~~asthma~~ medication shall be effective for the school year for which it is granted and all documents related to the self-administration of ~~asthma~~ medication shall become part of the student health record.

7.~~5.6.~~1.f. The permission to self-administer ~~asthma~~ medication may be revoked if the school ~~administrator~~ nurse finds that the student's technique and understanding of the use of ~~asthma~~ medication is not appropriate or is willfully disregarded.

§126-27-8. Administration of Non-Prescription Medication.

8.1. Non-prescribed medications shall be administered under the direction of the building level administrator/principal only after meeting the following requirements (registered nurses and licensed practical nurses cannot administer non-prescription medications without an order from a licensed prescriber):

8.1.~~1.~~a. ~~Parent/guardian~~ Medication authorization form is provided from the parent/guardian.

8.1.~~2.~~b. The school administrator/principal has the authority to determine if the administration of the non-prescribed medication may be safely delegated to the administrator's designee as defined in Section 4.2.

8.1.~~3.~~c. The school administrator/principal has the authority to contact the parent/ guardian or a licensed health care provider to clarify any questions about the medication being administered.

8.2. Any non-prescribed medication(s) must be provided by the parent/guardian~~.~~ with the exception of the WVDHHR/BPH Children's Dentistry Project Fluoride Rinse Program where the fluoride rinse is considered a public health need especially in areas which lack optimal fluoridated water. The fluoride rinse program with standard includes 0.2% sodium fluoride solution which can decrease the incidence of dental caries by 35% according to the National Institute of Dental Research thus supplied to schools through the WVDHHR/BPH Oral Health Program.

8.2.a. The administration of fluoride rinse must be in accordance with the WVDHHR/BPH-Oral Health Program's Instruction for Conducting the Fluoride Rinse Program including record maintenance of parent/guardian permission forms and date/time of program administration including each student participating

in the program.

8.2.b. The fluoride rinse program is exempt from the requirements of CPR with AED certification, first aid training and the designated qualified personnel requirements of section 4.5 of this policy. County Board of Education approved volunteers may assist with the administration of this program as approved by the school administrator/principal.

8.3. Non-prescribed medication shall be in the manufacturer's original packaging clearly marked with the following:

8.3.~~1.~~a. student's name (affixed to original manufacturer's ~~bottle~~packaging),

8.3.~~2.~~b. name of medication,

8.3.~~3.~~c. ingredients,

8.3.~~4.~~d. dosage, time and route,

8.3.~~5.~~e. reconstitution directions, if applicable, and

8.3.~~6.~~f. medication expiration date.

8.4. Medication administration steps must be followed exactly as outlined by the WVDE.

8.4.~~1~~a. Medication administration must take place in a clean and quiet environment where privacy may be established and interruptions are minimal.

8.4.~~2~~b. The parent/guardian is to be contacted immediately when a medication's appearance or dosage is questioned. The administrator's designee shall take the appropriate steps to assure the medication is safe to administer.

8.4.~~3~~c. The parent/guardian is to be contacted immediately when a condition suggests that it may not be appropriate to administer the medication.

8.5. Medication administration incidents include, but are not limited to, any deviation from the instructions provided by the parent/ guardian. The school administrator/principal shall be contacted immediately in the event of a medication incident. The school administrator will then contact the parent/ guardian, if necessary. The school administrator/principal or designee shall:

8.5.~~1~~a. ~~Implement~~ Contact the ~~parent's/guardian's~~West Virginia Poison Center for management recommend~~ed~~ations in response to a medication incident.

8.5.~~2~~b. Document all circumstances, orders received, actions taken and student's status.

8.5.~~3~~c. 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.

8.5.~~d~~d. When a parent/guardian authorizes a non-prescribed medication to be given in addition to a known prescribed medication, the administrator/principal or school nurse shall validate the safety of multiple medications. At times, this validation process may require a licensed ~~provider~~prescriber order.

§126-27-9. Medication Storage, Inventory, Access and Disposal.

9.1. 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 only accessible to school nurses, health care providers and authorized nonmedical personnel and not by students.

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

9.3. Access to medications shall be under the authority of the administrator of the school in conjunction with the school nurse assigned to that school. ~~If there is a full-time school nurse assigned to the building, the school nurse shall have authority over the access to prescribed medications.~~

9.4. 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.

9.5. School personnel shall dispose of unused or ~~outdated~~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.

9.6. 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.

§126-27-10. Emergency Medication.

10.1. The West Virginia Board of Examiners for Registered Professional Nurses allow for the delegation of certain prescribed emergency medication. The following medications have been approved for school nurses to decide 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 licensed practical nurse is not available to provide such care:

10.1.a. Glucagon;

10.1.b. Epinephrine;

10.1.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 provides the final determination to allow delegation;

10.1.d. Albuterol or other emergency asthma medication.

10.2. 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. The West Virginia Secondary School Activities Commission (WVSSAC) may also determine rules for stock epinephrine during secondary activity/extracurricular events. 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.

10.3. Epinephrine auto injectors shall be maintained by the school in a secured location which is only accessible by school nurses, health care providers and authorized nonmedical personnel and not by students.

10.4. An allopathic physician licensed to practice pursuant to the provisions of article three, chapter thirty of this code or an osteopathic physician licensed to practice pursuant to the provisions of article fourteen, chapter thirty 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.

10.5. School nurses, as set forth in section twenty two of this article, 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 school nurse medically believes the individual is experiencing an anaphylactic reaction. A school nurse 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.

10.6. Designated qualified school personnel who have been trained in the administration of an epinephrine auto injector by the school nurse 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 authorized and designated nonmedical school personnel reasonably believes, based upon their training, that the individual is experiencing an anaphylactic reaction. 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.

10.7. 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 rational 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' parents fully aware of the circumstances surrounding the administration of the injection.

10.8. A school nurse or designated qualified school person who administers an epinephrine auto injection to a student or to school personnel as provided in this section 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 school nurse or trained and authorized nonmedical school personnel's gross negligence or willful misconduct.

10.9. All public schools are required to report each reaction resulting in the administration of epinephrine injections in their county. The incident 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 rational for administering the injection, the response to the epinephrine administration, the dose of epinephrine 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.

10.10. 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.

§126-27-10.1. Confidentiality ~~and~~ Documentation and Reporting.

10.1.1. Student information related to diagnosis, medications ordered and medications given must be maintained according to The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. §1232g; 34 CFR Part 99) and in such a manner that no one could view these records without proper authorization as specified in West Virginia Board of Education Policy 4350 - Procedures for the Collection, Maintenance and Disclosure of Student Data (126CSR94).

10.1.2. Documentation of medication administration shall include the following information:

10.1.~~1~~2.~~1~~a. student name,

10.1.2.~~2~~b. medication(s) name,

10.1.2.~~3~~c. dosage, time and route of medication('s) administration,

10.1.2.~~4~~d. reaction(s) or untoward effects,

10.1.2.~~5~~e. reason(s) the medication was not administered; and

10.1.2.6f. date and signature of person administering medication.

11.2.g. Receiving and documenting of verbal orders from a licensed prescriber is allowable by the school nurse or the licensed health care provider. The verbal order shall be confirmed with a new written medication authorization form within a reasonable timeframe.

11.2. h. Report medication incidents (e.g., wrong dose, incorrect medication administered other medication errors) and medication overdoses to the West Virginia Poison Center at 1-800-222-1222.

§126-27-11.2. Consequences of Policy Violation.

11.2.1. If a student violates the policy regarding medication administration, action will be based upon West Virginia Board of Education Policy 4373 - ~~Student Code of Conduct~~ Expected Behavior in Safe and Supportive Schools (126CSR99) ~~and/or West Virginia Board of Education Policy 2422.5 – Substance Abuse (126CSR23)~~.

11.2.2. Failure of school personnel to comply with the above rules shall result in personnel disciplinary actions based on West Virginia Board of Education Policy 5310 - Performance Evaluation of School Personnel (126CSR142) and West Virginia Board of Education Policy 5902 - Employee Code of Conduct (126CSR162).

§126-27-12.3. Severability.

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

126CSR27

POLICY 2422.8: Medication Administration Policy

COMMENT PERIOD ENDS: November 12, 2013

COMMENT RESPONSE FORM

NOTICE: Comments, as submitted, shall be filed with the West Virginia Secretary of State's Office and open for public inspection and copying for a period of not less than five years.

The following form is provided to assist those who choose to comment on Policy 2422.8: Medication Administration Policy. Additional sheets may be attached, if necessary.

Name: _____ Organization: _____

Title: _____

City: _____ State: _____

Please check the box below that best describes your role.

- ☐ School System Superintendent
- ☐ Principal
- ☐ Professional Support Staff
- ☐ School System Staff
- ☐ Teacher
- ☐ Service Personnel
- ☐ Parent/Family
- ☐ Business/Industry
- ☐ Community Member

COMMENTS/SUGGESTIONS
§126-27-1. General.
§126-27-2. Purpose.

§126-27-10. Emergency Medication.
§126-27-11. Confidentiality Documentation and Reporting.
§126-27-12. Consequences of Policy Violation.
§126-27-13. Severability.

Please direct all comments to:
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