



**WEST VIRGINIA
SECRETARY OF STATE**

NATALIE E. TENNANT

ADMINISTRATIVE LAW DIVISION

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7/14/2016 3:22:52 PM

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-

RULE NAME Medication Administration (Policy 2422.8) 027

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
Friday, August 26, 2016 4:00 PM**

**WRITTEN COMMENTS MAY BE MAILED TO
Rebecca J. King
WVDE Office of Special Education
Capitol Building 6, Room 717
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305**

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

Yes

Jill M Newman -- 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: 126-027



Rule Id: 10189



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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 provide county boards of education with the option to adopt a stock naloxone policy under the standing order of 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 set forth by WVDHHR. Stock naloxone may not be delegated to unlicensed school personnel.

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

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PRIMARY CONTACT

Rebecca J. King

WVDE Office of Special Education

1900 Kanawha Blvd., East, Capitol Building 6

Charleston, STATE ZIP

SECONDARY CONTACT

Virginia Harris

West Virginia Board of Education

1900 Kanawha Blvd., East, Capitol Building 6

Charleston, STATE SECONDARY ZIP SECONDARY

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

AGENCY **Education**

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

RULE NAME **Medication Administration (Policy 2422.8)** **027**

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

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

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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 provides an optional allowance of stock naloxone through new legislation (W.Va. Code §16-46-1). The revisions will allow county boards of education with the option to adopt a stock naloxone policy under the standing order of a licensed prescriber with specific protocols for administration by certified school nurse RNs and other licensed nurses working in the school (RN and LPN). County boards of education must follow the protocols/standards set forth by West Virginia Department of Health and Human Resources (WVDHHR). Stock naloxone may not be delegated to unlicensed school personnel. The policy revisions were drafted by the West Virginia Council of School Nurses who 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.

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

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FORM 12 -- BRIEF SUMMARY AND STATEMENT OF CIRCUMSTANCES (Page 1)

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SUMMARIZE IN A CLEAR AND CONCISE MANNER CONTENTS OF CHANGES IN RULE AND STATEMENT OF CIRCUMSTANCES REQUIRING THE RULE.

In 2010, the CDC stated about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year (CDC 2014). The 2013 Partnership Attitude Tracking Study (PATS) stated almost one in four teens (23 percent) reported abusing or misusing a prescription drug at least once in his or her lifetime, and one in six (16 percent) reported doing so within the past year (Feliz 2014). According to the Substance Abuse and Mental Health Services Administrations (SAMHSA) National Survey on Drug Use and Health in 2013, there were 2.2 million adolescents ages 12 to 17 who were current illicit drug users (SAMHSA, 2014). Given the magnitude of the problem, in 2014 the CDC added overdose prevention to its list of top five public health challenges (CDC 2014). Unfortunately prescription medications are now the most commonly abused drugs among 12-13 year olds according to the 2015 National Drug Endangered Childrens Conference in Charleston, WV.

On October 29, 2015, the United States Senate sent a letter to the USDHHS Secretary directing that action be taken to encourage the availability of naloxone and other opioid antagonists at schools for the use of an emergency opioid overdose. This is also supported by the National Association of

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

Yes

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FORM 12 -- BRIEF SUMMARY AND STATEMENT OF CIRCUMSTANCES (Page 2)

AGENCY Education

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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 CONTENTS OF CHANGES IN RULE AND STATEMENT OF CIRCUMSTANCES REQUIRING THE RULE.

School Nurses Position Statement on Naloxone Use in the School Setting: The Role of the School Nurse (June 2015). Recently the American Medical Association endorsed the training of lay people in the use of naloxone to prevent overdoses. Also the director of the Office of National Drug Control Policy remarked that naloxone distribution is a key component of overdose prevention.

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

Yes

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EXECUTIVE SUMMARY

WEST VIRGINIA DEPARTMENT OF EDUCATION

Policy 2422.8-Medication Administration

Background:

In 2010, the CDC stated about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year (CDC 2014). The 2013 Partnership Attitude Tracking Study (PATs) stated almost one in four teens (23 percent) reported abusing or misusing a prescription drug at least once in his or her lifetime, and one in six (16 percent) reported doing so within the past year (Feliz 2014). According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health in 2013, there were 2.2 million adolescents ages 12 to 17 who were current illicit drug users (SAMHSA, 2014). Given the magnitude of the problem, in 2014 the CDC added overdose prevention to its list of top five public health challenges (CDC 2014). Unfortunately prescription medications are now the most commonly abused drugs among 12-13 year olds according to the 2015 National Drug Endangered Children's Conference in Charleston, WV.

On October 29, 2015, the United States Senate sent a letter to the USDHHS Secretary Sylvia Burwell directing her to take action to encourage the availability of naloxone and other opioid antagonists at schools for the use of an emergency opioid overdose. This is also supported by the National Association of School Nurses' Position Statement on Naloxone Use in the School Setting: The Role of the School Nurse (June 2015). Recently the American Medical Association even endorsed the training of lay people in the use of naloxone to prevent overdoses. Also the director of the Office of National Drug Control Policy, Gil Kerlikowski (the U.S. Drug Czar), remarked that naloxone distribution is a key component of overdose prevention.

While student overdoses are extremely rare in the WV public school system, these policy revisions are about prevention. This policy provides schools with the ability to prevent a student death or possible brain damage from a drug overdose. The policy revisions provide an optional allowance of stock naloxone through new legislation (W.Va. Code §16-46-1). The revisions provide county boards of education with the option to adopt a stock naloxone policy under the standing order of a licensed prescriber with specific protocols for administration by certified school nurse RNs and other licensed nurses working in the school (RN and LPN). County boards of education must follow the protocols/standards set forth by West Virginia Department of Health and Human Resources (WVDHHR). Stock naloxone may not be delegated to unlicensed school personnel.

Certified school nurse RNs, registered nurses and licensed professional nurses are equipped to administer naloxone and manage an emergency situation where a student is not breathing from an apparent drug overdose. Schools are unaware of known substance abusers or students who may be experimenting with opiates. Schools routinely manage prescribed medications along

with stock epinephrine for students who are undiagnosed and have a first time severe allergic reactions which could place a lay person in a situation of making a medical decision related to proper treatment. 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 2015-16 members). With the unknown situation of students having prescribed reactions, unknown severe anaphylactic allergic reactions or a known drug overdose, the WV Council of School Nurses feel stock naloxone should not be delegated in the public school system. The decision is based on the unknown medical situation of each individual student along with the ability to administer stock epinephrine and stock naloxone during situations with similar physical symptoms. This policy revision will not affect any other existing State Board of Education policies.

Proposals:

The WVDE-Office of Special Education 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 7.2.e. provides county boards of education the option to adopt stock naloxone 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) as allowable by W.Va. Code §16-46-1. County boards of education must follow the protocols/standards set forth by WVDHHR. Stock naloxone may not be delegated to unlicensed school personnel.

Impact:

The revisions provide county boards of education with the option to adopt a stock naloxone policy under the standing order of 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 set forth by WVDHHR. Stock naloxone may not be delegated to unlicensed school personnel.

Naloxone is safe for any narcotic (opioid) drug overdose. Certified school nurse RNs will be following the medical protocol and standing orders of a licensed prescriber. The standing orders/protocols will provide for the signs and symptoms on when to administer naloxone which are usually blue lips, respiratory depression, weak pulse and non-responsiveness.

Opioids are medications that relieve pain. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus. Medications that fall within this class include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., Kadian, Avinza), codeine, methadone and related drugs. Hydrocodone products are the most commonly prescribed for a variety of painful conditions, including dental and injury-related pain. Morphine is often used before and after surgical procedures to alleviate severe pain. Codeine, on the other hand, is often prescribed for

mild pain. In addition to their pain relieving properties, some of these drugs—codeine and diphenoxyate (Lomotil) for example—can be used to relieve coughs and severe diarrhea. Illegal drugs considered opioids include heroin, opium, opiates not prescribed for the person taking them, etc.

The side effects are nausea, vomiting, increase in heart rate and blood pressure along with sweating. The side effects are not life-threatening and minimal when compared to the option of death or saving a child's life. The benefits of administering naloxone outweigh the harm.

**Policy 2422.8 Medication Administration
Stakeholder Group
(WV Council of School Nurses)
March 25 and May 27, 2016**

**RESA I
Allison St. Clair
Monroe County**

**RESA II
Kristi Scaggs
Logan County**

**RESA III
Melinda Embrey
Kanawha County**

**RESA IV
Jenny Friel
Pocahontas County**

**RESA V
Kristin Stover
Jackson County**

**RESA VI
Carol Cipoletti
Brooke County**

**RESA VII
Rebecca Wise
Monongalia County**

**RESA VIII
Rhonda Dante
Hampshire County**

126CSR27

**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. – ~~December 12, 2013.~~

1.4. Effective Date. – ~~January 13, 2014.~~

1.5. Repeal of Former Rule. – 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. 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 boards of 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 that provides medication by mouth, topically, or by another route as designated by written or standing orders from a licensed prescriber.

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 over-the-counter (OTC) medication, and agrees to administer non-prescribed OTC 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 4.7 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 prescribed medications, is authorized by the administrator/principal, successfully completes training by the certified school nurse 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 by the certified school nurse. 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.

4.7. Licensed health care provider means an allopathic physician or an osteopathic physician, podiatrist, registered nurse, practical nurse, advanced practice registered nurse, physician assistant, dentist, optometrist, pharmacist or respiratory care professional licensed under W. Va. Code §30.

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

4.9. "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, 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.

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

4.12. "Non-prescribed Medication" means 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.

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

4.14. "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.

4.15. "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 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.

4.16. "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.

4.17. "Self-administration" means medication administered by the student under the approval, assessment and supervision of the school nurse 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.).

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

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

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

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

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

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

6.1.g. 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 Policy 2422.7 to meet qualifications for administering medications whether prescribed or nonprescribed OTC medication.

6.1.j. 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 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 is only licensed to practice nursing in West Virginia.

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

6.2.a. Determine if the administration of prescribed medication may be safely delegated to designated qualified personnel, as defined in Section 4.5.

6.2.b. 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.c. 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, promote implementation of needed health, safety procedures, and develop a health care

plan and an optional intervention guide if deemed appropriate.

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

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

6.2.f. 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.a. Successfully complete the CPR with AED certification, First Aid, and the medication administration portion of training, as defined in Policy 2422.7. Designated qualified personnel who are providing medication administration for a one-time school-related event/field trip are exempt from the requirements of CPR with AED certification and first aid training.

6.3.b. 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.a. 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.b. Provide completed and signed medication 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; licensed prescriber and parent/guardian signature.

6.4.c. Shall provide school with completed medication authorization form for prescribed medication(s) and emergency contact information including parent name, address, phone numbers and at least two telephone numbers other than parent/guardian in case of emergency.

6.4.d. Shall supply medication and ensure that medication arrives safely at school in a current and properly labeled container (see Sections 7. 1 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.e. 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 Student Assistance Team (SAT), Section 504 or Individualized Education Program (IEP) team must regard the lack of emergency lifesaving medication(s) as child neglect.

6.4.f. 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.

6.5. Role of the student.

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

6.5.b. Self-administer prescribed emergency or acute medications, such as but not limited to epinephrine, insulin, asthma inhaler or ibuprofen when the prescription indicates that said student 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 OTC medication 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 with parent/guardian approval are received.

7.1.a. Prescribed medication shall be in the originally labeled container from the pharmacy, which includes the following:

7.1.a.1. student's name,

7.1.a.2. name of the medication,

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

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

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

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

7.1.b. Prescribed OTC Medication(s)

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

7.1.b.2. name of the medication,

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

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

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

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

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

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

7.2.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.

7.2.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.

7.2.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 may only stock medications as permitted by W. Va. Code §18-5-22c (epinephrine) and §§16-46-1 through 16-46-6 (naloxone) if the county board of education adopts a policy in accordance with sections 10.2 through 10.14 of this policy. Schools are required to following the county board of education policy and have may 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, and/or W. Va. Code §16-46-1 (stock naloxone) as outlined in Section 7.2.f.. County boards of education will follow the procedures and protocols for school health and school nursing as set forth in Chapter 18 of W. Va. Code and the rules set forth by the West Virginia Board of Education.

7.3. 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:

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

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

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

7.3.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.

7.4. 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:

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

7.4.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.

7.4.c. The student has demonstrated the ability and understanding to self-administer 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 medication.

7.4.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 medication.

7.4.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.

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

§126-27-8. Administration of Non-Prescribed OTC Medication.

8.1. Non-prescribed OTC 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-prescribed OTC medications without an order from a licensed prescriber):

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

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

8.1.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 OTC 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 OTC medication shall be in the manufacturer's original packaging clearly marked with the following:

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

8.3.b. name of medication,

8.3.c. ingredients,

8.3.d. dosage, time and route,

8.3.e. reconstitution directions, if applicable, and

8.3.f. medication expiration date.

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

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

8.4.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.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 consistent with manufacturer's directions. 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.a. Contact the West Virginia Poison Center for management recommendations in response to a medication incident.

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

8.5.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. When a parent/guardian authorizes a non-prescribed OTC 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 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.

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 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 and WV code allow for the delegation of certain prescribed emergency medication. According to the BSHCP manual, there are emergency medications that can only be administered by licensed nurses such as intranasal midazolam, and naloxone. The following emergency 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. Each county board of education may also develop a 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.

10.3. Epinephrine auto injectors shall be maintained by the school in a secured, unlocked 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 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' 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 and administration of naloxone 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 rationale 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. 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.~~

~~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.~~

10.10. W.Va. Code §16-46-1 allows county boards of education the option to adopt stock naloxone 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 set forth by WVDHHR. Stock naloxone may not be delegated to unlicensed school personnel.

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

10.12. Any certified school nurse RN and other licensed nurses 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 and who is acting in good faith is not, as a result of his or her actions or omissions, subject to criminal prosecution arising from the possession of an opioid antagonist or subject to any civil liability with respect to the administration of or failure to administer the opioid antagonist unless the act or failure to act was the result of gross negligence or willful misconduct.

10.13. Any certified school nurse RN and other licensed nurses 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.

10.14. All public schools are required to report each reaction resulting in the administration of epinephrine injections and administration of naloxone 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, 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.

§126-27-11. Confidentiality, Documentation and Reporting.

11.1. 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).

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

11.2.a. student name,

11.2.b. medication(s) name,

11.2.c. dosage, time and route of medication('s) administration,

11.2.d. reaction(s) or untoward effects,

11.2.e. reason(s) the medication was not administered; and

11.2.f. 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, etc.) and medication overdoses to the West Virginia Poison Center at 1-800-222-1222.

§126-27-12. Consequences of Policy Violation.

12.1. If a student violates the policy regarding medication administration, action will be based upon West Virginia Board of Education Policy 4373, Expected Behavior in Safe and Supportive Schools (126CSR99).

12.2. 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).

§126-27-13. Severability.

13.1. 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

COMMENT PERIOD ENDS: August 26, 2016

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. Additional sheets may be attached, if necessary.

Name: _____ Organization: _____

Title: _____

City: _____ State: _____

Please check the box below that best describes your role.

- | | | |
|---|--|--|
| <input type="checkbox"/> School System Superintendent | <input type="checkbox"/> School System Staff | <input type="checkbox"/> Parent/Family |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Teacher | <input type="checkbox"/> Business/Industry |
| <input type="checkbox"/> Professional Support Staff | <input type="checkbox"/> Service Personnel | <input type="checkbox"/> Community Member |

COMMENTS/SUGGESTIONS

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

126-27-10. Emergency Medication.

126CSR27

Please direct all comments to:
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