

WEST VIRGINIA  
SECRETARY OF STATE

JOE MANCHIN III

ADMINISTRATIVE LAW DIVISION

Form #5

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FILED

2004 APR 19 P 2:55

WEST VIRGINIA  
SECRETARY OF STATE

NOTICE OF AGENCY ADOPTION OF A PROCEDURAL OR INTERPRETIVE RULE  
OR A LEGISLATIVE RULE EXEMPT FROM LEGISLATIVE REVIEW

AGENCY: West Virginia Board of Education TITLE NUMBER: 126

CITE AUTHORITY: W.Va. Constitution, Article XII, §2 and W.Va. Code §§18-1-1, 18-2-5, 18-5-22, 18-5-22a, 18A-4-8, and 30-7-1 et seq.

RULE TYPE: PROCEDURAL \_\_\_\_\_ INTERPRETIVE \_\_\_\_\_

EXEMPT LEGISLATIVE RULE X

CITE STATUTE(S) GRANTING EXEMPTION FROM LEGISLATIVE REVIEW

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

AMENDMENT TO AN EXISTING RULE: YES \_\_\_\_\_ NO X

IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 27

TITLE OF RULE BEING PROPOSED: Medication Administration (2422.8)

THE ABOVE RULE IS HEREBY ADOPTED AND FILED WITH THE SECRETARY OF STATE. THE EFFECTIVE DATE OF THIS RULE IS July 1, 2004.

Steven L. Paine  
Deputy State Superintendent of Schools

\$5.00 w/out comments

# **EXECUTIVE SUMMARY**

## **WEST VIRGINIA DEPARTMENT OF EDUCATION**

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### **Policy Number And Title:**

Policy 2422.8  
Medication Administration

### **Background:**

Each school year, over 11,000 children receive medications at school. W.Va. Code §18-5-22a requires that all county boards of education develop specific medication administration policies. In order to standardize safety procedures and develop protocols that are consistent with Nurse Practice Standards set forth by the West Virginia Board of Examiners for Registered Professional Nurses, a state policy is recommended.

A task force convened by the West Virginia Board of Examiners for Registered Professional Nurses drafted a policy, which was formatted by the WV Department of Education and presented it to the West Virginia Board of Education in August 2003. That policy draft was placed on public comment in September 2003. Based on the number and nature of the comments that were received, the West Virginia Board of Education appointed a special committee to review and revise the draft policy. The special committee included the following: West Virginia Board of Education members, Department of Education staff, staff from the West Virginia Board of Examiners for Registered Professional Nurses, a county board of education representative, a county superintendent representative, a school administrator representative, school nurse representatives and parent representatives.

### **Proposals:**

Specific procedures for medication administration are outlined along with the roles and responsibilities of school personnel, parents and students. Medication storage, recording, and student confidentiality are all addressed in this policy. Major issues addressed by the West Virginia Board of Education's committee include the following:

- Clarifications and additions to definitions (4.1. through 4.15.).
- Clarification of process for addressing medication administration at school related events (6.1.7.).
- Clarification of health care plan requirements for medication administration (6.2.3.).
- Provision for student self-administration of medication under specified conditions (6.5.2.).

- Procedures for administration of prescribed medication requiring authorization from a licensed prescriber (7.1. through 7.4.).
- Procedures for administration of non-prescribed medication requiring authorization from a parent/guardian (8.1. through 8.5.)

**Impact:**

The proposed policy will improve the safety and consistency of medication administration. The policy outlines specific procedures for school related medication administration and training requirements for school personnel assigned to this duty. This policy outlines minimum requirements for medication administration. County board of educations may be more restrictive in the medication administration procedures they choose to adopt.

**Comments:**

The public comment period for Policy 2422.8 ended on April 12, 2004. A total of ninety-five comments were received. Several comments were accepted requiring minor editorial changes to the policy.

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TITLE 126  
LEGISLATIVE RULE  
BOARD OF EDUCATION

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OFFICE WEST VIRGINIA  
SECRETARY OF STATE

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, 18A-4-8, and 30-7-1, et seq.

1.3. Filing Date. –

1.4. Effective Date. – July 1, 2004

1.5. Repeal of Former Rule. – None. This is a new policy.

**§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 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.

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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.

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.

4.3. "Contracted licensed health care provider" means a licensed health care provider, as set forth in Section 4.6 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, 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.

4.6. "Licensed health care provider" means a medical doctor or doctor of osteopathy, podiatrist, registered nurse, practical nurse, registered nurse practitioner, physician assistant, dentist, optometrist, pharmacist or respiratory care professional licensed under Chapter Thirty of W.Va. Code.

4.7. "Licensed prescriber" means licensed health care providers with the authority to prescribe medication.

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4.8. "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.

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

4.10. "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.

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

4.13. "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.

4.14. "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 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.

4.15. "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

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objectives appropriate for the students' grade levels.

4.16. "Self-administration" means medication administered by the student under the supervision of the school nurse, designated qualified personnel, administrator or administrator's designee. 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).

### **§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).

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

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

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

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

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

6.1.6. 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.

6.1.7. 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.

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

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

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6.2.2. 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.

6.2.3. 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 implementation of needed health and safety procedures, and develop a health care plan.

6.2.4. 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, and any revisions thereof, as the mechanism for determining whether or not the administration of prescribed medications may be delegated.

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

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

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

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

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

6.4. Role of the parent/guardian.

6.4.1. 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.

6.4.2. 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.

6.4.3. Provide school with completed licensed prescriber authorization form for prescribed medication(s).

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6.4.4. 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 to receive, store, and administer medication. Maintain effective communication pertaining to medication administration.

6.4.5. Replenish long-term and emergency prescribed medication as needed.

6.4.6. Retrieve unused or outdated medicine from school personnel no later than thirty 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. Consume the medication in the specified manner, in as much as his/her age, development and maturity permit.

6.5.2. Self-administer prescribed emergency or acute medications, such as but not limited to a Epi-pen or ibuprofen when the prescription indicates that said student must 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 medication (OTC) with parent/guardian authorization, unless restricted by the administrator.

### **§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 received.

7.2. Prescribed medication shall be in the originally labeled container, which includes the following:

7.2.1. Prescribed medication(s) from a pharmacy

- a. student's name,
- b. name of the medication,
- c. reason(s) for the medication (if to be given only for specific symptoms),
- d. dosage, time and route,
- e. reconstitution directions, if applicable, and

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f. the date the prescription and/or medication expires.

### 7.2.2. Prescribed Over-the-Counter Medication(s)

- a. student's name (affixed to original manufacturer's bottle),
- b. name of the medication,
- c. reason(s) for the medication (if to be given only for specific symptoms),
- d. dosage, time and route,
- e. reconstitution directions, if applicable, and
- f. the date the prescription and/or medication expires.

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

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

7.3.2. 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.

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

7.4. 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 shall be contacted immediately in the event of a medication incident. The school nurse or administrator shall do the following:

7.4.1. Contact the physician and parent/guardian, if necessary.

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

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

7.4.4. 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. Self-administration of asthma medication shall be permitted in accordance with W.Va. Code §18-5-22b after the following conditions are met:

7.5.1. A written authorization is received from the parent/guardian for self-administration of asthma medication.

7.5.2. 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. 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. 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. 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. The permission to self-administer asthma medication may be revoked if the school administrator 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 only after meeting the following requirements:

8.1.1. Parent/guardian authorization form is provided.

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8.1.2. The school administrator 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. The school administrator 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.

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

8.3.1. student's name (affixed to original manufacturer's bottle),

8.3.2. name of medication,

8.3.3. ingredients,

8.3.4. dosage, time and route,

8.3.5. reconstitution directions, if applicable, and

8.3.6. medication expiration date.

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

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

8.4.2. 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. The parent/guardian is to be contacted immediately when a student's health 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 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 or designee shall:

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8.5.1. Implement the parent's/guardian's recommended response to a medication incident.

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

8.5.3. 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.

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

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 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.

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.

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### **§126-27-10. Confidentiality and Documentation.**

10.1. 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).

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

10.2.1. student name,

10.2.2. medication(s) name,

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

10.2.4. reaction(s) or untoward effects,

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

10.2.6. date and signature of person administering medication.

### **§126-27-11. Consequences of Policy Violation.**

11.1. 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 (126CSR99) and/or West Virginia Board of Education Policy 2422.5 - Substance Abuse (126CSR23).

11.2. 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. Severability.**

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

## FISCAL NOTE WORKSHEET

(Submit 4 Copies)

HD NO \_\_\_\_\_ DRAFT NO \_\_\_\_\_ BILL NO \_\_\_\_\_ RESOLUTION NO \_\_\_\_\_

SUBJECT Policy 2422.8 - Medication Administration FUND \_\_\_\_\_

SOURCE OF REVENUE:  GENERAL FUND  SPECIAL  OTHER (SPECIFY) \_\_\_\_\_

COST OF ESTIMATE BASED ON:  AN ORIGINAL ESTIMATE  BUDGET BILL  OTHER (SPECIFY) \_\_\_\_\_

INCOME ESTIMATE BASED ON:  AN ORIGINAL ESTIMATE  BUDGET BILL  OTHER (SPECIFY) \_\_\_\_\_

**SHOW OVER-ALL EFFECT IN ITEMS 1 AND 2 & GIVE EXPLANATION OF BREAKDOWN BY FISCAL YEAR INCLUDING LONG-RANGE EFFECT**

EFFECT OF PROPOSAL	ANNUAL		CURRENT	FISCAL YEAR		
	INCREASE	DECREASE		NEXT	THEREAFTER	
1. ESTIMATED TOTAL COST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
PERSONAL SERVICES CURRENT EXPENSES REPAIRS/ALTERATIONS EQUIPMENT OTHER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2. ESTIMATED TOTAL REVENUES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

3. EXPLANATION OF ABOVE ESTIMATES (INCLUDING LONG-RANGE EFFECT):

DATE

8-18-03

AGENCY

West Virginia Department of Education

AUTHORIZED REPRESENTATIVE

*Thomas R. Haine*

**POLICY 2422.8: MEDICATION ADMINISTRATION  
COMMENT LOG  
March 12-26, 2004**

Action Type  
 N: No Response - Negative  
 NA: Not Accepted + Positive  
 A: Accepted o Neutral

Date	Individual/Organization	Comments	Action/Type	Rationale
03/17/04	Randi Huise RN Jefferson Co. School Nurse	Where is the Board of Nursing on this issue? A Principal can't delegate medication administration. It is called practicing medicine without a license. Please consult with Legal Issues In School Health Services.	NA/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and required no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
03/18/04	Charity Woods, RN/BSN Braxton Co. School Nurse	I just received the revised medication policy. I have one comment or suggestions to make. Under the section Roles and Responsibilities, 6.4 Role of the parent/guardian, 6.4.1. states administer the initial dose of any medication at home, except for emergency medications. There are several students in our county that their parents cannot give the child's medication due to the fact that these parents either are suspected of using the child's medication or selling the child's medication. We get an order from the doctor stating that the child will receive their medication at school and the parents cannot have access to this medication. Parents must agree to this and give insurance information to the	A/+	The medication committee did not consider such situations. The suggestion will be added to the policy to appropriately handle these situations

		<p>pharmacy. My concern is that under this policy if one of these parents know that this statement is in the policy we are back to the parent having control over the medication. In which case the child does not receive their medication as prescribed. I feel that a better way to state 6.4.1. is administer the initial dose of any medication at home, except for emergency medications and unless otherwise stated by the primary care physician. I will say that I do like this policy better than the last policy presented. I agree that a policy should be implemented for consistency across the state. Thanks for all of the hard work that went into this policy and allowing sufficient time to comment.</p>		
03/19/04	Elaine Matheny	<p>I skimmed through the new policy. It appears to be basically what Mason County and Jackson County have both been following. I would like to suggest that middle school and high school students should be allowed to carry Tylenol, Excedrin, Ibuprofen on their person for headaches, etc. or keep them in their lockers. I feel these medications are safe and innocuous. I realize that they can be abused and I think any student that shares medication should be disciplined, but I think the students can understand that they are allowed to care for their own headaches, pains from braces, etc. It is inhuman that students have to suffer in pain when a simple over the counter medication would help. Those students that are allergic or cannot take such medications would know that about themselves. I have always felt strongly that this change needs to be made. If it is in there and I missed it, then I apologize. Thank you.</p>	N/+	<p>Section 6.5 Role of the Student-Subsection 6.5.2 allows for self-administration of OTCs for grades not below 9, as deemed appropriate by county boards of education.</p>
03/21/04	Ardella Cottrill	<p>As a parent of 3 children ages 13-17, I feel that there should be a school nurse and/or a wellness Center in EVERY school in WV, and that they are there every day, all day long that school is open. Thank you.</p>	N/ o	<p>WV continues to work on initiatives to increase accessible health services for all children.</p>
03/21/04	Donna Marshall, RN Rt 5 Box 368D Bluefield, WV 24701	<p>I am a registered nurse, with a 3rd grade child in WV schools. I have read the online policy, the only comments I would like to make.</p>	NA/ o	<p>The side effects and signs of</p>
		<p>Should the possible side effects and signs of adverse</p>		

	<p>reaction of the medicine be known to the person giving the med.</p> <p>-A PDR or online reference guide or pharmacy should be consulted to identify what the prescribed med looks like.</p>	NA/ o	<p>adverse reactions are listed on the OTC label as WARNINGS.</p> <p>Prescribed medications are currently listed under the School Nurses who develop a training program in accordance with policy 2422.7 Basic and Specialized Procedures. This procedure includes proper identification of medication(s).</p>
<p>-Who determines 'if necessary' to notify the parent in case of a medicine incident. I believe parents should be notified of ANY deviation of the administration...a 30 minute time span of when the med is due, for instance. If a 10am antibiotic is not given until 12 noon, the parent should be notified. And all missed doses should be an automatic notification of the parent, not just 'if necessary'.</p> <p>-Documentation of child med allergies should be clear and in red on the medication log.</p> <p>-The med log should include any other meds the child is taken, at home or at school.</p>	NA/ o	<p>-Parents are notified of any incident in regards to medication, the "if necessary" places a safeguard for suspicion related to child or administration of OTC for Administrator or Administrator's Designee.</p> <p>-Allergies are required to be listed on the parent/guardian authorization form.</p> <p>-Section 4.10. should include other medications the child is currently taking at home. This will enable a need to check for interactions listed on the OTC label as WARNINGS or facilitate a call to the school nurse or pharmacist.</p>	
<p>-I think a current Nurses Drug Reference should be available to answer any questions of the person giving the med, as well as a on call pharmacist.</p>	NA/ o	<p>The Policy initiates the protocol of contacting the parent/guardian. If the student is on a prescribed medication as well as an OTC the administrator or School Nurse shall validate safety, which may include an order from a licensed prescriber. A pharmacist may be contacted at any time in this</p>	

			process.
03/22/04	Michelle Martin	<p>I believe that covers it. Thanks for providing parents the opportunity to comment...</p> <p>I think parents should be able to send over the counter meds to school with their child with a parent authorization form only. I think it's unrealistic to make a parent take off work, take the child out of school, take the child to a doctor to get a note to give a child an over the counter medicine. I'm lucky that my children very seldom need any medicine, but if they need a cough drop for a sore throat, or a Tylenol for an ache, I think they should be able to take it. I've made sure that the school is able to reach me during the day so if there is any question a simple phone call will take care of the problem.</p> <p>This doesn't need to be read to everyone during the review (but can be if needed), but maybe my point is better understood by this....My daughters are 9 years old (twins), pretty soon they are going to need something (like Mido) to help them feel a little better through the day. They can take a dose before school, but would need another dose during school hours. I don't want to make them feel like they're breaking the rules by doing this. We all know what a bad time this is for all women, and I don't want to make it worse for them by making them go to a doctor for a note, then have to go to the office and ask for it. It's an embarrassing time anyway, I won't make it worse for them by making them go through all of that. I hope you understand what my point. If not, please let me know.</p> <p>Thanks a lot.</p>	<p>N/+</p> <p>Policy address needs listed.</p>
03/23/04	An Educator in Harrison County	<p>Thank you so much for rethinking the medicine procedures. I am both a mother and an educator and I think I can prescribe OTC medications to my child without going to the doctor for him to take it to school. In this day and age where health care is so expensive and a lot of families do not have insurance going to a doctor to get permission to take a cough drop to school can become more than a family can handle. Because doctors charge an office call to get a slip signed. Let's put the responsibility for OTC medications back where it</p>	<p>N/+</p>

		belongs...in the hands of the parents with educators who are educated enough to give a cough drop and with training can provide even more care to our students. Thank You		
03/23/04	Moss R. Burgess Parent	I support students having the right to take legal medication to school. My son has allergies and sometimes needs eye drops.	N/+	
3/26/04	Carroll Staats County Board Member 715 S. Ritchie Ave. Ravenswood, WV 26164	The revised policy is much better but could still be improved.	N/+	
3/26/04	Kari Bennett, RN Taylor County Board of Ed. (RN-4 elementary schools) 650 North Pike Street Grafton, WV 26354	Thank you for taking the time to list to school nurses. I understand that every comment is extremely important and I appreciate your time.	N/+	
		<b>§126-27-2. Purpose.</b>		
3/26/04	Kari Bennett, RN Taylor County Board of Ed. (RN-4 elementary schools) 650 North Pike Street Grafton, WV 26354	Please notice that this paragraph state medicine be given when "...absolutely necessary." Many student will bring OTC medications that he/she doesn't really need. I would say 99% of OTC medications can be given before and after school.	N/+	
		<b>§126-27-3. Application.</b>		
		<b>§126-27-4. Definitions.</b>		

3/25/04	Karen Brunnicardi Principal Neale Elementary 2305 Grand Central Ave. Vienna, WV 26105	Administration Designee – if a school has a full-time nurse, wouldn't the nurse be administering prescribed & non-prescribed (OTC) meds? Designee only needed for absences of nurse.	NA/ o	School Nurses can not administer OTC medications without an order from a licensed prescriber.
3/25/04	Mrs. Michelle Snyder Parent of 11 year old & 14 year old in Ohio County Schools Principal at Bethlehem and West Liberty Elem. Schools 142 Westgate Drive Wheeling, WV 26003	"Designated Qualified Personnel" – Who will be training this person? It's my understanding that the nurses do not want this responsibility due to liability and licensure reasons. Staffing may limit the administrator's ability to find someone for this responsibility. No one may want this responsibility added onto their current responsibilities.	NA/ o	We will remove the School Nurse as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.
		<b>§126-27-5. Authorization.</b>		
		<b>§126-27-6. Roles and Responsibilities.</b>		
3/25/04	Libbyann Sayre, RN BSN Jackson County BOE School Nurse, Ripley Middle Rt. 5, Box 75-A Ripley, WV 25271	I feel that most Middle Schools students are mature enough to carry their rescue inhaler with them. If the physician and parent request in writing that the student be permitted to carry a rescue inhaler with them. I don't see how I can refuse the student the right to do so.	NA/ -	This policy allows a student to carry and self-administer medication when a licensed prescriber deems necessary.
3/25/04	Kim Zya, RN School Nurse Wood County Schools Williamstown Elementary & Williamstown High School Williamstown, WV 26187	6.5.2. – I agree that responsible kids should be able to carry inhalers and EpiPens, (with a Dr. order), especially with open lunch and after school events.  I do not like kids carrying OTC medications – too much risk – that medication will be shared or taken to get "high" for example – kids take Robitussin and Sudafed at large doses to get high. Also, kids will treat each other causing risk for drug interactions and allergies. I prefer meds given by the nurse (standard stock for Tylenol and Ibuprofen).	NA/ -	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need. Stock medications are considered an act of dispensing which requires licensing by the Board of Pharmacy. This practice is not recommended by the National Association of School Nurses or the American Academy of
		Please make a policy that say stock medications are legal		

		so counties such as Wood County can provide this valuable service.		Pediatrics.
3/25/04	Mrs. Michelle Snyder Parent of 11 year old & 14 year old in Ohio County Schools Principal at Bethlehem and West Liberty Elem. Schools 142 Westgate Drive Whealing, WV 26003	I have a nurse assigned to one of my schools for 1.5 hours per week. My other school is services approximately 2 hours per week. I travel 25 minutes between the schools each day. I do not want this added to my job responsibilities. A student could have a reaction and the nurse or myself would not be on campus to handle the situation.	N/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need.
3/25/04	Belle Haddad, RN School Nurse 237 Whispering Woods Rd. Charleston, WV 25304	6.3.1. – This is difficult to implement in the school setting. It is more realistic to require (2) staff in each school to be "emergency responders" and receive CPR and First Aid training but not necessarily the designated "medication giver". 6.5.2. – It is my opinion that it is unsafe to allow students to carry medications at school with only except being emergency meds such as rescue inhalers and Epi-Pens and the exceptions should be granted only with a physicians order for the student to carry med and nurse assessment of that student.	N/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need.
3/26/04	Carroll Staats County Board Member 715 S. Ritchie Ave. Ravenswood, WV 26164	6.17. It is nice to see a workable method of handling students during school related events. Thanks. 6.3.1. States the "qualified personnel" must complete CPR and First Aid portion of Phase 1 training.... (I understand this is annually) Is this really necessary for a teacher to administer n on-prescriptive medicine?? This should be revised and eliminated.	N/+	Training in basic first aid, which includes CPR and Heimlich Maneuver, are appropriate for all employees performing health related services.
3/26/04	Kari Bennett, RN Taylor County Board of Ed. (RN-4 elementary schools) 650 North Pike Street	6.2. It is a shame that the employee most qualified to administer medical services to students is being limited and cannot administer n on-prescription medicine. Could we work with the appropriate persons (or legislature) to correct this? It is nice to see Section 6.4.3. It is important to include "...that medication arrives safely at school..." With so many children receiving medicine at school, it is essential that we include this in the parents' role. Before we included	N/+	

	Grafton, WV 26354	this in our county policy, there were hundreds of parents every year bringing medications on the bus. This was so dangerous.		
3/26/04	Mary Ellen Bliss, RN School Nurse 35 Pearson Drive Wheeling, WV 26003	In the Specialized Health Care Procedure, 126CSR25A, a specialized health care procedure (medications) are defined as a procedure prescribed by the student's licensed physician(s) requiring medical and/or health-related training for the individual who performs the procedure.	NA/-	126CSR25A does not reference non-prescribed medication; it only references long-term and emergency prescribed medications.
		<b>§126-27-7. Administration of Prescribed Medication.</b>		
3/25/04	Mrs. Michelle Snyder Parent of 11 year old & 14 year old in Ohio County Schools Principal at Bethlehem and West Liberty Elem. Schools 142 Westgate Drive Wheeling, WV 26003	I realize there is a need for this to occur at the school level.	N/ o	
		<b>§126-27-8. Administration of Non-Prescription Medication.</b>		
3/18/04	Gary L. Cross Principal of Ravenswood Grade School  Rachelle Bennett, Teacher Debra Bradley, Teacher Sue Fiero, Teacher Debra Kelz, Teacher Stephanie Thomas, Teacher Holly Jett, Teacher Kathy L Canys, Teacher Brenda Conley, Teacher M. Key, Teacher Barbara Alfred, Teacher Debbie Scritchfield, Teacher Tanya Simnett, Teacher	I feel a trained Aide should be in each school to administer non-prescription medication otherwise, I feel medicine of a non-prescription nature should be given at home. We presently have a policy where all non-prescription medication is given at home. We have had no problems with this policy. The only medicine given at school is a prescription medication that is accompanied by a doctor's order. We have a trained teacher who gives prescription medications when the nurse is not present.	NA/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need. Stock medications are considered an act of dispensing which requires licensing by the Board of Pharmacy. This practice is not recommended by the National Association of School Nurses or the American Academy of Pediatrics.
		I wish to maintain our present policy. I do not feel it is right that we remove responsibility from the school nurse who is trained in administering medication.	NA/-	The Board of Nursing prohibits RN's from administering OTCs without an order, this is why the

	<p>Beth Moore, Teacher  Frank Nester, Teacher  Ann Nester, Speech  Therapist  Sarah Miller, Teacher  Vida A. Perrine, Teacher  Paula King, LO Spec.  Mary C. Canady, Teacher  Kathy Frazier, Teacher  Barbara Duarto, Teacher  Monica Mullins, Teacher  Donna L. Currey, Teacher  Rhonda Brymer, Secretary</p>			<p>responsibility has been removed from the school nurse.</p>
<p>3/25/04</p>	<p>Libbyann Sayre, RN BSN  Jackson County BOE  School Nurse, Ripley  Middle  Rt. 5, Box 75-A  Ripley, WV 25271</p>	<p>I am in the building full-time. I don't see how I can, ethically, turn all of the OTC medication administration responsibility over to the principal and turn a blind eye to what is going on. I do not feel comfortable with this policy at all. As the full-time school nurse. I feel that I am responsible for the health needs of the students. Even if the Principal gives the OTC medication it is my license that trained him to do so!</p>	<p>NA/-</p>	<p>We will remove the School Nurse as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.</p>
<p>3/25/04</p>	<p>Judith D. Hudson, RN  Wood County Schools  School Nurse  Mineral Wells Elementary  School  RR 4, Box 695  Mineral Wells, WV 26150</p>	<p>8.5.5. – Requested Addition: Non-prescribed medication dosage authorized by parent may not exceed label recommendations without written approval by a licensed prescriber. Dosages exceeding manufacturer's recommendations for age/size or frequency will be treated as prescribed medications.  Also add: 8.3.6. – manufacturer's recommended dosage for age/size/frequency.  Also, please see 8.2. – space and organization of non-prescription bottles for hundreds of students may become a problem. Can some provision allow parent/guardian to elect to rely on a short list of stock medication, such as Tylenol, which would be give to label recommendations?</p>	<p>A/o    N/o</p>	<p>Stock medications are considered an act of dispensing which requires licensing by the Board of Pharmacy. This practice is not recommended by the National Association of School Nurses or the American Academy of Pediatrics.</p>

3/25/04	Kim Zyla, RN School Nurse Wood County Schools Williamstown Elementary & Williamstown High School Williamstown, WV 26187	I agree that a doctor's order is not necessary for OTC.	N/+	
3/25/04	Mrs. Michelle Snyder Parent of 11 year old & 14 year old in Ohio County Schools Principal at Bethlehem and West Liberty Elem. Schools 142 Westgate Drive Wheeling, WV 26003	At the elementary level, this could become a huge undertaking, not to mention the liability of it. There's no guarantee that the OTC meds are compatible with prescribed meds they may be taking. We may not even know what prescribed meds they are taking. Some OTC meds cause drowsiness and others cause restlessness. Other than Tylenol/Ibuprofen products and inhalers being self-administered by students 12 years and older. I do <u>NOT</u> see a need for the schools to have this responsibility. I also have concerns about timing of administration of meds; is the school responsible for removing a child from class to administer?	NA/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need.
3/25/04	Belle Haddad, RN School Nurse 237 Whispering Woods Rd. Charleston, WV 25304	8.1.1. – A physician's order should be required for non-prescribed meds.	NA/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need.
3/25/04	School Nurse Kanawha County Schools 200 Elizabeth Street Charleston, WV 25311	Do not agree with administrators (Principals) deciding if and when a OTC should be administered. OTCs can be harmful and a student who requests Tylenol every day, as needed, per parent request needs to see a physician to see why the student is having a headache everyday. Unfortunately, medical problems can be missed due to masking symptoms with OTC's.	NA/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need.
3/26/04	Kari Bennett, RN Taylor County Board of Ed. (RN-4 elementary schools) 650 North Pike Street Grafton, WV 26354	I would like for the WV Department of Education to please consider keeping the Medication Policy at it was. I realize that parents want to accommodate their children's needs, as do I, but the accumulation of OTC medications such as cough drops, Motrin, throat spray is so excessive and dangerous to keep in the schools without the supervision of a school nurse at all times. An important fact for parents to realize (most do not) is that delegated school personnel (i.e., principals, aides, secretaries) who are performing several tasks at any given moment are more likely to make a mistake. As a	NA/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need.

		<p>Registered Professional Nurse with my certification in School Nursing. I work in the hospital and the school setting – I HAVE seen medication errors. They are more likely to occur when there is not a Doctor's order to clarify dosage. Parents are also more likely to try to send OTC medicines on the bus instead of directly bringing them to school. Kids will be kids! I am concerned about medication sharing on buses, etc. Even something as minor as a cough drop may be shared.</p> <p>This year Taylor County implemented the requirement of Physician and Parent Authorization. It has not changed attendance. Parents are more likely to take children to a physician is sick! The students are more likely to stay in the classroom instead of running to the office every hour for a cough drop. The fact is, if a student does not feel well, he or she should stay home. All physicians that I have spoken with concerning this matter understand and agree that liability is a definite factor when allowing "lay people" to give medicines without a license even with a parent authorization.</p>		
3/26/04	<p>Jim Holland Principal Berkeley Heights Elem. 726 Hook Wilson Way Martinsburg, WV 25401</p>	<p>As the administrator of Berkeley Heights, I have not seen a need to change the current state Medication Policy to include non-prescription drugs except for cough drops. I do not want to be responsible for myself or a designee giving aspirin or Neosporin.</p>	NAI-	<p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need.</p>
		<p><b>§126-27-9. Medication Storage, Inventory, Access and Disposal.</b></p>		
3/26/04	<p>Kari Bennett, RN Taylor County Board of Ed. (RN-4 elementary schools) 650 North Pike Street Grafton, WV 26354</p>	<p>This section is very informative and well done. My only concern here is that with the reinstatement of OTC medicines – the schools get so many (hundreds even) that there is often no where to store all of them. If there are excessive medications, accurate and safe storage could be costly for each county.</p>	N/O	
		<p><b>§126-27-10. Confidentiality and Documentation.</b></p>		

3/26/04	Kari Bennett, RN Taylor County Board of Ed. (RN-4 elementary schools) 650 North Pike Street Grafton, WV 26354	Well written.	N/+	
		<b>§126-27-11. Consequences of Policy Violation.</b>		
3/25/04	Judith D. Hudson, RN Wood County Schools School Nurse Mineral Wells Elementary School RR 4, Box 695 Mineral Wells, WV 26150	Any clear provision to Unselect candidates for medication administration? Potential problem: Nurse has concerns but administrator does not. Who decides?	N/0	The nurse has responsibility over delegation of prescribed medication. The administrator has responsibility of delegation of non-prescribed medication.
3/25/04	Mrs. Michelle Snyder Parent of 11 year old & 14 year old in Ohio County Schools Principal at Bethlehem and West Liberty Elem. Schools 142 Westgate Drive Wheeling, WV 26003	No one is going to want this job responsibility. I do not feel that OTC meds should be administered at the elementary level. If the children are sick, they need to stay home with a parent or guardian. I do not feel a designee should be responsible. Remember, there are many forms of OTC meds that a parent may choose to use with their children.	NA/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need.
3/26/04	Kari Bennett, RN Taylor County Board of Ed. (RN-4 elementary schools) 650 North Pike Street Grafton, WV 26354	Well written.	N/+	
		<b>§126-27-12. Severability.</b>		
3/26/04	Kari Bennett, RN Taylor County Board of Ed. (RN-4 elementary schools) 650 North Pike Street Grafton, WV 26354	Well written.	N/+	

**POLICY 2422.8: MEDICATION ADMINISTRATION  
COMMENT LOG  
March 27 – April 2, 2004**

Action Type  
 N: No Response - Negative  
 NA: Not Accepted + Positive  
 A: Accepted o Neutral

Date	Individual/Organization	Comments	Action/Type	Rationale
3/31/04	Sally Taylor, RN Monongalia Co. Schools School Nurse 1224 Tyrone Road Morgantown, WV 26508	I understand that a huge number of hours by many individuals have gone into this policy; however, it is not a workable or safe policy for anyone, including administrators, parents, students, and especially school nurses. Just how difficult the issue of medications in the school setting has become is evidenced by the problems existing in this current policy. Please receive my constructive comments as that; I hope they are helpful. Thank you for the opportunity to have input.	N/-	
3/31/04	Bea N. Orr Director of Student Services Logan County Schools	I am writing in response to the Policy 2422.7 Medication Administration.  One of my many jobs with the Board of Education is to supervise the school nurses. We only have three nurses that supervise all Logan County children. We are not lucky enough to have a full-time nurse in each school.  We have concern about the "self-administered" medication. We would have no control over what the students bring to school or what might be housed in the bottles that appear at school.	NA/ o	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs.

		Since we have a countywide drug problem, I'm afraid the prescription drugs could easily be hidden in popular bottles, i.e. Tylenol, Advil, etc.		
3/31/04	Logan County School Nurses 14 Wildcat Way Logan, WV 25601	Please give attention to our concerns.  We agree.	N/+	
3/31/04	Pamela Alderman Board President WV Board of Examiners for Registered Professional Nurses 101 Dee Drive, Suite 102 Charleston, WV 25311-1620	Dear Mr. Purkey:  You were present when the WV Board of Examiners for Registered Professional Nurses (Board) considered the questions you presented at its Board meeting on March 18 and 19, 2004. As you know, the Board reviewed all information relative to this issue, which included, speaking with a number of school nurses who will be affected by the Department of Education's new Medication Administration Policy (Policy). It was after a careful and thorough review of all information that the Board reached its decision.  You state, "The member of the WV Board of Education and staff of the Department of Education request clarification as to whether a registered nurse employed by a county school district may provide generalized training in medication administration for over-the-counter medications. This training is not specific to any student; it includes basic medication label reading, proper administration checklists (medication, dosage, time, route), etc. Does this duty fall within the scope of practice of a registered nurse?"  It is my opinion of the Board that registered nurses, who are also certified school nurses in the state of West Virginia cannot conduct the "training" required in the new Medication Administration Policy. You were present when the Board Voiced its concerns regarding this "training" in the context on the Policy and the referenced rule. The Board finds that a school nurse who conducts the "training" of the unlicensed, designated	A/-	The WVBON, on March 19, 2004, answered, "Yes" to the question of School Nurses training unlicensed personnel to administer OTCs. The concerns of the WVBON were the ability of the SN to sever ties from the Administrator's Designee and question regarding 8.5.4. The WVDE is confused as to the conflicting rulings given on March 19, 2004 and the letter sent out on March 25, 2004. The WVDE will honor the outcome stated in the letter prepared on March 25, 2004, and remove the non-prescribed training responsibility from the school nurse duties.

	<p>individual to administer over-the-counter medications, in accordance with policy and rule, would be placed in the position of assigning, delegating and monitoring the unlicensed, designated individual who administers the over-the-counter medications without an order from an individual licensed to prescribe medications. This would make the nurse responsible for any acts she/he delegates and/or assigns to this individual and places their license in a vulnerable state. As confirmed by all school nurses contacted by the Board, The situation verbally presented by the representatives of the Department of Education describing the training is unrealistic.</p> <p>In addition, it is important to note that the proposed policy references a current rule, which does not contain the information it says it will contain. Therefore, not providing the detail necessary to fully evaluate or understand the scope of the proposed policy. And, you referenced a training program, which has not yet been developed by the Department of Education. This makes it impossible for a regulatory body and probably school nurses, to determine the full scope of the policy.</p> <p>As to the issue of whether training individuals in the "task" of medication administration (e.g. basic medication label reading, administration checklists, medication, dosage, time, route of medication) falls within the scope of practice of a registered professional nurse, yes, a licensed registered professional nurse can perform such training, however, again, this is not the circumstance of the proposed rule.</p> <p>As you are aware, the Board is generally opposed to the over-the-counter portion of the policy, and feels that it presents an unsafe and confusing environment for our students. As your counsel state, the bottom line is that the Department of Education will pass a policy which includes some language regarding the administration of the over-the-counter medications, most likely by the unlicensed, designated individuals. The Board does not</p>	
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		<p>believe that "mediocre standards," also stated by your counsel, are acceptable, and that the highest standards are attainable and workable.</p> <p>The school nurse, the health care professional actually working in this area, having the most knowledge in this area, and noted in you own rule as "serving as the manager for health related problems and decisions" in the schools have expressed concern about this portion of the policy.; As you are aware, after Dr. Stewart's letter last fall, many counties adopted the policy requiring a physician's order for over-the-counter medications. Although the phrase in of this policy encountered some resistance, the final outcome is considered to be best practice by most counties. Nurses have found that most people have accepted the requirement, and that the number of over-the-counter medications administered at school has decreased. One school nurse reported that research does not support that the administration of over-the-counter medications in the elementary schools makes a difference in attendance.</p> <p>The Board is hopeful that the Department of Education will give serious consideration to the concerns expressed by this agency as well as school nurses across the state in finalizing a policy that will provide for the safety of our children in the school setting.</p> <p>For the board,</p>		
4/2/04	<p>Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374</p>	<p>This section is good.</p>	N/+	
4/2/04	<p>Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374</p>	<p>Additional Comments –</p> <p>I did not see where medications on field trips were addressed. This is such a big issue that I feel it needs to be clarified. I am very appreciative to those that have worked on this medication policy. I know this is not an easy policy but it is a very needed and essential policy.</p>	N/o	

4/2/04	Angela Cavender, RN School Nurse Kanawha County 964 Chapps Fork Rd. Charleston, WV 25312	This policy has brought to light the many areas were nurses can be held liable. The issue of medication in school has been a huge potential for liability from the beginning and it has been an uphill battle. I feel, these issue must be resolved and compromises that put our license in jeopardy cannot be allowed. Having our Board of licensure's approval of every part of this policy is absolute must. Thank you for considering my comment and concerns.	N/0	
4/2/04	KllyGuysMom@aol.com	In general, the proposed medication policy is very reasonable and provides a statewide standard for medication administration; however, I take exception with the proposed policy for over the counter medications.  This is being sent with regard to the proposed medication Policy.  I believe that there should be a cut off related to the age of a child self-administering meds. I am particularly thinking of the elementary and middle age children, who may not be totally competent in measuring, etc.  How will it be tracked that a child will be carrying medications? Also, when they will be self-administering? I have a concern about the potential for self-administering and overdosing, giving to another student or the need for emergency medical intervention and no one knowing if the student has recently taken any kind of med. at all.  I believe it should be logged, whether a child is self-administering or not. That would cover any potential hazards, mistakes, etc.  Where I work, OTC's are given only with a physician's written directive and a pharmacy labeled bottle/container. The parents readily get the permission and the pharmacists do not have a problem with this.	N/0	
4/2/04	Sandra Trent strent@cwv.net	How can the State Department of Education ask administrators to dispense drugs when they are not licensed to do so? What liability are you exposing administrators to in storing drugs on school property?	N/A-	The WVBEON does not promulgate rules for the BOE. Administrators and appropriate school personnel are acting "in loco parentis". OTC

		<p>Most schools, by design do not have the secure environments you describe in this policy. Even fewer administrators have the time necessary to store, inventory and dispense OTC drugs to a potentially large number of students. I feel this policy is another attempt to ignore the need for more licensed nurses in our schools.</p> <p>A lot of time will be spent by the principal getting the proper documentation from parents. It will be difficult to find qualified personnel who will give this medication without additional pay and who will agree to take both Phase 1 and Phase 2 training. In a large school, it will be difficult to have personnel free from their instructional duties to administer OTC medication to a large number of students.</p>		<p>medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility/long-term care facility.</p>
4/2/04	<p>Brenda C. Isaac, RN Lead School Nurse Kanawha County 1410 Lyndale Drive Charleston, WV 24314</p>	<p>1.1. – Scope – This should read . . . "minimum" standards.</p>	NA/ o	<p>Policy sets a standard that may be met or exceeded by county boards of education.</p>
4/2/04	<p>Carl H. Friebe, Jr., Ed.D. Superintendent Harrison County Schools 408 E.B. Saunders Way Clarksburg, WV 26302-1370</p>	<p>At the April 1, 2004, regular meeting of the Harrison County Board of Education, a middle school student appeared as a delegation to express his concerns about the proposed medication policy. A copy of his written statement, which was read at the board meeting, is attached for your review.</p> <p>I trust you will give Mr. Yurko's letter your every professional courtesy and consideration.</p> <p>(see Mr. Yurko's comment)</p>	N/ o	
4/2/04	<p>Eric Yurko Student Bridgeport Middle School 21 Carriage Lane Bridgeport, WV 26330</p>	<p>Dear Dr. Friebe, Mrs. Cann and Board Members:</p> <p>My name is Eric Yurko. I am currently a student at Bridgeport Middle School. I am concerned about new policy started this year at the middle school. This year we are required to provide to the school a doctor's slip before we are allowed to use over the counter medications like cough drops and Advil or our parents can bring a cough drop to school for us if need be. Not</p>	N/+	

		only is this in convenient for our parents but it is really unfair to make us have the unnecessary expense of a doctor's visit when we at sick with a simple cold or sore throat. Several times this year, I had a cough that would have been helped by a cough drop or two but was not able to take one because I wasn't sick enough to stay home. My cough was disruptive to the class on numerous occasions. I think that this rule should be revised to allow our parents to authorize the use of specific over-the-counter medicine for simple illnesses.  Please consider my request and take the steps necessary to remedy this problem.		
4/2/04	tdcantile@access.k12.wv.us	Respectfully yours,  At first blush, the new med policy looks like another unworkable monster that is unadministratable and has no basis in the broad spectrum of pupil needs. Thanks, you have just put another task in the principal sweatshop.	NI-	
3/31/04	Vicki Bumgarner, RN, BSN, MA 1407 30 <sup>th</sup> Street Vienna, WV 26105	I have a problem with "individual" responsibility. Perhaps wording could be . . .	NAI-	The next sentence in section 2.2 states, "This can be achieved by educating students and their families". This statement justifies the reference to individual responsibility.
3/31/04	Lana Harper, RN, BSN Ripley High School	Objective is to promote individual responsibility. It is impossible to determine if each student is responsible enough to self administer medications, when you have 1000 students.	NAI-	The Health Education Content Standards and Objectives (CSO) promotes the development of health literate students that can think critically and solve problems. The promotion of this responsibility should be done through education by all school personnel.
3/31/04	Sally Taylor, RN Monongalia Co. Schools School Nurse 1224 Tyrone Road Morgantown, WV 26508	2.2. – Supports promoting individual responsibility and that it can be achieved by educating students and their families. I wish this were true; however, years of effort (with limited school health staff members) have proven this to be a near impossible task. Confusion over	NAI-	The Health Education Content Standards and Objectives (CSO) promotes the development of health literate students that can think critically and solve problems.

		medications in the school setting is an ongoing, never ending problem. This policy will not correct the situation. In fact, it holds real potential to further complicate the issue.		The promotion of this responsibility should be done through education by all school personnel.
3/31/04	Thekla Lund School Nurse Kanawha County Schools 834 Whispering Way So. Charleston, WV	I agree.	N/+	
3/31/04	Logan County School Nurses 14 Wildcat Way Logan, WV 25601	We agree.	N/+	
4/2/04	Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374	This section also sounds good except the language in the non-prescribed medication of this policy does not support it. Most, if not all, non-prescribed medications are not <b>absolutely necessary for the student's health</b> and who is determining what is <b>absolutely necessary</b> .	N/o	
4/2/04	Paulette Goheen, RN School Health Nurse Cabell County Schools 201 Belford Ave. Huntington, WV 25701	Good Section.	N/+	
4/2/04	Brenda C. Isaac, RN Lead School Nurse Kanawha County 1410 Lyndale Drive Charleston, WV 24314	2.1. – I am glad to see the strong statement on taking medication only when absolutely necessary. By keeping the medications that schools must deal with to an absolute minimum the chances of medication errors are greatly reduced.	N/+	
		<b>§126-27-3. Application.</b>		
3/31/04	Vicki Bumgarner, RN, BSN, MA 1407 30 <sup>th</sup> Street Vienna, WV 26105	Good.	N/+	
3/31/04	Sally Taylor, RN Monongalia Co. Schools School Nurse 1224 Tyrone Road Morgantown, WV 26508	3.1. – Speaks to "other authorized school employees," yet this isn't defined in the Definitions section (126-27-4). It isn't mentioned until 5.1 under a section titled Authorization (126-27-5). It's a very important issue and should be added to the list of definitions.	NA/ o	The reference to Code 18-5-22a defines other authorized school employees.

3/31/04	Logan County School Nurses 14 Willcat Way Logan, WV 25601	We agree.	N/+	
4/2/04	Paulette Goheen, RN School Health Nurse Cabell County Schools 201 Belford Ave. Huntington, WV 25701	Good Section.	N/+	
4/2/04	Brenda C. Isaac, RN Lead School Nurse Kanawha County 1410 Lyndale Drive Charleston, WV 24314	3.2 - I appreciate this statement. It clearly allows counties to develop higher standards than those set forth in this policy.	N/+	
		<b>§126-27-4. Definitions.</b>		
3/31/04	Vicki Bumgarner, RN, BSN, MA 1407 30 <sup>th</sup> Street Vienna, WV 26105	Administrator's designee – this person is only trained to do non-prescribed medication. Why would you have this if you had a nurse in the building full time? The nurse trains someone for medication administration in her absence – does this mean one for prescribed and one for non-prescribed meds. Who pays these people? A standing order from a local physician would cover a nurse to give over the counter drugs brought in by a parent. Local school boards must work with local physicians. Besides asking the nurse to train the person to give over the counter medications without doctor's orders puts us in violation of the state nursing board. When we do training, those we train are operating under our license.	NA/0	Many physicians in WV refuse to take on the liability of standing orders for any child.
3/31/04	Nurse Kanawha County Schools Elizabeth Street Charleston, WV 25302	Who will train designee? Nurses delegate health procedures – medication administration is a health procedure. Administrators only designate who they think can do the job.	A/-	The School Nurse will not be the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.
		The policy should follow the Board of Nurses recommendations. No OTC medications should be allowed without Dr's. order. Administrators should not take that responsibility of OTC medications.	NA/-	The WV BON does not promulgate rules for the BOE. Administrators and appropriate school personnel are acting "in loco parentis". OTC medications are not prescribed nor

		<p>The nurse cannot train and follow the progress of this procedure if the policy does not follow Board of Nurses recommendations.</p> <p>The school seems to be open to many legal problems if they take this responsibility without the nurse. OTC medications are just as dangerous as prescribed meds. Even parents do not administer these correctly.</p>	NA/-	regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility/long-term care facility.
3/31/04	Lana Harper, RN, BSN Ripley High School	<p>"Administrator's designee" – should be school nurse designee. School nurse should be able to decide who is capable of being trained to administer medications.</p> <p>"Designated qualified personnel" should be authorized by the school nurse, not administrator.</p> <p>4.5.1. - "Non-prescribed Medication" – food supplements is not clarified. It is difficult to determine what is FDA approved. Does this mean herbal preparations? If so, these are not approved.</p> <p>4.12.1. – "Self Administration" should not include administrator (unless trained by school nurse), or administrator's designee.</p>	NA/-	<p>The WVBOE will not allow the School Nurse to be involved in the processes related to OTC medications.</p> <p>In the school setting the building administrator is the director of all functions within the school and has the final authorization.</p>
3/31/04	India Hosch School Nurse Raleigh County Schools 105 Adair Street Beckley, WV 25801	<p>4.3. – The definition for "contracted health care provider" is unclear. We have "contract nurses" that are hired through a home health agency for the purpose of administering insulin to our students. Does this mean we can only hire individuals who are employed by a public health department? Or does this mean only these individuals can be hired to be contracted to work as a "school nurse"? Please clarify.</p> <p>4.4. – This area also needs clarification. Does "contracted provider" mean a licensed nurse or could this be any individual contracted to administer medications? In definitions, you need to define Phase I and Phase II training as opposed to referring to how it is defined in Policy 2422.7. However, I do not agree that individuals</p>	A/o	<p>The definition of contracted licensed health care provider will be redefined to reflect those individuals that are not contracted school nurses through county health departments. An added definition for contracted school nurses will be placed in this policy.</p> <p>Policy 2422.7, The Standards for Basic and Specialized Health Care Procedures has been revised by the WV Council of School Nurses and will be placed on the WVBOE agenda in the future for public</p>

		<p>who will be giving medications need to be trained in both Phase I and Phase II training. For example, why would this person need to be trained in body mechanics? That is a component of Phase I training... is that really necessary to administer medications?</p> <p>4.15. – Definition of "self-administration" needs clarification. Does this mean the student actually reads the bottle and pours the appropriate dosage or just takes a pill handed to him?</p>	NA/ o	<p>comment. At this time the Medication policy is in alignment with the current Policy for basic and Specialized procedures.</p> <p>Yes, if the medication an OTC with parent permission or the physician, parent and school nurse has deemed a prescribed medication can be self-administered.</p>
3/31/04	<p>Donna Moore Coordinator of Health Services 408 E. B. Saunders Way Clarksburg, WV 26301</p>	<p>4.4. – Since there is no financial compensation to become a "designated qualified personnel" teachers will balk at completing all these requirements (some on an yearly basis (CPR certification)).</p>	N/ o	
3/31/04	<p>Sally Taylor, RN Monongalia Co. Schools School Nurse 1224 Tyrone Road Morgantown, WV 26508</p>	<p>As mentioned above, please include a definition of "other authorized school employees."</p> <p>Where are the athletic team guidelines? 4.14. – Speaks to school related events but doesn't include athletic teams/travel, cheerleading, etc. This is a very difficult situation for school nurses. We never see most of the coaches – they may not even be employees of the Board – Where/when would they ever be trained? How could we provide supervision for weekend/evening activities? (see related comment – 6.1.7)</p>	NA/ o	<p>The reference to Code 18-5-22a defines other authorized school employees. Section 4.14. defines "School-related events".</p>
3/31/04	<p>Therkia Lund School Nurse Kanawha County Schools 834 Whispering Way So. Charleston, WV</p>	<p>4.1. – school personnel must be trained by school nurse.</p>	NA/-	<p>This is a generalized definition to allow for prescribed and OTC training as defined within policy.</p>
3/31/04	<p>Logan County School Nurses 14 Wildcat Way Logan, WV 25601</p>	<p>We agree.</p>	N/+	
4/2/04	<p>Thomas O. Iles, Ph.D. Retired Educator HC91, Box 103A Lewisburg, WV 24901</p>	<p>Should the "Administrator's designee" definition in 4.2. note Phase I and Phase training as it is noted in 4.4. or should it be eliminated in 4.4, "Designated qualified personnel"? Both are referenced in 6.1.6. as needing the training. Isn't that true?</p>	A/ o	<p>The WV BON ruling eliminates the School Nurse from the training of administering OTC medication. The administrator's designee will not be required to have Phase I</p>

		<p>The terms administrator designee and designated qualified personnel seem to be very cumbersome. Isn't there a better set of terms to use?</p>		<p>and Phase II training.</p>
<p>4/2/04</p>	<p>Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374</p>	<p>4.1. – Work medication needs to be clarified by stating prescribed and non-prescribed medication (to keep language consistent).</p> <p>4.2. – After the word – trained – need to clarify who does training by adding the words “by the school nurse”. The school nurse can only train and designate the administration of prescribed medication. It is, at times, necessary for Principals to designate and employee to be trained to administer medication. If this employee is hired for a special education position and if they were hired after July 1, 1989, they can be required to perform the Phase II procedure of medication administration (Specialized Procedure Manual p. 4). The Principal may designate but it is still up to the school nurse to determine if it is appropriate to delegate the medication (Specialized Procedure Manual p. 6, section 6.3).</p> <p>4.4. – It is confusing to separate Administrator’s designee and Designated qualified personnel. Also the amount of training needs to be consistent. The language used in Section 6.3.1. of this policy seems to be most appropriate. It is unrealistic and unnecessary to expect all employees that administer medication to complete all of the Phase I &amp; Phase II. It may however, also be unrealistic to expect all employees (including administrators), who administer medication, to complete the CPR and First aid portion of Phase I.</p> <p>4.8. – Medication document – this policy should include a sample of appropriate medication authorization forms.</p> <p>4.15. – This language is mostly good except I think the broad use of the word medication in inappropriate any where in this policy since this policy clearly treats prescribed and non-prescribed medication differently. Another problem with this section is that Section 6.5.2. of</p>	<p>N/ o</p> <p>N/ o</p> <p>N/ o</p>	<p>Section 126-27-7 (Administration of Prescribed Medication) and Section 126-27-8 (Administration of Non-Prescription Medication) defines the training process.</p>

		<p>this policy does not support the school nurse being able to supervise self-administration of non-prescribed medication. In section 6.5.2., students may carry and self-administer non-prescribed medication but the school nurse is excluded from the non-prescribed section of this policy (127-27-8).</p>		
4/2/04	<p>Paulette Goheen, RN School Health Nurse Cabell County Schools 201 Belford Ave. Huntington, WV 25701</p>	<p>4.2. – As a healthcare provider for the school system, the school health nurse should <u>not</u> be excluded from this definition. Who is doing training? What kind of training? Non-prescribed medications should have same rules as prescribed.</p>	N/o	
4/2/04	<p>Brenda C. Isaac, RN Lead School Nurse Kanawha County 1410 Lyndale Drive Charleston, WV 24314</p>	<p>4.1. – This definition is very accurate. Administration of medications, all medications, is a health care procedure and should be treated as such.</p> <p>4.2. – School administrators designate but only school nurses delegate health care procedures and medication administration is a healthcare procedure. This is clearly stated in WV Code §18-5-22. I was present as a school health consultant when the section of this law that regulates specialized healthcare procedures was written. The legislative intent was that school nurses are the only school personnel with the unique knowledge and expertise to delegate healthcare procedures.</p>	N/+	<p>The WV/BON does not promulgate rules for the BOE. Administrators and appropriate school personnel are acting "in loco parentis". OTC medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility/long-term care facility.</p>
		<p>4.9. – "Food supplements" are not medications by definition. There isn't enough research to make it safe to administer them. Most school districts throughout the nation, even ones that do administer over the counter medications without a prescription, do not administer food supplements and herbals. This should be removed from the policy.</p>	NA/-	<p>Food supplements that are FDA approved are accepted with a parent/guardian authorization form, i.e. Ensure.</p>
		<p><b>§126-27-5. Authorization.</b></p>		
3/31/04	<p>Donna Moore Coordinator of Health Services 408 E. B. Saunders Way Clarksburg, WV 26301</p>	<p>So who will get paid among those listed in this group?</p>	N/o	

3/31/04	Sally Taylor, RN Monongalia Co. Schools School Nurse 1224 Tyrone Road Morgantown, WV 26508	4.10 – "Parent/Guardian Authorization Form" asks for allergies and intended effect of medication (what do we expect a parent to list?)	N/o	
3/31/04	Thekia Lund School Nurse Kanawha County Schools 834 Whispering Way So. Charleston, WV	I agree.	N/+	
3/31/04	Logan County School Nurses 14 Wildcat Way Logan, WV 25601	We agree.	N/+	
4/2/04	Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374	In the case of an Epi-pen on the bus, a bus driver may be the Authorized personnel.	NA/-	
		<b>§126-27-6. Roles and Responsibilities.</b>		
3/31/04	Lana Harper, RN, BSN Ripley High School	6.5.2. – emergency medications, should not include Ibuprofen. High school students should not carry OTC medications. There is a danger of drugs being shared, and of drug not being what it is supposed to be. Students also tend to want to take more than prescribed and more often than prescribed.	NA/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs.
3/31/04	India Hosch School Nurse Raleigh County Schools 105 Adair Street Beckley, WV 25801	6.1.6. – Do not agree with having employees trained in both Phase I and Phase II. You need to be specific about what areas of this are required.	N/-	Policy 2422.7, The Standards for Basic and Specialized Health Care Procedures has been revised by the WV Council of School Nurses and will be placed on the WVBOE agenda in the future for public comment. At this time the Medication policy is in alignment with the current Policy for basic and Specialized procedures.
		6.2.3. – It is almost impossible for the nurse who has multiple school assignments to complete health care plans	NA/-	The WV Academy of Pediatricians state that all prescribed

		<p>for all students with long term medications. If care plans are developed then more details need to be provided on the purpose of the plan and to whom provided. If the purpose is to observe for side effects, then all teachers working with the student would need the care plan. I have parents who have already told be that the DO NOT want anyone to know their child is on ADHD medications ... how do we manage this family's request?</p> <p>6.4.2. – As written it sounds like the parent could complete and sign the form. There needs to be reference to the family getting the form completed by the physician and for this being a parent responsibility ... not the nurse.</p> <p>6.5.2. – I do not agree with allowing any student to carry a medication without an order from a physician. Three times this year, I have had to call a pharmacy to determine what the "drug" we found on a student really was. (They told me it was an "over the counter" medication; only in one instance was this true). Also "over the counter" medications are one of the "most" abused medications. A recent television program (3/26) referred to this as a growing problem. All of my schools do not allow over the counter medications without a physician order. We have had no problems with parent complaints!!!</p> <p>6.1.5. – This is good – principals know their staff better than anyone else!</p> <p>6.1.7. – School related events (after 3 pm) and those outside of the academic environment should not be included in this policy. The parent(s) of the child should be responsible! If a child needs medicine during a school related extra-curricular event then the parent should be responsible (at least) for initiating the special arrangements that need to be made!</p> <p>6.2.3. – We don't have the manpower to develop health care plans (6 nurses/12,000 students) for all these children – suggestion add, when it is deemed necessary after "develop a health care plan."</p>	<p>NA/ o</p> <p>NA/ o</p> <p>NA/ o</p>	<p>medications should be on a Health Care Plan (HCP) especially ADHD medications. The request to confidentiality of ADHD medication will be referred to WVDE counsel, since HCP are to be shared with all parties participating in the child's educational process.</p> <p>This is covered in Section 7.1.</p> <p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>
3/31/04	<p>Donna Moore Coordinator of Health Services 408 E. B. Saunders Way Clarksburg, WV 26301</p>		<p>N/+</p> <p>NA/ o</p> <p>NA/-</p>	<p>Section 4.14 defines school-related events as curricular or co-curricular events. There is no reference to extra-curricular events in this policy.</p> <p>The WV Academy of Pediatrics recommends that all children on prescribed long-term or emergency medications should have a health care plan.</p>

		6.2.6. – Again, we don't have time to do this for every child who self-administers medication. Is this the responsibility of the parent? I think it should be!	NA/-	The school nurse should evaluate all children that self-administer for correct usage and safe administration of prescribed medication. This is a health care standard for any person self-administering prescribed medications.
3/31/04	Don E. Johnson Principal Sutton Elementary School 288 N. Hill Road Sutton, WV 26601	6.4.1. – Some of our parents are convicted drug felons and are not permitted to get their child's prescription much less give them the first dose. Prescriptions for Ritalin, for instance, are picked up by the school.	A/o	The medication committee did not consider such situations. The suggestion will be added to the policy to appropriately handle these situations
3/31/04	Sally Taylor, RN Monongalia Co. Schools School Nurse 1224 Tyrone Road Morgantown, WV 26508	6.1.5. has the administrator selecting potential candidates for medication administration. This scares me greatly. Perhaps it should say – assists in the selection of potential candidates. At a minimum, make sure nobody takes out the word potential. I do NOT want administrators having the final selection and telling the school nurse who she will train.  6.1.6. has the administrator assigning qualified employees ... It must be clearly defined who determines that they are qualified. It must be the school nurse.  6.1.7. – Although the WVDE's committee reports that the major issue of "clarification of process for addressing medication administration at school related events" (under Proposals) was addressed, I see no clear evidence of this in the policy. This section merely states that procedures will be developed. By whom? Different ones for each county? How will this be done? Counties have been, and will continue to be, at a loss as to how to handle this situation.	NA/-  NA/o  NA/-	Administrators are ultimately responsible for all school related procedures. The building administrator would be the best resource for determining the proper person to administer medications.  Policy 2422.7 defines qualified employees and is referred to in this section.  This will be up to each county to develop in a manner that meets specific county needs.
		6.2.1. Speaks to prescribed medications. What about non-prescribed medications? School nurses should NOT be asked to train unlicensed, designated individuals to provide	A/-	This will not be required for OTC medication since the WV/BON ruled School Nurses can not do

	<p>OTC medications, unless a MD prescribes them. Section 6.2.5. does speak to training for those designated to administer non-prescribed medication. This is unacceptable and would place the license of every nurse in jeopardy.</p> <p>6.2.3. requires health care plans for students needing long-term medications. The majority of the numerous Add and ADHD students still on medications at school do NOT need health care plans. Certainly students with EpiPens and some other emergency medications do.</p> <p>6.2.5. needs to clarify that it is CPR and first aid from Phase I and medication administration from Phase II – NOT the entire Phase I and II training. Again, NOT for OTC unless they are prescribed by a MD. Although a school nurse can provide training for employees designate by the principal (and approved) by the school nurse) to give OTC medications, she will always be responsible for that training and what that person does. The relationship does NOT end at the end of the training. The liability will continue, and I, personally, want to train individuals that I pick/approve, and train them only regarding prescribed medications, whether they be prescription meds or OTCs that have a MD order. Also, if the principal gives medications (and in a back-up they do in almost all schools), they are NOT going to participate in the time consuming Phase I and II training. What do we do then?</p> <p>6.5.2. includes Ibuprofen as a self-administered medication and that student can carry. Yet under definitions, 4.15, it states, "self administration medication means medication administered by the student under the supervision of the school nurse..." Don't we have a little contradiction here? What other medications (OTC) are included? The local media has presented it as any and all. Why in the world would we want a student carrying OTC meds? My middle school students crush and snort whatever they can get their hands on, including Crest disclosing tablets! I know the policy says "at the discretion of county boards of</p>	<p>NA/-</p> <p>A/-</p> <p>NA/-</p>	<p>the training for OTC administration.</p> <p>The WV Academy of Pediatricians state that all prescribed medications should be on a Health Care Plan (HCP) especially ADHD medications.</p> <p>This will not be required for OTC medication since the WVBON ruled School Nurses can not do the training for OTC administration.</p> <p>Section 4.1.5 list the designated qualified personnel, administrator and administrator's designee along with the nurse. This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need. County Boards can exceed the standard put forth by this policy.</p>
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		education," but why would we even want to give them the idea that carrying such meds is acceptable. We have worked so hard to get drugs out of the hallways, etc. Our OTC meds are all in the nursing clinic, with MD orders and signed parental permission and it needs to stay that way.		
3/31/04	Thekla Lund School Nurse Kanawha County Schools 834 Whispering Way So. Charleston, WV	6.5.2. – Why would Ibuprofen need to be self-medicated? Disagree with students taking their own OTC meds. High school students should not be allowed to carry OTC meds. Often times they are NOT responsible and may share meds with other students. Agree with Bronchodilator and EpiPen.	NA/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need. County Boards can exceed the standard put forth by this policy.
3/31/04	Logan County School Nurses 14 Wildcat Way Logan, WV 25601	"Self administered medications" should only be emergency medications, ex: Inhalers, EpiPens, or Insulin. No other medication should be allowed for self-administration. High school students should not be allowed to carry OTC medications. We feel that some students will use containers, like Advil, Tylenol, to carry narcotics and other prescription medication and take or sell these all day. Some schools don't have the luxury of school nurses in every school, so therefore, school authority will have to be very knowledgeable all medications (took, dosage, mg., purpose).  We feel this is not the safest route to keep our schools drug-free. Drug dogs will have to be at schools on a daily basis to monitor this situation in our county.	NA/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county need. County Boards can exceed the standard put forth by this policy.
4/2/04	Donna Sue Perros, RN, MS School Nurse Coordinator Boone County Schools	OTC medications, if to be given at school, should be monitored the same as prescription drugs, kept under lock and key, administered by the school nurse or designee by the building supervisor, as long as the appropriate information is documented. But OTC medication should only have parental consent/document, not physician's orders.  <b>Administrator:</b> We appreciate that Principals would coordinate staff on medication administration for school related events!  <b>School Nurse:</b> Under this draft, (6.2.5) has been	NA/+  N/ o	The WV/BON will not allow School Nurses to administer OTCs without a prescription.

		<p>forbidden by Board of Nursing for school nurses to train those who administer over-the-counter medications. This concerns me since this draft does not provide a guide for Administrators, related to who should train, etc. Medical providers, outside of the educational setting, are not familiar with the laws nor many of the situations with which school staff must deal when considering the administration of medication at school. A good example has been the situation when various counties have attempted to bring hospital employees in to do training on various medical procedures that students require—they do not understand the school environment and its limitations when these procedures are being carried out. The training was very ineffective in most cases.</p> <p><b>Student:</b> Drug free counties cannot comply with section 6.5.2, according to the information I have received. Students require a physician order to carry medication. This will cause confusion among physicians in the state, since some counties will be forced by federal mandate, to require a physician's order if the student is to carry a particular medication.</p>	N/ o	
4/2/04	<p>Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374</p>	<p>6.1.6. – Principals are ultimately responsible for the well being of their students and medication is supposed to be discouraged unless <b>absolutely necessary for the student's health</b>, therefore, language needs to be included that clarifies that Principals will be trained and will administer medication in the event that the school nurse and the designated/delegated employee is unavailable or arrangements need to be made for the parents to give the medication.</p> <p>6.2.3. – I don't think it is necessary or realistic to make a broad statement that all students on long-term medication should have a care plan. Emergency medications like Epi-pen and students with seizures for example it does seem appropriate.</p> <p>6.2.4. – In my opinion, the omission of the word non-prescribed in this section in an effort to release nurses</p>	N/ o	<p>This will not be required for OTC medication since the WV BON</p>

		<p>from the responsibility and liability of non-prescribed would not hold up in court in the event that harm came to a student as a result of a non-prescribed medication error or adverse effect. It is also clear that the WV BOE for RNs will not support school nurses delegating non-prescribed medication.</p> <p>6.3.1. – Phase I/II language needs to be consistent throughout policy. How can we train on the administration of non-prescribed medication if we are not included in this section and may not be aware of the medication and will not be involved in supervision of any type of on-going monitoring.</p> <p>6.4.1. – Parent authorization form should include reason for medication as opposed to intended effect.</p> <p>6.4.3. – A person authorized to receive medications is sometimes the bus driver if there is no way for the parent to bring the medication to school. This is especially true with Special Education Buses. Giving the medication to the bus driver is better than students carrying it themselves.</p> <p>6.5.2. – I cannot agree to the classification of Ibuprofen as an emergency medication. Also need to include a statement that the school nurse should first assess student's understanding and ability to self-administer. I do not agree with the last part of this section beginning with "at the discretion of county boards of education..." I feel this would be moving back to the days where students carried medication and shared regularly. Our county requires a doctor's order for prescribed and all OTC's and our safe school policy has consequences for carrying and/or sharing of medication and these policies have worked well. We have had some complaints and they have been from parents who have to bring their child a Tylenol because they have not taken proactive measures to get a doctor's order. These policies have dramatically decreased the amount of medication at school.</p>	<p>A/ o</p> <p>N/ o</p> <p>N/ o</p> <p>N/ o</p>	<p>ruled School Nurses can not do the training for OTC administration.</p> <p>This will not be required for OTC medication since the WV/BON ruled School Nurses can not do the training for OTC administration.</p>
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4/2/04	Putnam County School Nurse Poca High School Rt. 2, Box 5B Poca, WV 25159	6.5.2. – Based on Nursing Assessment, parent permission and written physician's order, any grade student should be allowed to self-administer medication. In this policy, it recommends "(not below grade 9)".	NA/ o	The end of section 6.5.2. refers to OTC medications with a parent/guardian authorization form. It is not referencing prescribed medications that require a physician's approval for self-administration.
4/2/04	Laura Martin School Nurse Putnam County P. O. Box 626 Eleanor, WV 25070	6.5.2. – Based on Nursing Assessment, parent permission and written physician's order, any grade student should be allowed to self-administer medication. In this policy, it recommends "(not below grade 9)".	NA/ o	The end of section 6.5.2. refers to OTC medications with a parent/guardian authorization form. It is not referencing prescribed medications that require a physician's approval for self-administration.
4/2/04	Whitney Norton School Nurse Putnam County 3280 Winfield Road Winfield, WV 25213	6.5.2. – Based on Nursing Assessment, parent permission and written physician's order, any grade student should be allowed to self-administer medication. In this policy, it recommends "(not below grade 9)".	NA/ o	The end of section 6.5.2. refers to OTC medications with a parent/guardian authorization form. It is not referencing prescribed medications that require a physician's approval for self-administration.
4/2/04	Jayne Duncan Putnam County Registered Nurse P. O. Box 444 Eleanor, WV 25070	6.5.2. – Based on Nursing Assessment, parent permission and written physician's order, any grade student should be allowed to self-administer medication. In this policy, it recommends "(not below grade 9)".	NA/ o	The end of section 6.5.2. refers to OTC medications with a parent/guardian authorization form. It is not referencing prescribed medications that require a physician's approval for self-administration.
4/2/04	Jana Hodges Registered Nurse Putnam County 300 Harbor Lane Hurricane, WV 25526	6.5.2. – Based on Nursing Assessment, parent permission and written physician's order, any grade student should be allowed to self-administer medication. In this policy, it recommends "(not below grade 9)".	NA/ o	The end of section 6.5.2. refers to OTC medications with a parent/guardian authorization form. It is not referencing prescribed medications that require a physician's approval for self-administration.
4/2/04	Delberta Riffe Certified School Nurse Putnam County 4 Secretariat Way Milton, WV 25541	6.5.2. – Based on Nursing Assessment, parent permission and written physician's order, any grade student should be allowed to self-administer medication. In this policy, it recommends "(not below grade 9)".	NA/ o	The end of section 6.5.2. refers to OTC medications with a parent/guardian authorization form. It is not referencing prescribed medications that require a physician's approval for

				self-administration.
4/2/04	Paulette Goheen, RN School Health Nurse Cabell County Schools 201 Belford Ave. Huntington, WV 25701	6.4. – Role of Parent – (missing) Provide the school with completed doctor authorization form, etc.  6.5.2. – Good point.	A/0  N/+	This will be added to reflect the responsibility and need for proper authorization from the physician.
4/2/04	Brenda C. Isaac, RN Lead School Nurse Kanawha County 1410 Lyndale Drive Charleston, WV 24314	6.1.6. – The school nurse determines whether the potential candidates have met the training guidelines and are qualified. Only then does the administrator assign them.  6.1.7. – This section is very important and well stated.  6.2.1. – It is the role of the school nurse to determine if the administration of all medications may be safely delegated to designated personnel. Anything less is unsafe practice and puts the students at risk. It would also place the school nurse in a negligent position. She/he would not be practicing up to practice standards.  6.2.2. – This section is well written and correct. It is the role of the school nurse to contact the parent/guardian and the healthcare provider when necessary. With the HIPAA confidentiality laws, health care providers are reluctant to talk to other school personnel about students' health condition or medications.  6.2.3. – This is a very accurate and well-written statement. The school nurse is responsible, by her/his license, for the management of health care related problems and decisions. Anything less would constitute negligence.	N/0  N/+  N/0  N/+  N/+	
		6.3.1. – Phase two training is for specialized healthcare procedures. It clearly states in WV Code §18-5-22 that specialized healthcare procedures are performed by the school nurse, of if the nurse feels the procedure may be safely delegated, then the nurse delegates. This policy allows administrators to practice nursing without a license	A/-	This will not be required for OTC medication since the WV/BON ruled School Nurses can not do the training for OTC administration.

		<p>by delegating certain specialized healthcare procedures. This is not an appropriate role for the administrator and is unsafe for the students.</p> <p>6.4.1. – This is very important and well stated. The first dose of any medication should always be administered at home.</p> <p>6.4.2. – This is also very important and well stated.</p> <p>6.4.3. – This too is very well stated.</p> <p>6.5. – I am very glad that you included the role of the student. They definitely have a primary role in the administration of their medication.</p> <p>6.5.2. – This should include a statement about an assessment by the school nurse since that is now in WV Code as relates to asthma emergency medication. I strongly disagree with the proposal to allow high school students to carry and self-administer non-prescribed medications. There is no way to monitor this and it opens the door to numerous abuses. High school students are prone to share medications and do not understand the dangers involved. There have also been numerous incidents of secondary students bringing prescription medications to school in non-prescription bottles and even, in some instances, selling this medication. This is going to make it very easy to get away with this illegal behavior. This part of the policy promotes the attitude of "whenever you don't feel good, take a pill."</p>				
		<b>\$126-27-7. Administration of Prescribed Medication.</b>				
3/31/04	Lana Harper, RN, BSN Ripley High School	<p>7.3.3. – medication incidents – school nurse should be contacted, who then contacts school administrator. School nurse should contact parent.</p> <p>7.2.1. – If a PRN medication, need to know length of time order is good for.</p>				<p>Section 7.4 explains the entire procedure for medication incidents.</p> <p>Section 7.2.2 (f) request the date the prescription and/or medication</p>

		7.4 – medication administration incidents: administrator should be omitted. School nurse should contact physician and parent, if necessary. 7.4.2 – administrator should be omitted.	NA/-	The administrator is the director of all school procedures and ultimately responsible for managing the facility, including all incidents that occur during school events.
3/31/04	Julie Arnold, RN, BSN, MSCHPR School Nurse Parkersburg So. High 1511 Blizzard Drive Parkersburg, WV 26101	Should not be delegated. All medications should be administered by a school nurse. Grades 9-12 may carry own meds and self-administer with parent note.	NA/+	The ratio of medication administration to school nurses does not allow for all meds to be given by school nurses. The daily administration of medication is to children that are in a school setting not a hospital. School personnel act in loco parentis. Parents do not require a licensed professional to administer prescribed medications.
3/31/04	Sally Taylor, RN Monongalia Co. Schools School Nurse 1224 Tyrone Road Morgantown, WV 26508	7.4.4. states the need to submit reports to the county superintendent. Is this really necessary? They need to go to the school administrator and the supervisor of school health services, not the superintendent.	NA/-	A formal report is recommended to county superintendent for quality control of medication administration.
3/31/04	Thekia Lund School Nurse Kanawha County Schools 834 Whispering Way So. Charleston, WV	I agree.	N/+	
3/31/04	Logan County School Nurses 14 Wildcat Way Logan, WV 25601	We agree.	N/+	
4/2/04	Donna Sue Peros, RN, MS School Nurse Coordinator Boone County Schools	This section is written well; provides safe standard for students!	N/+	
4/2/04	Thomas O. Iles, Ph.D. Retired Educator HC91, Box 103A Lewisburg, WV 24901	Each child who is given a prescribed medication, at school, must have a <b>health care plan</b> . Shouldn't the health care plan be defined and noted in 126-27-7?	NA/o	Health Care Plan is defined in Policy 2422.7-Standards for Health Care Procedures. This Policy is referenced throughout Policy 2422.8-Medication Administration.

4/2/04	Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374	7.1. – The end of this section needs to include the wording of "and a completed parent/guardian Authorization Form is received".  7.2. – Good  7.3. – Good  7.4. – Good	A/ o  N/+  N/+  N/+	The parent/guardian authorization form has been added to section 7.1.
4/2/04	Putnam County School Nurse Poca High School Rt. 2, Box 5B Poca, WV 25159	7.4. – "The School Nurse or administrator shall do the following: 1. contact the physicians and parent/guardian" The Registered Nurse should be the only individual contacting the licensed prescriber to obtain further orders.	NA/-	The WV/BON does not promulgate rules for the BOE. Administrators and appropriate school personnel are acting "in loco parentis". OTC medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility/long-term care facility.
4/2/04	Laura Marlin School Nurse Putnam County P. O. Box 626 Eleanor, WV 25070	7.4. – "The School Nurse or administrator shall do the following: 1. contact the physicians and parent/guardian" The Registered Nurse should be the only individual contacting the licensed prescriber to obtain further orders.	NA/-	The WV/BON does not promulgate rules for the BOE. Administrators and appropriate school personnel are acting "in loco parentis". OTC medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility/long-term care facility.
4/2/04	Whitney Norton School Nurse Putnam County 3280 Winfield Road Winfield, WV 25213	7.4. – "The School Nurse or administrator shall do the following: 1. contact the physicians and parent/guardian" The Registered Nurse should be the only individual contacting the licensed prescriber to obtain further orders.	NA/-	The WV/BON does not promulgate rules for the BOE. Administrators and appropriate school personnel are acting "in loco parentis". OTC medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility/long-term care facility.

4/2/04	Jayne Duncan Putnam County Registered Nurse P. O. Box 444 Eleanor, WV 25070	7.4. – "The School Nurse or administrator shall do the following: 1. contact the physicians and parent/guardian" The Registered Nurse should be the only individual contacting the licensed prescriber to obtain further orders.	NA/-	The WV/BON does not promulgate rules for the BOE. Administrators and appropriate school personnel are acting "in loco parentis". OTC medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility/long-term care facility.
4/2/04	Jana Hodges Registered Nurse Putnam County 300 Harbor Lane Hurricane, WV 25526	7.4. – "The School Nurse or administrator shall do the following: 1. contact the physicians and parent/guardian" The Registered Nurse should be the only individual contacting the licensed prescriber to obtain further orders.	NA/-	The WV/BON does not promulgate rules for the BOE. Administrators and appropriate school personnel are acting "in loco parentis". OTC medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility/long-term care facility.
4/2/04	Delberta Riffe Certified School Nurse Putnam County 4 Secretariat Way Milton, WV 25541	7.4. – "The School Nurse or administrator shall do the following: 1. contact the physicians and parent/guardian" The Registered Nurse should be the only individual contacting the licensed prescriber to obtain further orders.	NA/-	The WV/BON does not promulgate rules for the BOE. Administrators and appropriate school personnel are acting "in loco parentis". OTC medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility/long-term care facility.
4/2/04	Brenda C. Isaac, RN Lead School Nurse Kanawha County 1410 Lyndale Drive Charleston, WV 24314	7.1. – Even though it is stated in 6.4.2., it should be restated here that there should be a written authorization from the parent as well as from the licensed prescriber. The rest of this section is well written and very detailed.	A/o	The parent/guardian authorization form has been added to section 7.1.
		<b>§126-27-8. Administration of Non-Prescription Medication.</b>		

3/31/04	Vicki Bumgarner, RN, BSN, MA 1407 30 <sup>th</sup> Street Vienna, WV 26105	8.4.2. The designee shall take appropriate steps to assure the medication is safe to administer if the designee is a teacher – how can they leave class to give or an aide? Safe to administer regarding steps.  8.3.1. – 6.? – 8.4.3. – a nurse should be making this decision.	NA/ o	Each county board of education will create a policy that shall delineate the proper steps to assure medication safety.  OTCs are FDA approved for safe and effective use without a prescription from a physician or administration by a licensed health care professional.
3/31/04	Lana Harper, RN, BSN Ripley High School	8.1.2. – administrator should be changed to school nurse and administrator's designee. Should be school nurse.  8.1.3. – Only the school nurse should contact the parent/guardian or provider to clarify questions regarding medication.  8.4.2. – administrator's designee should be omitted. Should say school nurse.  8.5. – administrator should be omitted to say school nurse.  8.5.4. – administrator should be omitted. They are not qualified to make this decision.	NA/-	The WV/BON will not allow the School Nurse to partake in any procedure protocols related to OTC medications.  The administrator is the manager of OTCs an has the authority to question or clarify information related to OTC medication.  The WV/BON will not allow School Nurses to be involved with any activity related to OTCs that are non-prescribed.
3/31/04	India Hosch School Nurse Raleigh County Schools 105 Adair Street Beckley, WV 25801	8.1.2. – A nurse should be responsible for determining if a non-prescribed medication with a physician order can be delegated ... not the school administrator. When is the principal going to have time and what knowledge does he have to make this decision. I have children who take thyroid medication at home. There are many over the counter medications that should be avoided with this drug ... will a principal know this? If it is not prescribed by a physician, then there is a possibility of child receiving an over the counter medication that is not appropriate. This is also true of students who receive cardiac medications.	NA/-	OTC medications are FDA approved for safety without an order from a physician. Parents manage the health care of their children on a daily basis. The parent is the manager and will be given the rights to make health care decisions in regards to OTC/non-prescribed medication.

		8.4.3. – Who is going to “assess” the student to determine if it might not be appropriate to administer a medication?	NA/-	Visual observations and student acknowledgement of express the student's health condition. It does not take a licensed health care provider to determine a child has a fever, vomiting, or is not feeling well.
3/31/04	Julie Arnold, RN, BSN, MSCHPR School Nurse Parkersburg So. High 1511 Blizzard Drive Parkersburg, WV 26101	Should not be delegated. Grade Pre K – Grades 8 – RN should be allowed to administer with parent note on file.	NA/ o	The WV/BON will not allow School Nurses to administer non-prescribed medication without a physician's order/prescription.
3/31/04	Sally Taylor, RN Monongalia Co. Schools School Nurse 1224 Tyrone Road Morgantown, WV 26508	Policy does not require MD order for OTC medication. However, 3.2. gives the County BOE the option to meet or exceed the standards/policy. We made this change last year and the results have been absolutely wonderful. If the State policy doesn't include the MD order requirement, I'm fearful that our BOE might be tempted to take a step backward. Change was difficult, but it has been well worth the effort. Our students deserve no less under a safe schools policy.  8.1.2. MUST change. It reads, “The school administrator has the authority to determine if the administration of the non-prescribed medication may be safely delegated to the administrator's designee.” The school administrator is NOT qualified to make such a determination and I don't know of any administrator who would agree to taking on this responsibility.	N/ o	School Administrator's will utilize an OTC medication-training program devised by WVDE with a post-test to evaluate competency of the designee. This along with the parent/guardian permission form and original manufacturer's bottle should enable the administrator's designee to properly administer OTC medication.
		8.5.4. MUST change. It reads, “When a parent/guardian authorizes a non-prescribed medication to be given in addition to a known prescribed medication, the administrator or school nurse shall validate the safety of multiple medications.” The administrator does NOT have the knowledge to make such a decision, and again, why	NA/-	The administrator has the authority to contact a licensed health care provider to validate the safety of the administration of a non-prescribed and prescribed medication. This is done safely everyday by the public.

		would they agree to taking on this responsibility? The role/responsibility must rest solely with the school nurse.		
3/31/04	Thekia Lund School Nurse Kanawha County Schools 834 Whispering Way So. Charleston, WV	I think a non-prescribed medicine should be physician ordered. This decreases amount of OTC meds.	NA/-	The county boards of education may exceed the standards put forth in this policy. The FDA continues to prove the fact that safety out weighs risk in all OTC medications.
3/31/04	Logan County School Nurses 14 Wildcat Way Logan, WV 25601	School nurses/school administrators should monitor all medications, both non-prescription and OTC, and prescription. All medication should be the responsibility of the school nurse, not the building/school administrator. If there isn't a school nurse in the building the authority should be the administrator or the designee.	NA/-	The WV/BON will not allow school nurses to be involved in the procedure protocols of OTC medications without a physician's order/prescription.
4/2/04	Donna Sue Peros, RN, MS School Nurse Coordinator Boone County Schools	8.1.3. - This section is asking Administrators, with no medical training, to make medical judgments. This requirement is inappropriate since many Principals will not have the time to follow through in this manner. Many schools have "several" questions regarding medication on a daily basis, generally handled by the school nurses (not allowed under this current draft).  8.4. - The Manual that sets forth this standard for training and administration is a guide written for certified school nurses. We cannot assume that individuals with no medical background will properly understand or train on the safety criteria related to medication administration. It requires more training than handing a list to a person. This cannot be minimized since incorrect medication handling and administration can cost a life. It is an unfair responsibility placed upon Administrators.  8.5.1. - What if the parent ignores the seriousness of the emergency! Policy should provide for follow-up beyond "writing a report to their superior."	NA/-   NA/-	The WV/BON does not promulgate rules for the BOE. Administrators and appropriate school personnel are acting "in loco parentis". OTC medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility/long-term care facility.  The WV/BON will not allow school nurses to be involved in the procedure protocols of OTC medications without a physician's order/prescription. The training will be developed by WVDE.

		<p>Page 2</p> <p>**It is difficult for me to understand why the following would not set forth a safer standard:</p> <p>Contract physician for a given county could give a standing order for OTC's; parent(s) provide medication and permission for administration; OTC permissions would have a limit of one nine week period, requiring a new parent permission at that time. There would be no stock medication provided by the school, only what the parent provided. This framework would allow medical orders and school nurse supervision of the OTC's.</p>	N/o	
4/2/04	<p>Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374</p>	<p>I cannot agree with any portion of this section.</p>	N/o	
4/2/04	<p>Angela Cavender, RN School Nurse Kanawha County 964 Chapps Fork Rd. Charleston, WV 25312</p>	<p>In 6.5.2, it is suggested to allow students in grades 9-12 to carry and administer their own OTC medications. In my opinion, this has great potential for harm to our students. All medications, even over the counter (OTC), have the potential to harm. In my 20 years experience working with adolescents I have talked with numerous students who have misused OTC medications. They have increased the dose or shortened the time span for safely taking OTC's. Teens admit it is commonplace to share their OTC medications.</p> <p>In the present environment, school personnel must be alert to the misuse and abuse of legal and illegal drugs. Allowing students to carry and administer their own drugs will only make this task more difficult. With the many types of generic drugs, it is often difficult to identify medications making it possible for students to carry medications other than what the container is labeled as.</p> <p>Administering medications requires knowledge of the medication, the intended benefits, contraindications, and possible side effects. It also requires some judgment and assessment. For example, I had a student who</p>	NA/-	<p>The American Academy of Pediatrics brief statement on Medication administration recommends that adolescents are fully capable and responsible to self-administer OTC medication.</p> <p>The WV/BON will not allow school nurses to be involved in the procedure protocols of OTC medications without a physician's order/prescription. The training will be developed and provided by WVDE.</p>

		<p>frequently complained of headaches and wanted to take Tylenol each time. After assessing his headaches, I found that he refused to wear his glasses at school and this resulted in his headaches. The solution was not to give him Tylenol each time but to work with him concerning his need for vision correction. The school nurse is the person in the school setting that has the professional knowledge, judgment, and skill to administer medications. This policy does not address how an administrator's designee will be trained to administer OTC medications. It is my understanding that as a professional, certified school nurse, I would not be training, delegating or monitoring unlicensed personnel to administer OTC medications.</p> <p>In the 2003-04 school year, our county required a doctor's order for OTC medications. It has not been a problem to receive an order for students who need OTC's on a regular basis for a specific problem. In fact the American Academy of Pediatrics recommends that OTC medications needed on a regular basis should be prescribed. It has also cut down the over use of OTC's for minor headaches. I often find that students have headaches because they have not had anything to eat, did not get enough sleep or they are not properly hydrated. There are many things we can do before resorting to taking a pill for every ache and pain. Assessing the need for OTC's is one way of educating students and parents in a healthier lifestyle.</p> <p>I do not believe that allowing a designee or a 9-12 grade student to administer OTC medication is the best practice for the health and safety of students. We can work with physicians, families and students to safely provide for the medications they need during the school day.</p>	NA/-	<p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs.</p>
4/2/04	<p>Theresa Lonker Principal Sherman High School Rt. 3, P O Box AB Seth, WV 25181</p>	<p>I totally disagree with this policy. I am not qualified to make medical and nursing judgments regarding if a medication is appropriate, if the request from the parent is appropriate, when to ask the school nurse to assess the situation, etc. I do not have time to routinely monitor medication logs of OTC's. This policy places added</p>		

		<p>burdens on Principals such as training a designee, administering OTC's.</p> <p>I also feel that secondary students abuse OTC's and prescribed medications, so parental permission alone, concerns me. This would allow high school students to carry OTC's with them at all times.</p> <p>I am in disagreement with this policy.</p>		
4/2/04	<p>J. N. Redden Principal Daniels Elementary</p>	<p>If my understanding is correct here, OTC medications are going to be under the supervision of the Principal. The Principal is also required to train all persons to administer the medication. We have almost eliminated the use of OTC medications at my school because this is a parent responsibility – not mine or our teachers. For the Principal to be making decisions about OTC medications seems wrong. Our school has 447 students, no assistants and one Health Nurse that I may see once a month because she has so many students to cover. Also, if I understand this policy we would end up needing Health Care Plans on almost all students whether it be Prescription Medications or OTC items. If this is the case, how will the Principal and one overworked school nurse get this done? It also appears to me that this policy takes on more responsibility for the school and less for the parent. At some point this must stop – the Principal of a school cannot keep receiving more responsibilities when all the bases cannot be covered now. This policy needs to be looked at closely before it is approved and possibly revised or done away with completely.</p>	NA/-	<p>The WV/BON will not allow school nurses to be involved in the procedure protocols of OTC medications without a physician's order/prescription. The training will be developed and provided by WVDE.</p> <p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs.</p>
4/2/04	<p>Putnam County School Nurse Poca High School Rt. 2, Box 5B Poca, WV 25159</p>	<p>The Registered Nurse should oversee/monitor the prescribed and OTC medications. Over-the-counter medications as well as prescribed medications should require a licensed prescriber's signature. Non-medical personnel should NEVER be responsible for any medication.</p>	NA/-	<p>OTC medications are FDA approved for safety without an order from a physician. Parents manage the health care of their children on a daily basis. The parent is the manager and will be given the rights to make health care decisions in regards to OTC/non-prescribed medication.</p>

4/2/04	<p>Laura Martin School Nurse Putnam County P. O. Box 626 Eleanor, WV 25070</p>	<p>The Registered Nurse should oversee/monitor the prescribed and OTC medications. Over-the-counter medications as well as prescribed medications should require a licensed prescriber's signature. Non-medical personnel should NEVER be responsible for any medication.</p>	NA/-	<p>OTC medications are FDA approved for safety without an order from a physician. Parents manage the health care of their children on a daily basis. The parent is the manager and will be given the rights to make health care decisions in regards to OTC/non-prescribed medication.</p>
4/2/04	<p>Whitney Norton School Nurse Putnam County 3280 Winfield Road Winfield, WV 25213</p>	<p>The Registered Nurse should oversee/monitor the prescribed and OTC medications. Over-the-counter medications as well as prescribed medications should require a licensed prescriber's signature. Non-medical personnel should NEVER be responsible for any medication.</p>	NA/-	<p>OTC medications are FDA approved for safety without an order from a physician. Parents manage the health care of their children on a daily basis. The parent is the manager and will be given the rights to make health care decisions in regards to OTC/non-prescribed medication.</p>
4/2/04	<p>Jayne Duncan Putnam County Registered Nurse P. O. Box 444 Eleanor, WV 25070</p>	<p>The Registered Nurse should oversee/monitor the prescribed and OTC medications. Over-the-counter medications as well as prescribed medications should require a licensed prescriber's signature. Non-medical personnel should NEVER be responsible for any medication.</p>	NA/-	<p>OTC medications are FDA approved for safety without an order from a physician. Parents manage the health care of their children on a daily basis. The parent is the manager and will be given the rights to make health care decisions in regards to OTC/non-prescribed medication.</p>
4/2/04	<p>Jana Hodges Registered Nurse Putnam County 300 Harbor Lane Hurricane, WV 25526</p>	<p>The Registered Nurse should oversee/monitor the prescribed and OTC medications. Over-the-counter medications as well as prescribed medications should require a licensed prescriber's signature. Non-medical personnel should NEVER be responsible for any medication.</p>	NA/-	<p>OTC medications are FDA approved for safety without an order from a physician. Parents manage the health care of their children on a daily basis. The parent is the manager and will be given the rights to make health care decisions in regards to OTC/non-prescribed medication.</p>

<p>4/2/04</p> <p>Delberta Riffe Certified School Nurse Putnam County 4 Secretariat Way Milton, WV 25541</p>	<p>The Registered Nurse should oversee/monitor the prescribed and OTC medications. Over-the-counter medications as well as prescribed medications should require a licensed prescriber's signature. Non-medical personnel should NEVER be responsible for any medication.</p>	<p>N/A-</p> <p>OTC medications are FDA approved for safety without an order from a physician. Parents manage the health care of their children on a daily basis. The parent is the manager and will be given the rights to make health care decisions in regards to OTC/non-prescribed medication.</p>
<p>4/2/04</p> <p>Paulette Goheen, RN School Health Nurse Cabell County Schools 201 Belford Ave. Huntington, WV 25701</p>	<p>8.1.2. – The school nurse <u>should not be excluded</u> from this section. All meds, prescribed or OTC should follow same rules – any medication is dangerous.</p> <p>8.4. – Who will do the training if the school nurse is excluded?</p>	<p>N/A-</p> <p>OTC medications are FDA approved for safety without an order from a physician. Parents manage the health care of their children on a daily basis. The parent is the manager and will be given the rights to make health care decisions in regards to OTC/non-prescribed medication.</p> <p>The WV/BON will not allow school nurses to be involved in the procedure protocols of OTC medications without a physician's order/prescription. The training will be developed and provided by WVDE.</p> <p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs.</p>
	<p>8.4.2. – How would a non-medical professional know if medication is safe to administer?</p>	<p>N/A-</p> <p>The WV/BON does not promulgate rules for the BOE. Administrators and appropriate school personnel are acting "in loco parentis". OTC medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system</p>

				not a hospital/acute care facility/long-term care facility.
4/2/04	Brenda C. Isaac, RN Lead School Nurse Kanawha County 1410 Lyndale Drive Charleston, WV 24314	<p>I realize that this is the section that has created the most controversy. I greatly object to this entire section. There is a misconception that because a medication can be purchased without a prescription it is safe and that is very erroneous. It is our place to educate and this is our opportunity to educate students as to the seriousness of taking any medication. Medications change all the time and no one can do a safe, generalized training on non-prescribed medications. Each student is different and the safety of taking a medication depends on the student's other health problems, other medications that the student may be taking, allergies both known and unknown, and a number of other issues.</p> <p>The Board of Examiners for Registered Nurses has ruled that school nurses may not administer these medications without an order from a licensed healthcare provider with prescriptive privileges and may not participate in any training for this procedure. This decision was not made capriciously and was not made to protect the nurse. This ruling was made to protect the students. Allowing non-health professionals to assume this role because it is too dangerous for the nurse to assume it does not make sense places the students in unsafe situations and places the school nurse in an ethical dilemma.</p> <p>8.1.2. – According to the WV Code §18-5-22, school administrators do not have the authority to delegate any specialized health care procedure.</p> <p>8.5.4. – The administrator does not have the knowledge or the expertise to determine the safety of multiple medications. Administrators should not be put in the position to make this kind of medication determination.</p>	NA/-	<p>OTC medications are FDA approved for safety without an order from a physician. Parents manage the health care of their children on a daily basis. The parent is the manager and will be given the rights to make health care decisions in regards to OTC/non-prescribed medication.</p> <p>The WV/BON will not allow school nurses to be involved in the procedure protocols of OTC medications without a physician's order/prescription. The training will be developed and provided by WVDE.</p> <p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs.</p> <p>The WV/BON does not promulgate rules for the BOE. Administrators and appropriate school personnel are acting "in loco parentis". OTC medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility/long-term care facility.</p>

		<b>\$126-27-9. Medication Storage, Inventory, Access and Disposal.</b>		
3/31/04	Vicki Bumgarner, RN, BSN, MA 1407 30 <sup>th</sup> Street Vienna, WV 26105	What is to guarantee that prescription and non-prescription meds are kept in the same place? Access to medications – authority given to school nurse.	A/o	Prescribed medications will be added to 9.3 to clarify. The storage site will be designated by the building administrator.
3/31/04	Lana Harper, RN, BSN Ripley High School	9.1. This reads to sound like the refrigerator is locked.	N/o	Yes, all medications should be in a locked storage site for safety within the school setting.
3/31/04	India Hosch School Nurse Raleigh County Schools 105 Adair Street Beckley, WV 25801	9.2. – What is a medication inventory? Is this a form? Then please define it under Definitions.	NA/o	Section 126-27-9 of this policy simply expresses the terminology without a need to define medication inventory.
3/31/04	Donna Moore Coordinator of Health Services 408 E. B. Saunders Way Clarksburg, WV 26301	9.2. – No one will take the time to do this.	NA/-	This is a standard that must be followed for safety and accuracy of medication.
3/31/04	Thekla Lund School Nurse Kanawha County Schools 834 Whispering Way So. Charleston, WV	I agree.	N/+	
		9.3. – person to be trained must meet with standards set forth by nurse.		
3/31/04	Logan County School Nurses 14 Wildcat Way Logan, WV 25601	We agree.	N/+	
4/2/04	Donna Sue Peros, RN, MS School Nurse Coordinator Boone County Schools	9.5. - What time frame is on the parent authorization? When does it expire? There is no safety net for the child if he/she is receiving a medication everyday, like Advil for headache. No medical personnel will be monitoring those logs under this policy. Lay personnel are not expected nor do they have the training to determine: Johnny is having headache everyday and may need a vision referral or physician referral for a particular infection, etc. This type of training, for nursing assessment, is not possible during a brief medication administration type of training. Remember, this draft has	N/-	

		taken the school nurse "out of the loop" for assessment, unless the school personnel administering medication accidentally realizes an additional need of the student and refers the student.		
4/2/04	Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374	9.3. – What about the non-prescribed medications.	N/A	
4/2/04	Putnam County School Nurse Poca High School Rt. 2, Box 5B Poca, WV 25159	9.6. – "Two (2) individuals will witness...". This should be the "designated qualified personnel" to dispose medication.	N/A	The person with access to the medication will be the administrator, school nurse, administrator's designee, or the qualified designated school employee. The other person can be anyone that can witness the disposal of the medication. This is not an act that requires specific training or qualifications.
4/2/04	Laura Martin School Nurse Putnam County P. O. Box 626 Eleanor, WV 25070	9.6. – "Two (2) individuals will witness...". This should be the "designated qualified personnel" to dispose medication.	N/A	The person with access to the medication will be the administrator, school nurse, administrator's designee, or the qualified designated school employee. The other person can be anyone that can witness the disposal of the medication. This is not an act that requires specific training or qualifications.
4/2/04	Whitney Norton School Nurse Putnam County 3280 Winfield Road Winfield, WV 25213	9.6. – "Two (2) individuals will witness...". This should be the "designated qualified personnel" to dispose medication.	N/A	The person with access to the medication will be the administrator, school nurse, administrator's designee, or the qualified designated school employee. The other person can be anyone that can witness the disposal of the medication. This is not an act that requires specific training or qualifications.

4/2/04	Jayne Duncan Putnam County Registered Nurse P. O. Box 444 Eleanor, WV 25070	9.6. – "Two (2) individuals will witness....". This should be the "designated qualified personnel" to dispose medication.	NA/-	The person with access to the medication will be the administrator, school nurse, administrator's designee, or the qualified designated school employee. The other person can be anyone that can witness the disposal of the medication. This is not an act that requires specific training or qualifications.
4/2/04	Jana Hodges Registered Nurse Putnam County 300 Harbor Lane Hurricane, WV 25526	9.6. – "Two (2) individuals will witness....". This should be the "designated qualified personnel" to dispose medication.	NA/-	The person with access to the medication will be the administrator, school nurse, administrator's designee, or the qualified designated school employee. The other person can be anyone that can witness the disposal of the medication. This is not an act that requires specific training or qualifications.
4/2/04	Delberta Riffe Certified School Nurse Putnam County 4 Secretariat Way Milton, WV 25541	9.6. – "Two (2) individuals will witness....". This should be the "designated qualified personnel" to dispose medication.	NA/-	The person with access to the medication will be the administrator, school nurse, administrator's designee, or the qualified designated school employee. The other person can be anyone that can witness the disposal of the medication. This is not an act that requires specific training or qualifications.
4/2/04	Brenda C. Isaac, RN Lead School Nurse Kanawha County 1410 Lyndale Drive Charleston, WV 24314	This section is also very thorough and well written. In some instances, health care records must comply with HIPAA as well as FERPA.	N/+	
	<b>§126-27-10. Confidentiality and Documentation.</b>			

3/31/04	India Hosch School Nurse Raleigh County Schools 105 Adair Street Beckley, WV 25801	10.1. – You need to mention confidentiality in relationship to the “care plan” you have mentioned that will be prepared for long-term medication.	A/ o	Section 10.1 in the policy will reflect student information instead of record to refer to all health care information pertaining to the student. This includes health care plan as well as medication authorization forms.
3/31/04	Thekla Lund School Nurse Kanawha County Schools 834 Whispering Way So. Charleston, WV	I agree.	N/+	
3/31/04	Logan County School Nurses 14 Wildcat Way Logan, WV 25601	We agree.	N/+	
4/2/04	Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374	Good.		
		<b>§126-27-11. Consequences of Policy Violation.</b>		
3/31/04	India Hosch School Nurse Raleigh County Schools 105 Adair Street Beckley, WV 25801	There is no reference to the Nursing Licensing Board here ... should there be?	NA/ o	This is a WV BOE policy. Any licensed individual in this policy is regulated by a licensing board that has set standards of practice that each licensed person has successfully understood by passing a licensing exam. The WV BOE can not address the consequences of all licensed professionals since they do not regulate the licenses of these individuals.
3/31/04	Thekla Lund School Nurse Kanawha County Schools 834 Whispering Way So. Charleston, WV	I agree.	N/+	

3/31/04	Logan County School Nurses 14 Wildcat Way Logan, WV 25601	We agree.	N/+	
4/2/04	Thomas O. Iles, Ph.D. Retired Educator HC91, Box 103A Lewisburg, WV 24901	Item 11.1. refers to a student who violates the policy. If everything in this policy operates as noted the student is simply the recipient of the medicine. There is no chance for him/her to violate anything. This policy is not about students who bring medicine and give it away on the bus. 6.4.3. doesn't allow for that. Please remove 11.1.	N/o	
4/2/04	Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374	Item 11.2. references the failure of school personnel. Who do you think is going to take this assignment (probably for no pay) with such punitive measures listed? Please remove/revise 11.2.	N/+	
3/31/04	Logan County School Nurses 14 Wildcat Way Logan, WV 25601	Good.	N/+	
4/2/04	Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374	§126-27-12. Severability.	N/+	
4/2/04	Rebecca Wise Monongalia County School Nurse Route 1, Box 118 Independence, WV 26374	Good.	N/+	

**POLICY 2422.8: MEDICATION ADMINISTRATION  
COMMENT LOG  
April 3 – April 12, 2004**

Action Type  
 N: No Response - Negative  
 NA: Not Accepted + Positive  
 A: Accepted o Neutral

Date	Individual/Organization	Comments	Action/Type	Rationale
4/6/04	Cindy Stark School Nurse Raleigh County Schools 105 Adair Street Beckley, WV 25801	\$126-27-1. General.  As a new policy, this will apply to all students. Present WV Code, 18-5-22 states that school nurses will be employed, 1 nurse to each 1,500 students, kindergarten through 7th grade. Also stated is that additional provision is to be made for students requiring special education.	N/o	
4/8/04	Rosemary B. Scott, RN, BSN, MS NCSN Jefferson Elementary Center 1103 Plum Street Parkersburg, WV 26101	I appreciate this opportunity to comment on the medication policy posted on the WVDE website. I am very concerned about several points of this policy, and since I am a school nurse, a medication policy has the potential of affecting my ability to do my work with the children in my school.  School nurses must serve all grade and educational levels. It will be difficult to implement this policy with my present school assignment.	N/o	Parts of this policy are good. It's obvious that the people who worked on this policy had a very difficult job to do

	<p>and they have accomplished quite a bit. I hope there will be a way to make a policy that can encompass the entire state in spite of the variations in the number of students per nurse and the differences in the ways the medical needs of the children are met throughout the school day.</p> <p>I believe that there are some adjustments that should be made in the medication policy as it is written.</p>		
<p>4/8/04 Ed Alfred Principal Jefferson Elementary Center 1103 Plum Street Parkersburg, WV 26101</p>	<p>I would like to thank you for your consideration of my comments regarding this proposed medication policy.</p> <p>There is sufficient documentation to support the administration of over the counter medication by a school nurse, et al with standing orders (treatment protocol) from a physician. It is imperative that we support this measure in order to provide the best care for our students while they are under the supervision of the school. Existing law provides for "in loco parentis" to professional educators. With the appropriate guidelines for administering of OTC medications "in loco parentis" is the appropriate avenue to consider in providing this service. School nurses may operate under rules from the Board of Pharmacy and the State Board of Nursing Examiners in providing for same service. Anything less than what is best for our students is not good enough.</p>	N/0	
<p>4/8/04 Rhonda Webb, RN School Nurse 1 Raider Way Spencer, Wv 25276</p>	<p>I urge you to support over the counter medications to be administered by professional personnel, including school nurses. We need to respect a parents' written request for OTC medicines with a physicians treatment protocol.</p> <p>This policy is much more appropriate for the safety of the children, personnel, and school nurse. Thank you for revising the policy.</p>	N/+	
<p>4/8/04 RESA VIII School Nurses Submitted by Nancy Starcher, RN Mineral County School Nurse 700 Harley Staggers Dr. Keyser, WV 26726</p>	<p>We agree with this statement recognizing that good health is essential to learning and that medications are required to allow students to attend school.</p>	N/+	

4/9/04	<p>Dawn Hewitt, RN Mckinley Elementary School 1130 19<sup>th</sup> Street Parkersburg, WV 26101</p>	<p>I am a certified school nurse and parent of five children. My thoughts on the medication policy presently under scrutiny:</p> <ol style="list-style-type: none"> <li>1. The certified school nurse should be permitted to administer oral OTC treatments per treatment protocol signed by a physician.</li> <li>2. We presently have treatment protocol for other OTC treatments such as Hydrocortisone, Bacitracin, and Visine but OTC treatments for headache, stomachache, etc. are forbidden. A physician order or protocol order is required for these treatments in an acute care setting; there is no reason an RN in the school setting with a BSN should not be permitted to do the same with treatment protocols and written parental permission as in the past.</li> <li>3. The RN with the training and assessment skills should be the one to administer OTC medications; we are the logical choice. I believe we nurses realize a pill doesn't fix everything and other methods would be employed before handing pills out to every student with a complaint. Many teachers will not send a student to see the nurse because "we can't do anything for them any way," so we miss many one-on-one educational opportunities with our students. A visit to the nurse doesn't mean a pill is provided, but an opportunity for health education and reinforcement of the therapeutic relationship between nurse and student.</li> <li>4. I feel the schools can provide all stock supplies for treatment protocols signed by a physician. The school provides for much more expensive and elaborate "needs" for some of our students; this isn't too much to ask.</li> </ol> <p>Thank you for the opportunity to express these thoughts and for the consideration, you may give them.</p> <p>Personal Comment: This policy will increase the liability of the county and the state by placing authority related to medication administration in the hands of non-medical personnel. This in turn puts our children at greater risk</p>	NA/ 0	<p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.</p> <p>The American Academy of Pediatrics and the Board of Pharmacy do not support stock medications with a blanket order that is not student specific. The issue of covering the nurses' licensure and not the child's health care need is addressed with stock medications with generalized student order.</p>
4/12/04	<p>Janet Allio, RN School Nurse 4 Lowell Drive Elkview, WV 25071-9494</p>	<p>Thank you for the opportunity to express these thoughts and for the consideration, you may give them.</p> <p>Personal Comment: This policy will increase the liability of the county and the state by placing authority related to medication administration in the hands of non-medical personnel. This in turn puts our children at greater risk</p>	N/ -	

		<p>from both the standpoint of inappropriate use of OTC's as well as greater accessibility to illicit drugs being camouflaged in OTC containers. Let's continue to protect the safety of the student, as well as the integrity of the school administration by keeping OTC's to a minimum.</p>		
4/12/04	<p>Kathleen S. Lloyd, RN, NCSN Jefferson County School Nurse Nationally Certified School Nurse Rt. 1 Box 899 Harpers Ferry, WV 25425</p>	<p>First I want to express my disappointment that so much time has been spent on this policy and NO compromise was reached between Dept of Education and Board of Nursing.</p> <p><b>ESSENTIAL POINT:</b> RN are not allowed to give meds without physician's order. Why would DOE hire RN's and then circumvent the RN's' professional judgments. You have nurses in the schools. Why aren't you using them in a safe, legal manner? Why would you want to give medication responsibility to the principal, who does not have time or expertise to review parent orders for over-the-counter meds? You would be increasing liability in an increasingly risky world!</p> <p>In Jefferson County we require physician's order for all non-prescription meds. The physician is the only person who has any possibility of knowing what other meds the child is taking. Parents do not tell the school all meds the child takes (they forget, don't think it is important, or do not want their child "labeled" BD, or simply don't realize the necessity). We have no trouble obtaining orders by fax from MD's. And occasionally we have an MD change the med originally requested by parent to a safer or more suitable medication. Student safety must always come first.</p>	NA/-	<p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>
4/12/04	<p>Candace Berry, RN, BSN Supervisor/School Nurse Monongalia County Schools 475 Baird Street Morgantown, WV 26501</p>	<p><b>MY COMMENTS:</b> Mon Co. has worked very hard to write and implement a medication policy that not only protects the students, but also protects the school nurse and other staff. I feel that we are above the standards already and will continue to enhance and grow with changes as needed. However, my only complaint is that a non-medical person should never have authority to delegate medical judgment unless the school nurse has been consulted first.</p>	NA/-	<p>School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p>

		Teamwork is the key to a successful, yet, safe educational experience for our kids.		
4/12/04	KFlyGuysMom@aol.com]	You are so very welcome. I just think that they should not be carrying around meds to take while @ school. Also that it should be approved by a medical provider and administered as with any other med. That is the way we do it where we work.	N/ o	
4/12/04	Beth Masuga School Nurse Monongalia County 110 Valley Farm Drive Waynesburg, PA 15370	<ol style="list-style-type: none"> <li>1. Policy allows principals to make medically-related decisions – should be the nurse. Gives way too much delegation to administrators. They have no medical training or background and should definitely not be given authority to make medical decisions over the school nurse.</li> <li>2. Policy does not define the training needed that would enable the State Licensing Board for RN's to back nurses.</li> <li>3. is very vague on how medication is too be transported to and from school.</li> <li>4. How in the world can we keep medication counts? (see #9)</li> <li>5. If students are to be able to self-administer medication after the nurse determines they are capable</li> </ol>	<p>N/A/-</p> <p>N/ o</p> <p>N/ o</p> <p>N/ o</p> <p>N/ o</p>	<p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>

		<p>of doing so, shouldn't there be a standardized form for nurse and student to sign off on? Different forms for different needs?</p> <p>6. The idea of allowing high school students to carry and self-administer OTC's is a nightmare waiting to happen. It does not all abide by the Safe Schools Act (sorry I don't know the technical name).</p> <p>7. How can anyone but an RN or LPN reconstitute medication? Is that ok with the state board of pharmacy? I highly doubt it because we (school nurses) were told that we cannot put a pill in a different container (i.e., for field trips) because that would be considered dispensing medication.</p> <p>8. A medication incident form should be included in the policy that can be used throughout the state.</p> <p>9. How can a medication count be facilitated in a school setting? That would mean that EVERY time a different person administered a medication they would have to count out the drawer with the person who was last in it. How would it be possible to do that? There are too many people that ca have access to medication (i.e, school nurse, principal, vice principal, health aide/designee, secretary) to make the idea of counting meds a feasible idea. It would also be very time consuming.</p>	<p>N/A-</p> <p>N/ o</p> <p>N/ o</p>	<p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>
4/12/04	<p>Bob Brown Executive Secretary WV School Service Personnel Association</p>	<p>I would like to thank the West Virginia Department of Education for developing a policy to standardize medication administration procedures across the state. As I read the proposed policy, it appears that it would ensure that safe and legal practices are consistently adhered to. However, we at WVSSPA have some concerns with the proposed policy.</p>		

	<p>While school service personnel currently administer medication and perform specialized healthcare procedures, this is only done after a decision is made by a certified health care professional, and proper training is provided. It appears to me that this proposed policy would allow school administrators to make healthcare decisions without any input from a certified healthcare professional. The role and responsibility of school administrators should not include making health care related decisions pertaining to students, or to delegating the task of performing health care procedures to school employees without consultation with a medical professional.</p>	NA/-	<p>The FDA approves OTC medication for safe usage by the general public.</p> <p>Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed health care provider to clarify a medication question. The licensed prescriber, in Section 8, does not order OTCs.</p>
<p>It is my understanding that the West Virginia Board of Examiners for Professional Nurses has ruled that school nurses cannot administer medications (including over the counter medication) to students without a physician's order, and cannot train school personnel to administer medications to students who do not have a physician's order. In light of this ruling, it seems strange that the WV BOE would propose allowing school administrators to make decisions regarding healthcare procedures without so much as input from a school nurse.</p>	NA/-	<p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p>	
<p>Another issue of concern to WVSSPA is the proposed provisions contained in section 6.5.2 that would allow high school students to carry and self-administer medications, including over-the-counter medications. We feel this practice has the potential to create a dangerous environment for students and school employees. We</p>	NA/-	<p>The American Academy of Pediatrics position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.</p>	

		<p>know that illegal drug use is a problem in even the best schools, and that some teens also abuse prescription and over-the-counter medications. We feel that management of medication administration should be left to qualified health care professionals and/or their designees, and not relegated to the discretion of adolescents. If this policy is adopted in its current form, every high school student would be allowed to carry medications. Under these conditions, it would be virtually impossible to monitor or hinder drug abuse. Please consider eliminating or substantially altering section 6.5.2 from this proposed medication administration policy.</p>		
4/12/04	<p>Rose Kelly rskelly@access.k12.wv.us</p>	<p>Raleigh County students must have a doctor's order for OTC drugs. This is working very well. We follow the same procedures for prescribed medications. It has stopped the constant sending in of cough drops, Tylenols, etc.</p> <p>Principals do not have the time to supervise or train staff to deal with OTC drugs. We spend more time than many people realize dispensing prescribed medications all day!</p>	NA/ o	<p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>
4/12/04	<p>William A. Niday Superintendent Wood County Schools 1210 Thirteenth Street Parkersburg, WV 26101</p>	<p>After much discussion at our meeting yesterday evening, the Wood County Board of Education directed me to write a letter concerning the proposed Policy for Medication Administration (2422.8).</p> <p>The Board would like to express their appreciation to you and the committee who worked on this policy. We understand the importance and complexity of this issue.</p> <p>Because this policy has a huge impact on the health and welfare of our students, we urge you to extend the comment period on this policy. The Wood County Board of Education has many reservations about this policy and is not comfortable with the policy as it now stands.</p>	NA/-	<p>Melanie Purkey discussed this policy at a RESA V administrator's meeting in March 2004. Melanie was invited by to discuss this policy. The superintendents were made aware of the comment period for the Medication Administration Policy. Janice McGinis and Dr. Whitaker, both</p>

		<p>needs major revisions and encourages the State Board of Education to extend the comment period and delay approval of this policy until the many questions and concerns about this issue are addressed.</p> <p>Sincerely,</p>		<p>from Wood County, were on the Medication Policy Revision Committee during the months of November 2003 until January 2004.</p> <p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>
4/12/04	<p>Cll Payne School Nurse Kanawha County Schools 902 Overlook Way So. Charleston, WV 25309</p>	<p>I strongly disagree with this new policy!! I pray my county Board has enough brains not to adopt new policy. I am totally against OTC medications being given in the schools without doctor's order - of course - doctor's don't want the liability as we (RN's) should not have the liability - of course, it is said the principal's will, but when did they have medical training to access, etc. My principals won't give or keep the paper work - I'll find out when called to resuscitate student at school, going in blind. This policy is unsafe. If need OTC - parents can come to school and give!!! We need to say no to OTC's. As principals and other aren't trained and we can't oversee all - the students will just carry and in the products and share. Who educates students and families, the principal? Parents will okay until their child is harmed.</p>	NA/	<p>The FDA approves OTC medication for safe usage by the general public.</p> <p>Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility. Section 8.1.3 refers to any licensed health care provider to clarify a medication question. The licensed prescriber, in Section 8, does not order OTCs.</p>
4/12/04	<p>Teresa Bayer School Nurse 54 Bethel Place</p>	<p>1.1 Scope- Thank you for your efforts in trying to meet standards of this convoluted issue. By trying to address all medication issues, I believe is the first breakdown in</p>	N/ o	

	Washington, WV 26181	this rule.		
4/12/04	Lisa Martin Director of Special Education and Health Services Jackson County Schools	As recommended by Dr. Stewart in a memorandum dated June 27, 2003, Jackson County Schools has implemented the practice of requiring a written order by a licensed provider (in addition to the parent authorization) prior to the school administration of any medication, either prescription or non-prescription. While this was initially met with some resistance, it has been successfully implemented, eliminating questions/concerns regarding liability. Parents who, for whatever reason, do not provide the physician authorization to dispense non-prescription medication may come to school to give OTC medications to their child as they deem appropriate. This practice has had a positive impact on attendance, enabling school nurses to assist with minor health care needs that allow students to remain in school. Following are comments compiled through discussion with school nurses and principals in Jackson County.	NA/ o	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
4/12/04	Barbara "Bobbie" Hatfield, RN Delegate WV House of Delegates	I am writing with serious concerns about certain sections of the newest version of the Board's proposed administration of medication policy. As a nurse and a legislator, the health and safety of the children of our state is of the utmost importance to me. This policy has some very positive sections, but parts of it are very confusing and difficult to understand. I also take very seriously the concerns that the <b>Board of Examiners for Registered Professional Nurses</b> has with this policy. This body is empowered by the legislature to interpret the West Virginia Code as it relates to nursing practice. Their charge is to protect the public. They have determined that it is unsafe for registered nurses to administer "over the counter" medications without input from a physician or other licensed healthcare provider with prescriptive privileges. This reinforces the fact that any medication can be very harmful when not used correctly.	NA/-	The FDA approves OTC medication for safe usage by the general public.  The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.  This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County

	<p>that drafted the section of West Virginia Code §18-5-22 that reads as follows:</p> <p><i>(d) Specialized health procedures that require the skill, knowledge and judgment of a licensed health professional, may be performed only by school nurses, other licensed health care providers as provided for in this section, or school employees who have been trained and retrained every two years who are subject to the supervision and approval by school nurses. After assessing the health status of the individual student, a school nurse, in collaboration with the student's physician, parents and in some instances an individualized education program team, may delegate certain health care procedures to a school employee who shall be trained pursuant to this section, considered competent, have consultation with, and be monitored or supervised by the school nurse."</i></p> <p>This legislation was introduced to insure that health decisions would not be made by persons who did not have a health care background. The intent of this legislation was to make it very clear that in this area the school nurse is the only person in the school setting who understands both the health issues and the educational process, and should be the only person making these decisions. Under no circumstances should school administrators be delegating the administration of any medications. They should not be asked to assume this awesome responsibility. You cannot compare a busy school, with hundreds of students and dozens of medications being administered, to a home with a parent and one or two children. If it is too dangerous for school nurses to administer medications without an order from a physician, then it is definitely too dangerous for the persons to whom this may be delegated. Without the school nurse assuming the training role, there will be no supervision or monitoring, opening yet another avenue for mistakes to occur.</p> <p>The types and brands of "over the counter" medications</p>	<p>Boards can exceed the standard put forth in this policy.</p>
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		<p>changes daily. Some medications that can be bought without a prescription are now being misused and are actually kept under lock and key at the pharmacy. There are over thirty medications that contain aspirin like ingredients and should not be used if a child has a fever because of the risk of Reye's syndrome. This list changes constantly. No "over the counter" medication should be given without an assessment to get to the root cause of the complaint. Parents obviously know their children, but those administering the medications to a child in school may know very little about that child and will most probably not be observing that child after the medication is administered.</p> <p>We owe it to the students in our schools and to their parents to have only the highest of standards in the policies that we follow. While many sections of this proposed medication policy are well written and do have provisions to protect students, the section on non-prescribed medications is confusing and lacks necessary safeguards. I also question the very legality of assuming that, because these medications may be bought without a prescription, administering them is not a health care procedure requiring the skill, knowledge and judgment of a school nurse.</p> <p>I know that we all agree that the health and well being of the students in our schools is our foremost concern. For this reason, I ask that you go back to the drawing board for a stricter policy that truly protects the students and does not put the administrators into roles for which they are not prepared. I believe that no policy would be better than this one.</p> <p>I thank you for your time and attention to my concerns. I also want to thank you for all that you have done for education and for the children of West Virginia.</p> <p>I am writing in response to the proposed Medication Administration Policy 2422.8. As a high school principal I am opposed to line item number 6.5.2 which states that high school students may be allowed to carry and self-</p>	N/A-	The FDA approves OTC medication for safe usage by the general public.
4/12/04	Roy G. Jones, Principal Herbert Hoover High School 275 Elk River Road S.			

	Clendenin, WV 25045	administer non-prescribed medication. There are incidents of teens abusing over-the-counter medications via inhalation, necessitating emergency medical treatment. Charleston Drug Task Force officers verify that prescription drug abuse is on the rise, as well. Allowing students to carry medication increases the likelihood that prescription medication will be carried in non-prescription containers. It would be impossible to verify what medication is contained in the bottle, as even pharmacists cannot identify every table due to new generics being produced daily.		The American Academy of Pediatrics position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.
4/12/04	Keilli Kirk, RN, MSN, C-FNP, NCSN School Nurse 3708 Washington Ave. Charleston, WV 25304	If a medical condition is present that necessitates medication administration our school nurse needs to be involved. Requiring a physician's order would allow our school nurse to evaluate the student and establish a plan of care. Therefore, I recommend that all medication allowed in school be accompanied by a physician's order.	N/+	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
		I am in agreement with Sections 1 - 5. I feel they are very well written.		
		<b>§126-27-2. Purpose.</b>		
4/6/06	Sharon Casio on behalf of School Nurses of Nicholas County Schools	2.2. - Why state this purpose and not others equally important, i.e. student safety?	N/o	
4/6/04	<a href="mailto:pjmccoy@access.k12.wv.us">pjmccoy@access.k12.wv.us</a> Paula McCoy, RN Greenbrier County Schools	It is well said that medication use during the school day is "discouraged unless absolutely necessary".	N/+	
4/6/04	Laura Barber, RN Kanawha County Schools School Nurse 16 Carriage Road Charleston, WV 25314	The administration of medication should be only allowed at school if it is necessary by a licensed prescriber.	NA/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a

				school system not a hospital/acute care facility.
4/7/04	Marti Kern, RN School Nurse 541 Barr Run Road Marianna, PA 15345	I agree that medication administration should be discouraged unless absolutely necessary at school. Unfortunately, some medications need to be administered at school to keep up attendance rates. Some parents are leaving scheduled am meds to be given at school due to their inability to administer them at home. Some over the counter meds can be given at school instead of sending the student home.	N/ +	
4/8/04	Trina L. Melody School Nurse 375 Hilltop Avenue Keyser, WV 26726	Nice statement!	N/ +	
4/8/04	Jennifer Cole, RN, BSN School Nurse Rt. 3, Box 3074 Keyser, WV 26726	I agree with this statement. I feel medication should be given to promote healthiness during school, as needed.	N/ +	
4/9/04	Janis McGinis Coordinator of Health Services and Yvonne Santin, Director of Special Education Wood County Schools 1210 Thirteen Street Parkersburg, WV 26101	2.1. – Sentence beginning “The administrator of medication. . . unless <u>absolutely necessary</u> ” and the third sentence “Administration of medication. . . <u>is essential</u> ”. These underlined terms need to be defined as they are contradictory. 2.2. – Where is the “education” component of this policy in reference to “educating the students and their families” for responsible medication administration.	N/ o	
4/12/04	Janet Allio, RN School Nurse 4 Lowell Drive Elkview, WV 25071-9494	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 medications during the school day is essential to allow some students to attend school <u>and or to function at the best of their ability</u> . 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 and to provide for emergency medication administration, when necessary.	N/ o	

4/12/04	Candace Berry, RN, BSN Supervisor/School Nurse Monongalia County Schools 475 Baird Street Morgantown, WV 2605	I agree with the administration of medication being discouraged unless absolutely necessary. However, there are those that will need medication to enhance or promote a healthier, yet beneficial education. However, school related events (after school hours) are not an easy task for anyone and this should be left to the discretion and responsibilities of the parent(s).  Who is to educate students and families? The prescribing physician and/or the physician's nurse should do this initial task. However, the school nurse can assist parents and students with a knowledge base on over the counters as well as prescription. Time is a factor in this area. School nurses can't achieve the tasks assigned to them now adding the sole responsibility of medication education to the parents is unrealistic.  It is necessary to set standards that must be followed. These standards must be safe for not only the students but also the school nurse and administrators.	N/ o	
4/12/04	Kathy Whitlock, RN, BSN Certified School Nurse 106 Pinnacle Way, Charleston, WV 25311	This section begins with the statement "Good health and safety are essential to student learning." It is for this very reason that I comment on this policy and share my concerns about certain aspects of it.	N/ o	Section 4.14 defines "school related events".
4/12/04	Susan Haslebacher, RN Monongalia County 13 Triune Lane Morgantown, WV 26507	School related events need to be defined. Does this include sports events after school? Does this include trips like band? What about over-nights?	NA/ o	
4/12/04	Leslie J. Bakker, RN, MSN Associate Professor of Nursing University of Charleston 2300 MacCorkle Ave, SE Charleston, WV 25304	I agree to promote individual responsibility is important. However, this policy, if accepted, involves next to no teaching by nurses or qualified health care professionals teaching that would encourage development of responsibility.	NA/ o	The West Virginia Health Content Standards incorporates education in regards to medication starting at the kindergarten level until twelfth grade. This education is done provide access to teaching that encourages responsibility. This policy does not limit the nurse from educating the school systems and community in regards to medication administration.

4/12/04	Denise Koster Kanawha County School Nurse 110 Waterside Circle Winfield, WV 25213	2.1. – It is important to be specific and I agree with the statement concerning medication in school when <u>absolutely necessary</u> for the student's health.	N/+	
4/12/04	Jane D. Ishman, RN, MS, CHES Berkeley County BOE Certified School Nurse 4960 Engle Moler's Road Shepherdstown, WV 25443	For you information, I have not seen a decrease in attendance since Berkeley County adopted a policy of an order for all meds. I have seen better attendance and a healthier overall population since its instillation. Instead of children being sent to school with cough drops and cough meds they are seeing physicians and may find they have strep throat or a sinus infection. Not having Tylenol or Ibuprofen for headaches have gotten some children glasses for vision, been diagnosed for allergies or migraines. I truly see requiring a physician's order as a positive for all West Virginia school children and their health. Healthy students are happy and are better learners. Thank you!	NA/ -	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
4/12/04	Teresa Ryan Lincoln County School Nurse 88 Windy Ridge Alkol, WV 25501	This policy fails to accomplish its original intent: To provide a safe uniform policy for medication administration that would be used statewide. The original policy that required a physician's order for all medications in the school setting would have set up the safest environment possible with regard to this issue. This revision shows a weak stance on medications in the school setting and places unnecessary responsibility and risk on building administrators. It does protect school nurses, for which I am grateful, but it does not go far enough in protecting children.	NA/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
4/12/04	Kembra Crist School Nurse Fayette County HC 65, Box 29 Ansted, WV 25812	Excellent.	N/+	
4/12/04	Teresa Bayer School Nurse 54 Bethel Place Washington, WV 26181	Good health and safety are essential to student learning and is the backbone and quintessential to school nurse practice. However, other-the-counter (OTC) may help the student feel better during the school day, it is not necessary for good health or safety. As this rule is written, I believe OTC's in the school setting is exactly diametrically in opposition to health and safety of the student. If an OTC is	NA/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.

		<p>necessary for a known allergic condition not requiring adrenalin i.e., diphenhydramine hydrochloride- Benadryl®, health and safety are involved. However, known condition should be evaluated by a licensed health care provider and appropriate long term medication orders should be provided with the medication.</p> <p>In addition, it appears the rule/policy developed here misplaced its purpose. The purpose as noted was for medications required for school attendance. "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 and to provide for emergency medication administration, when necessary."</p> <p>My purpose in responding on comment is not to dismantle this rule, but rather highlight areas of particular concern to me. As an RN, I am first and foremost responsible to my license and the governing board by whom I was licensed in 1983.</p>		
4/12/04	Pat Withrow, RN, BSN Head School Nurse Greenbrier County Schools P. O. Box 987 Lewisburg, WV 24901	I agree with having qualified personnel at all school related events to administer medication. However, in our large high schools, the logistics will be difficult. There are extra curricular events daily.	N/A/-	The need for qualified personnel to deliver health care procedures is during curricular and co-curricular events only.
		<b>§126-27-3. Application.</b>		
4/6/04	pbmccoy@access.k12.wv.us Paula McCoy, RN Greenbrier County Schools	I'm pleased to see it noted that School Based Health Centers are exempt from the policy.	N/ o	
4/7/04	Susan Pinto, RN, MSN, CFNP University High School 991 Price Street Morgantown, WV 26505	3.1. – Authorized school employee not defined in definition section.	N/A/o	This is a generalized statement. Section 3.1 gives reference to W.V.a Code §18-5-2a, which defines authorized school employees. The policy clearly defines the roles and cites Policy 2422.7-The Standards for Basic and Specialized health Care

					Procedures.
4/7/04	Marti Kern, RN School Nurse 541 Barr Run Road Marianna, PA 15345	Our current policy exceeds most medication policies.	N/0		
4/12/04	Kathleen S. Lloyd, RN, NCSN Jefferson County School Nurse Nationally Certified School Nurse Rt. 1 Box 899 Harpers Ferry, WV 25425	Non prescription administration can NOT apply to the RN	A/0		The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.
4/12/04	Candace Berry, RN, BSN Supervisor/School Nurse Monongalia County Schools 475 Baird Street Morgantown, WV 2605	I agree with this section. It is always nice to know that we can go above the policy. This is a great safety net for all involved.	N/0		
4/12/04	Susan Haslebacher, RN Monongalia County 13 Triune Lane Morgantown, WV 26507	Monongalia County has exceeded the proposed medication policy in several areas.	N/0		
4/12/04	Leslie J. Bakker, RN, MSN Associate Professor of Nursing University of Charleston 2300 MacCorkle Ave, SE Charleston, WV 25304	Medication administration is very complex. OTC's are misused and are very dangerous when taken in combination with many other drugs. Nursing and health care professional students study a long time to begin to grasp the importance of drug therapy. A training program is NOT enough education for anyone to safely give out an OTC medication.	N/0		
4/12/04	Denise Kostler Kanawha County School Nurse 110 Waterside Circle Winfield, WV 25213	3.2. – I agree with allowing the local school board to have a choice to exceed the standard.  3.3. – It would be important to have update advisories to provide guidance. . .	N/+		

4/12/04	Rhonda Tabit, RN School Nurse 100 Goddard Avenue Fayetteville, WV 25840	The language to meet or exceed the standards will allow counties the ability to develop policies that will limit OTC medications and students carrying medications to provide a safer learning environment.	N/+	
4/12/04	Kembra Crist School Nurse Fayette County HC 65, Box 29 Ansted, WV 25812	I'm glad to see counties have a choice to exceed standards set forth in this policy.	N/+	
		<b>§126-27-4. Definitions.</b>		
4/6/06	Sharon Casto on behalf of School Nurses of Nicholas County Schools	Add "medication order form- the form completed by the prescribing health care provider that serves as the order for medication to be administered at school. The order shall contain the same information as that required on the prescription label."	A/0	This was added to the role and responsibility of the parent/guardian. It was already mentioned in section 7.1.
4/6/04	Cindy Stark School Nurse Raleigh County Schools 105 Adair Street Beckley, WV 25801	4.4 "Designated qualified personnel" We have need of contracted nurses to provide for the care of our students in the county. I have been given to understand that the legality of this practice is being researched. If contract nurses may not be used for specific purpose of caring for students, many students will not be able to attend school as the county does not employ enough school nurses to provide for their needs at school.	A/0	This was clarified in an accepted comment that incorporated a definition for "contracted school nurse" and "contracted licensed health care provider".
		Phase I and Phase II training appears only in the Basic and Specialized Health Care Procedures Manual for school nurses. The full scope of training is not fully delineated--will all areas need to be taught for medication administration?	NA/0	This is clarified in Policy 2422.7-Basic and Specialized Health Care Procedures.
		4.15. Self-administration of medications by a student as defined may have numerous meanings--took dose orally -took appropriate dose -swallowed med -in the presence of -this does not indicate that student chose correct amount from container-- -in an acute situation--it may not be in the student's best interest to wait until they have supervision of a nurse.	NA/0	Self-administration is well defined in section 4.15.

		administrator, or other qualified person--ex, after sports practice, but on school property--does this "supervision" mean "with forms completed"		
4/7/04	Marie Justiss School Nurse 125 Sherman Avenue Morgantown, WV 26501	Administrator's designee - I would guess that this would be difficult to separate if RN present in building on regular basis.  Designated qualified personnel - would one have to complete total Phase I/2 training.	A/0	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.  This is clarified in Policy 2422.7- Basic and Specialized Health Care Procedures.
4/7/04	Susan Pinto, RN, MSN, CFNP University High School 991 Price Street Morgantown, WV 26505	Need better clarification between 4.2 and 4.4. In 4.2., administrator's designee can't be eligible for designation until trained by a school nurse so there should be some reference to the fact that the nurse and administrator have collaborated.  4.15. - "under the supervision" implies that the nurse is aware that student has meds. - i.e., made an assessment or appropriateness of self administration, determined to be safe, etc.	N/A/0	Self-administration is well defined in section 4.15.
4/7/04	Marti Kern, RN School Nurse 541 Barr Run Road Marianna, PA 15345	In some cases, the administrator's designee would have to give prescribed medications. Only healthcare providers, i.e.: RN or MD's can delegate medication administration. Even self-administered medications need to have a prescriber's order for it to be carried on the student and administered by them.	N/A/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/7/04	Suzette Cook Assistant Superintendent McDowell County 30 Central Avenue Welch, WV 24801	4.2. - It will be extremely difficult, if not impossible, to find any employee in a school system that will agree to perform these duties - due to the litigious natures of today's society.  4.14. - In light of my statement concerning 4.2 - how would a school system find employees willing to perform these duties in all of the settings listed?	N/A/0	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.

4/8/04	RESA VIII School Nurses Submitted by Nancy Starcher, RN Mineral County School Nurse 700 Harley Staggers Dr. Keyser, WV 26726	4.2. – says that the “administrator’s designee” is “trained to administer non-prescribed medication”. As nurses we do not want to be responsible for this “training”. We have found that it is hard enough to training for prescribed medications and accept the responsibility of training non-health designees. We will not be responsible for training the designees to give medicine that we as nurses aren’t allowed to give under our license – i.e., nursing license.	A/ o	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.
4/8/04	Rosemary B. Scott, RN, BSN, MS NCSN Jefferson Elementary Center 1103 Plum Street Parkersburg, WV 26101	4.2. - of this policy specifically excludes the school nurse from administration of over the counter medication. Nurses are not licensed to give any medication without a doctor’s order and every employee who administers medication ought to have a written order from a physician for this procedure. To avoid the need for a specific order for each child, a recognized and licensed prescriber can write and sign “standing orders” for all the children in a certain population. Standing orders are used to guide us in the procedures we already do. They are legal and standard in many nursing settings. I believe that the phrase that excludes the school nurse from administration of medications ought to be deleted. Also, the phrase “non-prescribed medications” should be removed.	NA/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting “in loco parentis”. Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.  Board of Pharmacy and American Academy of Pediatrics no longer recommend standing orders.
4/8/04	Sharon Clark, RN, BSN Mineral County School Nurse RT #3, Box 442 Keyser, WV 26753	Unless a prescription is written, we, as nurses can’t legally training anyone to give these medications.	A/ o	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.
4/8/04	Trina L. Melody School Nurse 375 Hilltop Avenue Keyser, WV 26726	4.2. – Unless a prescription has been written by a physician, a nurse is unable to administer medication herself. Therefore, it is unwise to train another individual, with less experience to determine the safety of over the counter medications. Many drug allergies are occurring with severe repercussions.	A/ o	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.
4/8/04	Nancy Starcher, RN Mineral County School Nurse Rt. 5, Box 485	WV registered nurses cannot give medications without a written order from a physician therefore nurses cannot train others to give non-prescribed medications.	A/ o	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from

	Keyser, WV 26726			the WV/BON.
4/8/04	Jennifer Cole, RN, BSN School Nurse Rt. 3, Box 3074 Keyser, WV 26726	It is against the law for a nurse to administer medication without written doctor's orders. Therefore, it is unlawful to train persons to administer medication without written doctor's orders.	A/0	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.
4/8/04	Ann Sammons Raleigh County BOE School Nurse Coordinator 105 Adair Street Beckley, WV 25801	4.3. – I am concerned this definition will not allow the nurses I contract with through a home health agency to give insulin.	A/0	This was clarified in an accepted comment that incorporated a definition for "contracted school nurse" and "contracted licensed health care provider".
4/9/04	Janis McGlinis Coordinator of Health Services and Yvonne Santin, Director of Special Education Wood County Schools 1210 Thirteen Street Parkersburg, WV 26101	"Administrator's designee" – The exclusion of the school nurse or any licensed nurse (RN/LPN) is due to a decision made by the Board of Examiners for Registered Professional Nurses (RN Board). The RN Board has determined that a nurse cannot administer any medication (long term and/or over the counter) without a written order from a licensed prescriber. This needs to be referenced in this policy somewhere.  4.3. – "Contracted licensed health care provider" need not be restricted to an employee of a public health department only.  4.7. – There needs to be a definition on "short-term Prescribed Medication" i.e, antibiotics.	N/0  A/0  NA/0	This has been changed in the policy.  Section 126-27-7-Administration of Prescribed Medication covers short-term medications, such as antibiotics. The definition of Long-term and Emergency Prescribed medication is in reference to the school nurse role of developing a health care plan and self-administration.

4/12/04	Janet Allio, RN School Nurse 4 Lowell Drive Elkview, WV 25071-9494	4.15. - If "Self-administration" were to include medication that is taken by the student at the student's discretion, e.g., rescue inhalers, the medication would not be under the supervision of the school nurse, or other personnel. The definition should reflect delineation as such and the school nurse is only responsible for determining that the student is capable of carrying the medication and understands when to use it, ad is not responsible for the student actions thereafter.	N/0	Section 8.4.2 addresses medication dosage along with the training for administration of OTC medications.
4/12/04	Kathleen S. Lloyd, RN, NCSN Jefferson County School Nurse Nationally Certified School Nurse Rt. 1 Box 899 Harpers Ferry, WV 25425	Nowhere could I find reference to following the manufacturers label for dosage!!! Parents have asked me to administer TWICE the recommended dosage...!	NA/0	
4/12/04	Candace Berry, RN, BSN Supervisor/School Nurse Monongalia County Schools 475 Baird Street Morgantown, WV 26501	4.2. - I would like to see a combination of "School Nurse and Administrator's designee" used here. A non-medical person should never have control over assigning someone from their staff to give medications and/or first aid to the students.	NA/-	The administrator is involved with school employees on a daily basis and is ultimately responsible for all school events. The School Nurse should have a professional relationship with administrator to work collaboratively on this issue. The RN is involved in the training, which determines the final selection. The ability of the school nurse to determine if a school employee is deemed qualified is involvement.
4/12/04	Jane D. Ishman, RN, MS, CHES Berkeley County BOE Certified School Nurse 4960 Engle Moler's Road Shepherdstown, WV 25443	4.2. - Who will train administrator's designee? What are the parameters for training? A recent letter dated March 25, 2004 from the WV Board of Nursing stated school nurses cannot train those not giving medications without a physician's order. 4.10. - Be more specific in "intended use of medication" i.e., reason for administration: headache, joint pain, post-dental care. Effect of medication would be to decrease pain, inflammation, relieve headache.	N/0	N/0

	4.15. - Add Epi-pen after inhaler.	N/o	
<p>4/12/04</p> <p>Kathy Whitlock, RN, BSN  Certified School Nurse  106 Pinnacle Way,  Charleston, WV 25311</p>	<p><b>4.2. -</b> Regarding the definition of "Administrator's Designee," it should be stipulated that the employee be "... designated by the building administrator and the school nurse..." The school nurse should participate in the selection of the employee who will be trained to administer medications. Because the nurse will be the one delegating the nursing task to the unlicensed personnel, she must be comfortable with the choice of employee, and must herself decide if that employee is capable of safely and competently carrying out the nursing task.</p> <p><b>4.4. -</b> Regarding the definition "Designated qualified personnel," for the same reasons stated above, it should be added that the employee who agrees to administer medications be "... authorized by the administrator and school nurse..." Also, the wording at the end of this definition is invalid. The designated qualified personnel are <b>not</b> qualified for the "delegation" of the administration of prescribed medications. Only a registered nurse can delegate a nursing task to unlicensed personnel. It would be illegal for any other individual to do so. Perhaps the intent of this definition was to indicate "... and is qualified for the administration of prescribed medications by the school nurse."</p> <p><b>4.15. -</b> Regarding the definition of "Self-administration," it should read "... medication administered by the student under the supervision of the school nurse or designated qualified personnel." "Administrator or administrator's designee" should be stricken from this definition. Administrators or their designee cannot legally supervise the administration of medication by a student, unless the school nurse has trained them to do so and delegated that task to them. They would then fall under the already defined "designated qualified personnel."</p>	<p>N/A-</p> <p>N/o</p>	<p>The administrator's designee will be administering OTC medications. The WV BON will not allow school nurses to participate in administration of non-prescribed medications.</p> <p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p>

4/12/04	Susan Haslebacher, RN Monongalia County 13 Triune Lane Morgantown, WV 26507	4.2. – School nurse must also agree on “designee”.  4.10. – Monongalia county does this already.  4.14. – Who is responsible for seeing there is a medication designee at these events and does this include after school child care held at schools. How would we secure medication for the events?	NA/-  N/o  N/o	The administrator’s designee will be administering OTC medications. The WV/BON will not allow school nurses to participate in administration of non-prescribed medications.
4/12/04	John E. Marlow Wood County BOE Member 2620 Cleveland Ave. Parkersburg, WV 26104	Section 4.2: I believe this section needs eliminated from this policy. A school nurse hired through the county board should be the person that administers medication. In a letter written by Laura Skidmore Rhodes, dated Sept. 24, 2001, to Janis McGinnis (Coordinator of Health Services Wood County Schools) states: “The West Virginia Board of Examiners for Registered Professional Nurses did not support the suggested policy change which would allow school secretaries to administer medications. The Board’s discussion of this issue included concerns about how well the secretary knows the student, the environment in which the secretary works and other job responsibilities of the secretary. The Board does not see a secretary’s office in which phones are ringing and students are waiting in line to discuss other issues as being the best place to administer medications. It actually provides a good place for a medication error to occur. The current system policy allows aides to perform this task. Should the secretary also be an aide, the school is in compliance with their own policy, however, seriously miss the concern of the Board and therefore the safety of the children. Is this practice acceptable? In relation to the policy, yes. In relation to the Board’s concerns, no. Therefore, if a mistake is made, and the secretary/aide was in the environment not conducive to administration of medication, the person delegating that task may be at risk for delegating inappropriately.”	NA/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting “in loco parentis”. Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.  School systems are not acute

		up for a lawsuit if we do not use Registered Professional Nurses to administer medications with a Physicians order and a parental consent form signed and dated. I cannot recall being in the hospital when anyone but a Licensed Nurse administered medication with a physicians written order. Why should our schools be any different? I am not sure how one would be trained to assess an illness or injury and then administer proper medication (if needed) without being a Professional Registered Nurse or Physician.		care facilities and do not operate in such a manner. Parents are the health care managers of children.
4/12/04	Denise Koster Kanawha County School Nurse 110 Waterside Circle Winfield, WV 25213	4.2. and 4.4. – The training would have to be provided by the school nurse – the school nurse would make the final decision to whether or not the designated person is qualified to administer meds.  4.8. – We would need a note from the physician in order to administer non-prescription meds. Herbal medications would be dangerous to give because it may not be compatible with other medication the student may be taking – it is important to have a note from the doctor giving permission to give any meds.  4.10. – It would be helpful to have side effects on the form.	NA/ o	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.  Section 4.8 refers to the medication document which is defined as the individual medication record not OTCs.
4/12/04	Rhonda Tabit, RN School Nurse 100 Goddard Avenue Fayetteville, WV 25840	4.4 – Phase I and Phase II training is being given a new title in proposed revision to Policy 2422.7 to clarify what is and is not required training.	NA/ o	This has been removed to reflect only the title of Policy 2422.7.
4/12/04	Kathy S. Willis, RN, BSN, MSN School Nurse (6 schools) Cabell County BOE 101 Ridgeway Drive	4.2. – How can you “train” personnel to administer non-prescribed medication? The doctor/health care provider’s signed written order along with parent/guardian signature ensures that non-licensed personnel are NOT having to do a medical and/or nursing assessment of a student before	NA/ o	The FDA has a campaign on reading the label of an OTC. This is a national campaign that WVDE will utilize and align the training for the administrator’s designee. An

	Huntington, WV 25702	giving whatever.		order from a licensed prescriber is not necessary, in this policy, to administer an OTC.
		Most over-the-counter medications are taken for subjective symptoms that may need <u>evaluated before</u> any medication is taken. At home, parents/guardians can do that for their children. At school, is a student is having health problems and/or needs OTC's during the school day, his/her health care provider needs to be aware of this need. And, a signed specific order even for cough drops for a cough (or is it a sore throat?) or Tylenol for a headache (or is it a symptom of a serious medical condition(s)?) will ensure that no unlicensed personnel are second-guessing whether or not the student really needs whatever OTC the parent has signed a note for his/her child to get at school.		This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
		4.10. – Although the parent/guardian authorization form defined here appears thorough enough, I still feel that any OTC medication that needs to be given at school should require a licensed health care providers signed written order. School days are for education and learning. If a child is in need of OTC meds during the school day, then any health care provider who evaluates the student having that need, will write an order for that particular OTC med. If not, then parents can give before and after school, or come and give during school time if they so desire.		This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
4/12/04	Jane Cooper, RN School Nurse Fayette County Schools P. O. Box 130, Route 60 Lookout, WV 25868	"Administrator's Designee" may not always be a trainable person delegation is subject to school nurse's approval.	AI-	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.
		"Non-prescribed medication" means food supplements; would this include vitamins and school? I've had parents want prenatal vitamins given during school hours. . .	NA-	Section 4.9 defines an OTC must be approved by the FDA. Herbal medications are not approved by the FDA.
4/12/04	Cil Payne School Nurse Kanawha County Schools	4.2. – The principal will have to train – keep tract – Oh, I forgot – We don't have a real extra person to give medications. No one wants to give medication and most	NA-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are

<p>902 Overlook Way So. Charleston, WV 25309</p>	<p>aren't qualified.</p> <p>4.4. – P. A. can't write prescriptions.</p> <p>4.5. – Practical Nurse, Pharmacist, or RN.</p>	<p>N/A-</p>	<p>acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>Section 4.4 defines designated qualified personnel.</p>
<p>4/12/04</p> <p>mweeks@access.k12.wv.us</p>	<p>4.3. "Contracted licensed health care provider" is defined specifically as an employee of a public health department. Could this not be amended to include any nursing agency? For example, a number of local hospital nurses are available to act as substitute nurses, which assures continuity in provision of services when one of the regular school nurses is absent. Also, what would happen if there were no available personnel to contract from a public health department?</p> <p>4.4. "Designated qualified personnel" is defined as an employee or contracted provider who . . . successfully completes Phase 1 and Phase 2 training . . ." Who will be responsible for teaching first aid and CPR to those employees who require this training? Essentially anyone who administers medication will need this – at a minimum two people from each school, plus potentially a large number of special education personnel. Where will the funds come from to pay for this training?</p> <p>4.14. "School-related event." While we are appreciative of the changes made in this definition from the previous draft to differentiate extra-curricular activities from co-curricular activities, this current definition still raises cause for concern. What about band festivals and chorale competitions that occur on weekends? French classes that take an overnight trip to Canada? As we interpret the definition, such activities could be considered "co-curricular". In Mercer County, each</p>	<p>N/A-</p> <p>N/A-</p>	<p>This was clarified in an accepted comment that incorporated a definition for "contracted school nurse" and "contracted licensed health care provider".</p> <p>This has been a requirement for any school employee that provides basic and specialized health care procedure since 1989. See policy 2422.7.</p> <p>Administrators have been coordinating health care procedure coverage for students. This is a requirement for curricular and co-curricular activities.</p>

		<p>school nurse serves approximately 2500 students. What if different schools have different events in different places and there are participating students who have medical needs that by state law cannot be delegated to a non-licensed person? How do the school nurses know that the students who fall into the category of needing a health-related service are involved in these co-curricular activities?</p> <p>Under the roles and responsibilities section outlined in this policy, this definition is refined a bit to state that the school nurse shall "coordinate development" of procedures for the administration of medication/health care services. What if there is a child going on a field trip who has an I.E.P. who requires a service that only a licensed health care provider or the child's parent can provide, and the parent cannot come due to transportation/child care issues/work, etc.? Who is ultimately responsible for the provision of the needed service?</p> <p><b>4.15. "Self-administration"</b> is defined as medication administered by the student under the "supervision" of the school nurse, designated qualified personnel, etc. Is this direct or indirect supervision? How does the recently passed asthma bill fit into this?</p>	NA/-	<p>The administrator is ultimately responsible for coordinate the coverage of health care procedures. The school nurse and designated school personnel will work in collaboration with the administrator to provide appropriate personnel to deliver the needed services.</p>
4/12/04	<p>Lisa Martin Director of Special Education and Health Services Jackson County Schools</p>	<p><b>126-27-4.15</b> The discussion of self-administration of prescription medication by a student is specified to be under the supervision of the school nurse or "designated qualified personnel, administrator, or administrator's designee." Designated qualified personnel indicates that they have been appropriately trained by the school nurse; however, in some cases the administrator and/or designee may not have completed Phase II training as is required for the administration of medication. This definition should include language-specifying training in Phase I and Phase II for any administrator or designee providing supervision of self-administration.</p>	NA/-	<p>This policy has been aligned with the recently passed Asthma bill. The bill and policy require a parent and licensed prescriber authorization along with a school nurse assessment. This is supervision whether direct or indirect.</p> <p>The policy continuous refer to Policy 2422.7-Standards for Basic and Specialized Health Care Procedures.</p>

4/12/04	Pat Withrow, RN, BSN Head School Nurse Greenbrier County Schools P. O. Box 987 Lewisburg, WV 24901	4.10. – Who will review these terms to assure that parents have written instructions in accordance with directions on medications?	N/ o	
4/12/04	Serena Cline, RN Janet Sparks School Nurse McDowell County 30 Central Avenue Welch, WV 24801	4.3. – No definition for contracted LPN or RN who is not employed by the health department.  4.5. – The way this is worded everyone designated to give medication will have to attend Phase I and Phase II. This would include Principal, secretaries, teachers, and aids. This would be difficult, if not impossible for county with limited numbers or no school nurses.  4.10. – Is this a separate form from the physician's form, if so who is responsible to create this new form and dispensing to parents.	A/ o  NA/  NA/ o	This was clarified in an accepted comment that incorporated a definition for "contracted school nurse" and "contracted licensed health care provider".  This has been a requirement for any school employee that provides basic and specialized health care procedure since 1989. See policy 2422.7.  The form will be created by the county boards of education or schools. It can be available at school or could be downloaded from an internet site, this will be a county decision.
4/9/04	Janis McGinis Coordinator of Health Services and Yvonne Santin, Director of Special Education Wood County Schools 1210 Thirteen Street Parkersburg, WV 26101	<b>§126-27-5. Authorization.</b>  5.1. – The use of word "trained" before school nurses is misleading and reads as if only school nurses need to be trained. Should be written as "Authorized trained personnel include school nurses, other. . . ."	N/ o	
4/12/04	John E. Marlow Wood County BOE Member 2620 Cleveland Ave. Parkersburg, WV 26104	Section 5.1: The use of the word "trained" before school nurse is misleading. Our nurses would not be employed unless they were "trained" professionals. I have to refer back to my comments on section 4.2 regarding using anyone other than a Registered Professional Nurse.	N/ o	

4/12/04	Mary Jane Rinard RN School Nurse/Parent of High School Student Berkeley County Schools Martinsburg, WV	<p>Authorization. In the PDF Format of this policy it is noted at 6.1.6 that the Board of Ed is not clear about whether or not the Bd. of Nursing will allow this. Sending this proposed policy out for comment prior to having that issue clarified seems very unwise. In light of the Bd. of RN's response to us, our license would still be in jeopardy so, no, we cannot do that.</p> <p>The WV Board of Ed seems to be adamant that OTC's <b>will be allowed</b> without being prescribed even in the face of many counties who have taken the more conservative route and had very little problem with it. I have not talked to any administrators (or non-administrators who might be delegated OTC dispensers) who welcome the opportunity to manage the acetaminophen, cough medicines, OTC asthma and GI meds, or various ointments or creams that a parent may want used. I will be interested to find out in a year or so how many counties actually utilize this recommendation to allow OTC's.</p>	N/o	
		<b>§126-27-6. Roles and Responsibilities.</b>		
4/6/06	Sharon Casto on behalf of School Nurses of Nicholas County Schools	<p>6.1.6 - Change "Standards for Health Care Procedure" to the proper name: "Standards for Basic and Specialized Health Care Procedures"</p> <p>6.2.5. - same as above</p> <p>6.3.1. - add after term "First Aid": handwashing, gloving, cleaning and disposing of body fluids."</p>	A/o  A/o  NA/o	<p>The policy will reflect proper policy name.</p> <p>The policy will reflect proper policy name.</p> <p>Policy 2422.7 sets forth the standard for training. The school nurse will train all areas he/she deems necessary in Phase I to administer prescribed medications.</p>
4/6/04	Laura Barber, RN Kanawha County Schools School Nurse 16 Carriage Road Charleston, WV 25314	<p>6.2 Role of the Nurse The WV Board of Nursing has stated explicitly that the school nurse cannot delegate or administer over the counter medications.</p> <p>6.5 Role of the Student.</p>	A/o  NA/-	<p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.</p> <p>The American Academy of</p>

		<p>The student regardless of his age should never be allowed to self-administer over the counter medications. There have been many documented cases of abuse of OTC's by high school students. These abuses have in some cases led to serious impairment and in some incidences in death. Student safety should be the number one concern at all times.</p>		<p>Pediatrics position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.</p> <p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>
4/6/04	<p>Cindy Stark School Nurse Raleigh County Schools 105 Adair Street Beckley, WV 25801</p>	<p>6.1.6. School administrators do not typically have ready access to the Health Care Procedure Manual to obtain training in Phase I and Phase II for non-prescription medications--how do they explain to their staff that the school nurse is only going to deal with prescription medications?</p> <p>Further explanation addresses that the RN Board does not allow them to handle medication situations without a health professional in prescriptive authority--and parents are the prescriptive authority with over-the-counter medications. How will school nurses readily respond to the inevitable questions, which will arise with OTC meds at school?</p> <p>6.2.3. At present, the provision of a health care plan for a student attending school is to provide for the safety of the student who happens to have a health condition which may have impact or affect them during the school day--seizure conditions, anaphylaxis to foods or insects, bleeding disorders, diabetes, organ transplantation with attention to potential for infection, or conditions which require special procedures for breathing or eating. If these students have a medication at school, a form is completed by the parent and physician; a plan is</p>	<p>NA/ o</p>	<p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.</p> <p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and required no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>Policy 4350 outlines the provisions for health care plan. Any prescribed medication given at school signifies a health care problem with a child therefore validating the importance of a health care plan. The American Academy of Pediatricians state that all prescribed medications should be on a Health Care</p>
			<p>NA/-</p>	

4/7/04	Marie Justiss School Nurse 125 Sherman Avenue Morgantown, WV 26501	<p>in place for the school staff to manage the student's health condition. The plan is sent to EVERY PERSON who has responsibility for the student--information that the student receives medication is provided for the individuals administering, BUT NOT A SEPARATE HEALTH PLAN FOR THE MEDICATION. Some parents will object to this as an invasion of privacy, depending on the type of medication--because our policy is to make available to: teachers, aides, bus drivers, administrators, counselors, lunch room staff, playground staff, cooks-- information for the safety of the student. Who will have the need to know? How do we respond to the parent that says, "only the person administering is to be informed?"</p> <p>6.2.6. - <b>The physician who prescribes the medication needs to determine whether the student may safely self-administer</b>--not a school nurse who covers multiple schools, responds to cell phone, pager, and urgent situations as they arise. The physician has a responsibility to validate and document knowledge and skills before prescribing.</p> <p>6.4.2. - As the parent must obtain the physician's participation in medication administration at school, the parent should have the physician complete the form and provide the completed form before school staff could administer</p> <p>6.5.2. - This contradicts the Safe and Drug Free Schools approach--how will this be defended when the student, offers ibuprofen or inhaler to a fellow student? Potential harm to another student could occur, especially if an older than 9th grade student decided to take health matters into their hands. In addition, being of high school age does not automatically make students more likely to make responsible decisions--some 5th graders demonstrate better judgment!</p> <p>6.1.3. - Counting meds. - Although this is ideal (counting meds) schools are not set up to count meds without handling the medication. That brings on another set of issues.</p>	NA/ o	<p>Plan(HCP) especially ADHD medications.</p>
		<p>6.1.3. - Counting meds. - Although this is ideal (counting meds) schools are not set up to count meds without handling the medication. That brings on another set of issues.</p>	NA/ o	<p>This practice is consistent with standard medication inventory procedures.</p>
		<p>6.1.3. - Counting meds. - Although this is ideal (counting meds) schools are not set up to count meds without handling the medication. That brings on another set of issues.</p>	NA/ o	<p>This procedure is delineated in Section 6.5.2.</p>
		<p>6.1.3. - Counting meds. - Although this is ideal (counting meds) schools are not set up to count meds without handling the medication. That brings on another set of issues.</p>	A/ o	<p>This was added to the role and responsibility of the parent/guardian. It is also addressed in section 7.1.</p>
		<p>6.1.3. - Counting meds. - Although this is ideal (counting meds) schools are not set up to count meds without handling the medication. That brings on another set of issues.</p>	NA/ o	<p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>

	<p>6.1.5. – Shouldn't the RN be involved in selecting candidate for <u>prescribed</u> meds since that person is operating under the RN license?</p> <p>6.1.7. – Very difficult task in the actual operation.</p> <p>6.2.3. – Health care plan – It is necessary for everyone to have long-term care plan.</p> <p>6.2.5. – Board of nursing states we are not permitted to train personnel for which we are not responsible.</p> <p>6.5.2. – OTC's are not permitted by RN licensure board.</p>	<p>NA/o</p> <p>N/ o</p> <p>NA/o</p> <p>N/ o</p> <p>NA/o</p>	<p>The administrator is involved with school employees on a daily basis and is ultimately responsible for all school events. The School Nurse should have a professional relationship with administrator to work collaboratively on this issue. The RN is involved in the training, which determines the final selection. The ability to determine if a school employee is deemed qualified is involvement.</p> <p>Any prescribed medication given at school signifies a health care problem with a child; therefore, validating the importance of a health care plan. The WV Academy of Pediatricians state that all prescribed medications should be on a Health Care Plan(HCP) especially ADHD medications.</p> <p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.</p> <p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and required no order from a licensed</p>
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				prescriber. This policy applies to a school system not a hospital/acute care facility.
4/7/04	Susan Pinto, RN, MSN, CFNP University High School 991 Price Street Morgantown, WV 26505	<p>This should be done by RN and administrator if RN is to train – must have licensed prescriber ordered OTC as safety mechanism. WVBRN indicates that it is not acceptable practice to train UAP to give OTC without MD orders.</p> <p>6.2.3. – change physician to licensed prescriber (may be PA or NP)</p> <p>6.2.5. – there is no standardization of Phase 1 &amp; 2 throughout the state.</p> <p>6.3.1. – This section conflicts with 126.25A-4</p> <p>6.5.2. – Ibuprofen, or any other OTC should not be specified as okay to carry – this violates school's Safe and Drug Free School Policy.</p>	<p>NA/-</p> <p>A/ o</p> <p>NA/ o</p> <p>NA/ o</p>	<p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and required no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>Change will be reflected in policy.</p> <p>Policy 2422.7-The Standards for Basic and Specialized health Care Procedures addresses the specific requirements for Phase I and Phase II training.</p> <p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p> <p>County Boards of Education have developed policy in regards to Safe and Drug Free Schools. The ability to carry OTCs will have to be in compliance with current policy. Safe and Drug Free Schools allow all students to carry prescribed medication as permitted by physician.</p>

			NA/ o	<p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>
4/7/04	<p>Marti Kern, RN School Nurse 541 Barr Run Road Marianna, PA 15345</p>	<p>Administrators should not be responsible for receiving, counting and storing medications and the needed med forms. This is one of the school nurses' roles. A health care plan cannot be developed on every student that requires an emergency medication. We can develop one, but the parent has to agree with the plan and sign it. This is usually an obstacle. Some medication administration, like diazepam, cannot be delegated. A new form needs to be developed for evaluation of those students' self-administering meds. All non-retrieved medications are to be properly disposed of if parents fail to retrieve them within the set guidelines. Two individuals should witness disposal with proper documentation of the specific student form. As long as a prescription is on file, a student may administer OTC medications? Students above grade 8 should also need to have a prescription on file before OTC's can be self-administered. This should be a countywide policy not depending on the grade of the student.</p>		
4/8/04	<p>Rosemary B. Scott, RN, BSN, MS NCSN Jefferson Elementary Center 1103 Plum Street Parkersburg, WV 26101</p>	<p>6.1.5. – I believe that the administrator ought to work with the school nurse to select potential candidates for medication administration. Once a nurse trains someone that person will be working under the license of that nurse. She ought to be able to have some consideration in selecting the people to be trained. This section should state: "With the advice and approval of the school nurse, select potential candidates for medication administration".  In addition, I am not sure I can train someone who is not a nurse to make a nursing assessment. Once a nurse trains someone, she assesses that that person is qualified to safely perform the procedure, if there is a problem, it comes back to the nurse who trained the individual. I don't believe that this responsibility can be handed off to anyone, not even a school administrator.</p>	NA/-	<p>Administrator's assign and select school personnel for medication administration. School nurses delegate prescribed medication. The school nurse and administrator should work in collaboration in all school systems.</p>
		<p>6.1.6. – this section should add: A licensed prescriber must prescribe all medication administered in the</p>	NA/-	<p>This policy provides flexibility, when possible, for county boards</p>

	<p>schools. A standing order or treatment protocols for all the children in a school district is legal and safe and appropriate. In some cases, it will not be appropriate for a non-licensed person to administer medication without the supervision of a school nurse.</p> <p>6.2.5. – Remove the phrase “non-prescribed medication”. I understand that nurses will not be licensed to provide training to anyone to administer medications without an order or a prescription.</p> <p>6.4.2. – This section states that the parent should provide the medication with the dose, time, route and intended effect of the medication. I believe that any medication ought to be given according to the instructions on the label. I worry that a parent may instruct school personnel to give different doses or to give it more frequently than indicated on the label. I suggest the following wording: “Complete and sign a parent/guardian authorization form as designed by each county. This form will include student name, date, allergies, name of medication(s), and signature. Medication will be given according to the label instructions or according to the written order of the prescribing professional”.</p> <p>6.5.2. – This section allow high school students to carry and administer their own non-prescribed medication. This should not be necessary in a school with a nurse. Where a nurse is available on a regular schedule or at a school full time, it would be safer for the student who isn't feeling well to see a nurse who can then assess then for potentially serious or chronic conditions that might require medication attention. The nurse who sees the high school student for over the counter medication has a wonderful opportunity to teach the student about the appropriate and safe ways to use over the counter medications. The high school nurse will be able to catch students who may be using the wrong medicine, the wrong dose or using medication too frequently. I believe that with a standing order and stock medications in the</p>	<p>AI- N/ o N/ o</p>	<p>of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p> <p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.</p> <p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>
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		office of the high school nurse, we would by much more safe and effective in meeting the needs of these students.		
4/8/04	Sharon Clark, RN, BSN Mineral County School Nurse RT #3, Box 442 Keyser, WV 26753	I agree – we need to be able to store medications in a safe manner – and to be sure we have qualified employees to give medications – we can't allow student to carry OTC medications – Emergency Meds – ok – OTC they could put anything in those bottles! Drug Free Standards	NA/ o	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
4/8/04	Trina L. Melody School Nurse 375 Hilltop Avenue Keyser, WV 26726	6.3.1. – Please remove CPR requirement very few staff have this. To be certified one must take the class every other year.  6.5.2. – Drug Free Schools – recommend students have no meds – kids hide meds in candy – some look like candy and are meds. With all the problems with drugs, no medication should be allowed unless necessary.	NA/-	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
4/8/04	Nancy Starcher, RN Mineral County School Nurse Rt. 5, Box 485 Keyser, WV 26726	I agree with the safety standards that you propose.  6.5.2. – I do not feel that high school students should be able to self-administer OTC during the school day. We would not have any control over what students have in school.	N/+	The American Academy of Pediatrics position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.
4/8/04	Jennifer Cole, RN, BSN School Nurse Rt. 3, Box 3074 Keyser, WV 26726	I agree with the completely – except – no student should be permitted to self-administer or carry their own non-prescription medication. This allows students to place any drug legal or illegal in a container and carry/ingest it.	NA/-	The American Academy of Pediatrics position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.

4/8/04	Connie Harper School Nurse P. O. Box 135 Prociuous, WV 25164	These roles and responsibility place the administrator at great risk. Their educational training does not include administration of medication or delegating such duty.	NA/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and required no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/8/04	RESA VIII School Nurses Submitted by Nancy Starcher, RN Mineral County School Nurse 700 Harley Staggers Dr. Keyser, WV 26726	We agree with the safe storage, access of medication, etc. We appreciate the recognition of the safety standards that must be maintained to give medications in the school setting.	N/+	
4/8/04	Kanawha County School Nurse 200 Elizabeth Street Charleston, Wv 25311	6.5.2. – Self-administration of OTC's in High School is also a concern in that many capsules can be easily emptied and filled with illegal recreational drugs. Student can freely pass out or sell these as "Advil". Many generic OTC's look very different. Who would know what's what? Nurses, who by law, cannot administer non-prescription meds. Should not be involved with any choosing or training of "designated qualified personnel". They have no authority or responsibility by law, to be involved in any way with (administration of non-prescribed OTCs). I also have safety concerns here on OTC's being brought to school by students. Who knows if that Advil or Tylenol is really legit? There should be a rule that the tamper-proof packaging is intact upon arrival and all meds should be secured on site.	NA/-	The student must have a parent/guardian permission form to carry OTC medications. The scenario described would fall under a disciplinary policy not the medication administration policy. The American Academy of Pediatrics position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.
4/8/04	Ann Sammons Raleigh County BOE School Nurse Coordinator 105 Adair Street Beckley, Wv 25801	6.2.3. – I am concerned with the nurse being able to develop a care plan for every student receiving medication. This is an impossible mandate for counties without enough nurses to serve their student population!	NA/-	Any prescribed medication given at school signifies a health care problem with a child; therefore, validating the importance of a health care plan. The American Academy of Pediatricians state that all prescribed medications should be on a Health Care Plan (HCP) especially ADHD

		<p>6.4.2. – Needs to be clarified to reflect the parent is responsible for taking the form to the doctor!</p> <p>6.5.2. – I do not agree with students to be able to carry medications without an order from a doctor.</p>	A/ o	<p>medications.</p> <p>This was added to reflect role of parent as described in Section 7.1.</p> <p>The American Academy of Pediatrics' position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.</p>
4/9/04	<p>Janis McGlinis Coordinator of Health Services and Yvonne Santin, Director of Special Education Wood County Schools 1210 Thirteen Street Parkersburg, WV 26101</p>	<p>6.1.3. – Does "medications" refer to long-term, short-term, and OTC (over the counter) for counting? If so, this will have major implications for time-management for administrators as medications are received every day throughout the entire school year.</p> <p>6.1.4. – "Appropriate medication authorization forms." This is confusing; does this mean parent/guardian authorization forms? Does this mean doctor orders form?</p> <p>6.1.5. – Should state: Select administrator's designee for non-prescribed medication. Select designated qualified personnel for prescribed medication.</p> <p>6.1.6. – Not all Phase I and Phase II training need to be completed to be able to administer prescription medication. Who is qualified to provide training of the non-prescription medication administration? Who will have the expertise and knowledge to evaluate successful completion of Phase I and Phase II training in regard to over the counter medication when a school nurse is not authorized to do so? "Assigned qualified employee" – how and where is this defined? Is this "administrator's designee", "designated qualified personnel", neither, or both?</p> <p>6.2.2. – Should state about prescribed medication that is to be administered. School nurses are prohibited from monitoring over the counter medication without a doctor's</p>	N/ o	<p>N/ o</p> <p>Change will be reflected in policy.</p>

	<p>order.</p> <p>6.2.5. – See comments for Section 6.1.6.</p>	N/0	
	<p>6.3. – Can the designated qualified personnel/administrator's designee be the same person? If so, will the administrator's designee be paid to provide over the counter medication? Will the counties reimbursed for payment of these employees as they are for designated qualified personnel? How will the pay scale be determined? If one person does each job, will they be eligible for an increase of two (2) pay scale increments?</p>	N/0	
	<p>6.3.1. – Why is CPR and First Aid necessary to give non-prescribed medication? Why is First Aid training necessary to give prescribed medication? The Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools does not have a procedure that specifically addresses non-prescribed medications.</p>	N/0	
	<p>6.4.2. – Will the parent/guardian authorization form be valid for the entire school year, especially if the parent sends a non-prescribed medication in large quantities? Is there no limit to the quantity or variety of non-prescribed medications that a parent/guardian can send for one child? (i.e., vitamins, food supplements, cough drops, sinus medication, etc.) Storage will be a tremendous burden in order to accommodate all of the non-prescribed medications throughout the school year.</p>	N/-	
	<p>6.4.5. – Again, there needs to be time limit regarding the length of the parent/guardian authorization. Who has the responsibility of monitoring the expiration of parent authorized over the counter medications at the school level?</p>	NA/-	<p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are</p>
	<p>6.5.2. – <u>This is not a safe practice for students.</u> Again, who will monitor students carrying and self-administering over the counter medications? There needs to be a limit</p>	NA/-	

		to the amount and variety of over the counter medications a student can carry at one time on their person. The widespread abuse of over the counter medications as recreational drugs is well documented and this policy should provide an opportunity for this to be addressed. Students must give the school nurse the prescription and must demonstrate the appropriate use and knowledge of prescribed medication.		acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and required no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/12/04	Janet Allio, RN School Nurse 4 Lowell Drive Elkview, WV 25071-9494	6.3.1. – Phase I and Phase II training are being redefined per the School Nurse Council – should those changes be reflected here?  6.4.3. – Supply the medications and deliver the medication safely to school. The parent/guardian needs to bring the medication to the school – “ensuring that medication arrives safely” leaves an opening for the parent/guardian to send the medication to school with the student and just call to see if it arrived there.  6.5.2. – If high school students are granted permission to carry and self-administer OTC's, this will provide an avenue for hiding illicit drugs in OTC containers. Also, generic medications are nearly impossible to identify thus the student could have prescription medication such as Xanax in an OTC bottle. Even though individual counties have the option of establishing a more stringent policy, this leaves an open window for increasing illicit drugs as some counties have no one to oversee individual policies or even a school nurse to monitor medication administration.	A/0	Phase I and Phase II will be removed from policy. Policy will refer to Standards for Basic and Specialized Health Care Procedures Policy 2422.7.  Section 6.4 refers to parent/guardian role and states supply, ensure and give medication to the person authorized.
4/12/04	Kathleen S. Lloyd, RN, NCSN Jefferson County School Nurse Nationally Certified School Nurse Rt. 1 Box 899 Harpers Ferry, WV 25425	6.2 Nurse cannot be involved in determining if non-prescription meds can be safely delegated. WE CAN NOT DELEGATE THAT WHICH WE CAN NOT LEGALLY DO, as RN's.  6.3.1. - Are you requiring this for administrator or their designee, you will find counties non-compliant, Currently,	NA/-	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.  This has been a requirement for any school employee that provides

		<p>only nurses are CPR trained in our county. I am under the impression that even coaches have let their CPR certification lapse due to concerns about liability.</p> <p>6.4.3. - What is safe? What meds can be brought in by student and which must be delivered by parent? Ibuprofen/Ritalin?</p>	N/o	<p>basic and specialized health care procedure since 1989. See policy 2422.7.</p>
4/12/04	<p>Candace Berry, RN, BSN Supervisor/School Nurse Monongalia County Schools 475 Baird Street Morgantown, WV 26501</p>	<p>6.1.5 This is stated appropriately with the "potential" in the sentence. A building administrator should have a say in the staff, but it needs to be a consensus between the administrator and school nurse. Especially if this person will be working under that school nurse's license.</p> <p>I agree with all. This county already practices a majority of these standards. However, care-plans on student's receiving daily medication or an over-the-counter (except for inhalers and EPI-Pens) are not in practice here and are not realistic for multiple reasons (time constraints on nurse's schedules and parent involvement). Care plans are utilized for a multitude of medical conditions and special needs students, which actually most of them are our daily and prn meds.</p> <p><b>Role of the student:</b> NO student should be allowed to carry any medication unless absolutely necessary (i.e. EPI-Pen and inhalers only) and this is only allowed with both parental and prescribed licensure consent and then only after the school nurse has assessed and/or trained the student to its use and guidelines. This is how we operate in Mon Co. and has proven to work well without incident (ever!). Also, a student carrying any medication without the above consent is against our Safe Schools Policy and disciplinary action is warranted.</p>	NA/-	<p>Any prescribed medication given at school signifies a health care problem with a child therefore validating the importance of a health care plan. The WV Academy of Pediatricians state that all prescribed medications should be on a Health Care Plan(HCP) especially ADHD medications.</p> <p>The American Academy of Pediatrics position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.</p>
4/12/04	<p>Jane D. Ishman, RN, MS, CHES Berkeley County BOE Certified School Nurse 4960 Engle Moler's Road Shepherdstown, WV 25443</p>	<p>6.1.1 - Add "locked" to safe storage. Will the state board of ed. supply guidelines for safe storage to the administrator?</p> <p>6.1.3. - ..."safely counting," add :documenting"</p> <p>6.1.5. - Candidates who will administer prescription</p>	NA/- N/o N/o	<p>Section 6.1.1 refers to secure and safe storage.</p>

		<p>medications must be approved by the certified school nurse.</p> <p>6.1.6. - Certified school nurses cannot train the administrator's designee per WVVRN Board letter of March 25, 2004</p> <p>6.2.3. - Add "school" to nurse in the second line.</p> <p>6.2.5. - School nurses cannot train those who will administer OTC's without a physician's order per WVVRN board letter dated March 25, 2004.</p> <p>6.2.6. - Will there be a state BOE standardized form?</p> <p>6.3.1. - The administrator's designee cannot be trained by the certified school nurse per WVVRN Board letter dated March 25, 2004.</p> <p>6.4.3. - "Give the medication to the person authorized by the administrator . . ." There will need to be one person for the administrator's designee and one for the one trained by the school nurse for prescription medications.</p> <p>6.5.2. - Where will the authorizations be kept? Unless there is a prescription, the administrator will need to keep track of the OTC paperwork.</p>	<p>A/ o</p> <p>N/ o</p> <p>A/ o</p> <p>N/ o</p> <p>N/ o</p> <p>N/ o</p>	<p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.</p> <p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.</p> <p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.</p>
4/12/04	<p>Kathy Whitlock, RN, BSN  Certified School Nurse  106 Pinnacle Way,  Charleston, WV 25311</p>	<p>6.1. - Regarding the "Role of the school administrator(s)," specifically 6.1.6, "Assign qualified employees," it is inferred that the school administrator's role is to delegate medication administration to their employees. It should be clearly indicated that the school nurse be involved with the selection of these "qualified employees" and that the school nurse is the delegator of medication</p>	<p>N/A/-</p>	<p>This is reflected under the role of the school nurse in section 6.2.</p>

		N/ +	
	<p>administration.</p> <p><b>6.2. -</b> Regarding the "Role of the school nurse..." thank you for stipulating that it is the role of the school nurse to determine if the administration of prescribed medication may be safely delegated to designated qualified personnel. Please make this concept as clear throughout the policy. Also, thank you for referring to the "West Virginia Board of Examiners for Registered Nurses Guidelines for Determining Acts That May be Delegated or Assigned by Licensed Nurses." Please continue to use the Board of Examiners as your reference with regard to the practice of nursing; delegated nursing; and the role of the nurse with regard to implementation of this policy.</p>		
	<p><b>6.4.</b> Regarding the "Role of the parent/guardian," <b>6.4.3.</b> - should begin with the word "deliver" instead of "supply." It should be made very clear that medications must be delivered to the school by a parent or guardian. In order to decrease the incidence of misuse of medications, and to safeguard the security and integrity of the student's medication, medications should never be transported by the student. The only exception should be prescribed emergency medications.</p>	N/ o	
	<p><b>6.5. -</b> Regarding the "Role of the student," item <b>6.5.2.</b> Self administration should be limited to emergency medications and should not include "acute" medications. Regarding the issue of high school students carrying and self-administering over-the-counter-medications, thank you for stipulating this be done "at the discretion of county boards of education." Clearly, many county boards of education will have great concerns about students carrying and self-administering medications. It is unfortunate, however, that individual county boards would find it necessary to create policy with higher standards than this one.</p>	NA/-	<p>The American Academy of Pediatrics position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.</p> <p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>

		<p>Please be aware that non-medical use of prescription drugs has become a serious public health concern. In response, the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, and the U.S. Department of Health and Human Services, launched an initiative on prescription drug abuse, misuse, and addiction in 2001. Data collected by NIDA and its partners reveal that prescription drug abuse is increasing among teens at an alarming rate. NIDA director, Dr. Alan I. Leshner, indicates the most dramatic increases in new non-medical use of prescription drugs are among 12 to 25 year olds. One survey indicated that 12 to 14 year olds listed psychotherapeutics, such as painkillers, sedatives, and stimulants, as some of the drugs they most often used. When used non-medically, these drugs can be dangerous, addicting, and even deadly.</p>	N/ o	
4/12/04	Susan Haslebacher, RN Monongalia County 13 Tribune Lane	<p>Teens are misusing over-the-counter medications as well. In order to attain a psychoactive result, teens are overdosing on a variety of over-the-counter cold remedies, cough syrups, pain relievers, etc. Though Sudafed and Corcidin are over-the-counter cold remedies, they are now kept under lock and key in most grocery and drug stores. Why then, would we allow teens in West Virginia schools to carry and self-administer these same drug preparations?</p> <p>The National Institute on Drug Abuse is encouraging parents, grandparents, and others to safeguard their children's environment by checking their medicine cabinets, monitoring their medications regularly, and discarding any prescription drugs that are no longer required to treat a medical condition so that these medications are not available to be misused. Consequently, allowing students to carry and self-administer medications goes against the recommendations of the National Institutes of Health.</p> <p>6.1.6. – Nurse should have say in who is selected.</p> <p>6.1.8. – How would this be reinforced?</p>	NA/-	<p>The American Academy of Pediatrics position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.</p>
		<p>This campaign is directly related to prescribed medications not OTC medications. The American Academy of Pediatrics position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.</p>	N/ o	
			N/ o	

	Morgantown, WV 26507	6.2.3. – Will every student who has a daily medication then be required to have a care plan – is this necessary on every student? Example – child receiving antibiotics?	NA/-	Any prescribed medication given at school signifies a health care problem with a child therefore validating the importance of a health care plan. The WV Academy of Pediatricians state that all prescribed medications should be on a Health Care Plan (HCP) especially ADHD medications.
		6.2.5. – Monongalia County does this already.	N/ o	
		6.5.2. – This violates “Safe Schools”. Emergency meds such as inhalers and Epi-pens are ok, but over the counter and RX’s in the hands of students. How can you assure they are dosing accurately.	NA/-	This policy does not violate the standards put forth by Safe and Drug Free Schools.
4/12/04	John E. Marlow Wood County BOE Member 2620 Cleveland Ave. Parkersburg, WV 26104	I don't believe we should ever ask an employee "specifically nurses" to train other individuals if it could mean them losing their license if a mistake would be made by the "trained" individual. If we are to use this policy, then the Nurse doing the training should, at the very least, have a say as to who the appointed designee will be.	A/o	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.
		I feel sections 6.1.5 and 6.1.6 should be deleted and 6.1.7 should have “designated qualified personnel and administrator’s designees” deleted. Section 6.3 needs to be deleted. Section 6.4.2 is misleading because it states the parent must provide the medication with the dose, time, route and intended effect of the medication. <i>Medications should always be given according to the label instructions or according to the written order of the prescribing physician.</i>	N/o	
4/12/04	Mary Jane Rinard RN School Nurse/Parent of High School Student Berkeley County Schools Martinsburg, WV	In 6.2.5 phrases involving Phase I and Phase II training may need to be altered to align with updates in the health care procedure manual.	A/o	
		6.4.2 I think most clinicians would appreciate one statewide form but I'm not sure what that section really means in saying the county develops a form but out from	N/o	

		it states 'Form to be created by WVDE':		
4/12/04	Denise Koster Kanawha County School Nurse 110 Waterside Circle Winfield, WV 25213	6.1. – I feel it would be important for the school nurse to be consulted in most of these roles.  6.5.2. – If the school nurse is doing the medication training, then we would need to have a doctor's note stating what medication may be given (time, dosage, reason for med., etc.). The school nurse may be aware of medical information about the student that others may not be aware of due to confidentiality and yet other people would be making the decision that the student may take the medication on their own. We know that students put other medication in the bottles and share them with other students.	NA/-	The administrator is responsible for all events that occur in the school.
4/12/04	Teresa Ryan Lincoln County School Nurse 88 Windy Ridge Alkol, WV 25501	Allowing high school students to self-administer OTC medications will increase drug-related problems in the schools. Students will be able to sneak more illegal drugs into the school in non-prescription bottles, will be more likely to share medications with classmates, and unintentional abuse if these supposedly safe medications will increase. High school students should have to have a parent note for every specific occasion that they will need to take OTC medications, not a blanket authorization, and be required to check the medication in with a designated individual. This decreased regulation of OTC's sends the message that these medications cannot hurt you.	NA/-	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.  The parent is the health care manager of the child and should be allowed to make medical decisions in regards to OTC medication.  The FDA approves OTCs for safe use by the general public.

4/12/04	Rhonda Tabit, RN School Nurse 100 Goddard Avenue Fayetteville, WV 25840	6.2.2. – Should indicate prescribed medications since school nurse cannot be responsible for parent authorization. 6.2.3. – “Review physicians order” should be “licensed prescriber’s orders”.	A/o	This has been added to policy to reflect WV/BON ruling on 03/25/04. A search for and replace has been completed for this policy.
6.2.5. – School nurse cannot provide training for non-prescribed medications per opinion of WVBERN’s	A/o	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.		
6.3.1. – Same as above.	A/o	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.		
6.4.1. – Any emergency medications should be prescribed by doctor or other licensed prescriber – hence the word emergency.	NA/-	This 6.4.1 clarifies the type of medication that should be given at home as a first dose.		
6.4.2. – This is a very important safe guard to school staff who will not have the medical knowledge to determine if student may safely take OTC medication in light of pre-existing conditions or other medications taken at home. Parents will consider more carefully if child <u>really</u> needs OTC at school.	N/+			
6.5.2. – Students often abuse OTC’s for a “high”. Many students unaware of precautions about OTC’s – they consider them harmless. Frequently repeat dose if don’t get immediate results earlier than safe or recommended.	NA/-	The FDA states that OTCs are safe for the general public. The efficacy and safety of the drugs are researched prior to being placed on national market.		
6.5.2. – At least here, a (school) administrator may have a chance to limit self-administration of OTC’s according to the last phrase. . . “unless restricted by the	N/+			

	<p>Cabell County BOE 101 Ridgeway Drive Huntington, WV 25702</p>	<p>administrator".</p>	
<p>4/12/04</p>	<p>Kembra Crist School Nurse Fayette County HC 65, Box 29 Ansted, WV 25812</p>	<p>All of my school administrators state they have no medical background and cannot educate students or any other personnel re: medication. This, is not their area of expertise, therefore, they do not want to be responsible for any area of medication administration without assistance from the school nurse. Who will provide training for personnel administering non-prescribed medication?</p>	<p>Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and required no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p>
	<p>6.2.3. – The school nurse should also be actively involved with students using over-the-counter medications. If student requires Tylenol everyday, then a further health assessment of the cause is needed. We are teaching our children that a pill is a "cure all".</p>	<p>NA/-</p>	<p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.  This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>
	<p>6.2.6. – A team of persons including the administrator, parent, physician, school nurse, and teacher should b the deciding factor as to whether or not a student can safely self-administer medication.</p>	<p>NA/-</p>	<p>The school nurse is responsible for validating and documenting the student's knowledge in regards to self-administration of prescribed medication. This is part of the standards of practice a school nurse must follow to maintain licensure. Nurses cannot delegate assessment of prescribed medications.</p>
	<p>6.5.2. – Being on the front line and dealing with high school students every day is a real eye opener. Many high school students are abusing over the counter</p>	<p>NA/-</p>	<p>This policy provides flexibility, when possible, for county boards of education to implement the</p>

		<p>medication, thus we will just be promoting this behavior. What will define substance abuse and appropriate behavior?</p> <p>There are many safety issues to be considered here. Our county currently requires a medication form to be completed by a physician for OTC. This policy works because it places responsibility back on the parent. In some larger schools, on any given day, we had a twenty OTC to be given. Being more structured with OTC has limited their use, increased student safety and decreased medication errors.</p>		<p>policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p> <p>This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.</p>
4/12/04	<p>Judith H. Boehm School Nurse Putnam County Rt. 62, Box 640 Eleanor, WV 25070</p>	<p>6.5.2. – Based on nursing assessments, parents permission and written physician's order, any student in any grade should be allowed to self-administer medication. In this policy it recommends "not below grade 9".</p>	NA/-	<p>The last sentence of section 6.5.2 is referring to self-administration of OTC medications not prescribed.</p>
4/12/04	<p>Jane Cooper, RN School Nurse Fayette County Schools P. O. Box 130, Route 60 Lookout, WV 25868</p>	<p>"Successful completion of CPR/First Aid" should not be a requirement for med administration; there are too few trained personnel and too few resources available for this training. The school nurse cannot separate herself/himself from the individual trained; if personnel trained to give OTC meds are under the school administration's authority but were trained by the school nurse then isn't the school nurse still responsible for said personnel and their actions.</p>	NA/-	<p>The instruction of CPR and first aid can be given to any school employee. It is a basic procedure utilized for any emergency situation. If the school nurse or CPR instructor provides inefficient training to anyone that received passed the course then the trainer is held liable.</p>
4/12/04	<p>Cil Payne School Nurse Kanawha County Schools 902 Overlook Way So. Charleston, WV 25309</p>	<p>I'm sure Principals will check children's allergies and be aware of make up of medications as ASA in Pepto Bismal. NOT!! Nurse is responsible for doctor's ordered medication.</p> <p>6.1.5. – We have no potential candidate for medication administration (for OTC).</p> <p>6.2.2. – This won't be done by principal, etc. to check with parents about OTC medication to clarify orders from parent.</p>	NA/-	<p>The training of the administrator's designee will incorporate allergies and medications to be aware of when administering OTCs to children.</p> <p>Each school is required by law to provide needed health care procedures for children to attend school.</p> <p>The school nurse is held accountable for this in the standards of nursing practice.</p>

		<p>6.2.1. – This can't be safely delegated at High School (1,200 students).</p> <p>6.2.5. – Who does the training for OTC?</p> <p>6.2.6. – Who validates and documents student knowledge?</p> <p>6.3.2. – Who does incident reports for OTC? Lawsuits?</p> <p>6.4.3. – Kept separate from prescribed meds?</p> <p>6.4.5. – Who retrieves OTC unused or outdated meds?</p> <p>6.5.1. &amp; 6.5.2. – I think some students should have prescribed emergency drugs. However, grades 9 thru 12 – same rules should apply – they aren't responsible and a lot of parents aren't also. We won't know what's taken, in the pockets, until sick, or overdose or have a reaction.</p>	<p>N/A-</p> <p>A/o</p> <p>N/A-</p> <p>N/A-</p> <p>N/A-</p> <p>N/A-</p> <p>N/A-</p>	<p>This is part of policy 2422.7-Basic and Specialized Health Care Procedures. This have been required since 1989.</p> <p>The WVDE will provide OTC training for the administrator's designee.</p> <p>This is under the role of the school nurse as delineated in section 6.2.</p> <p>This is under the role of the designated qualified personnel/administrator's designee nurse as delineated in section 6.3.</p> <p>The storage of prescribed and OTCs in the same cabinet is not an issue for the licensure of school nurses.</p> <p>This is under the role of the parent/guardian as delineated in section 6.4.</p> <p>The FDA states that OTCs are safe for the general public. The efficacy and safety of the drugs are researched prior to being placed on national market.</p>
4/12/04	<p>Mercer County School Nurses</p> <p>Rebecca Jordan, RN, BSN          Maria Webster, RN, BSN          Kim Williams, RN, BSN          Shelly Weeks, RN, BSN</p>	<p><b>6.1. Role of the school administrator.</b> Who is ultimately responsible for the administration of medication/health care procedure if the teacher refuses to do it, the administrator's designee is not there, and the student's parent is not able to come to the school/place the co-curricular activity is occurring?</p>	N/A-	<p>The school is required by law to provide needed health care procedures to allow the child to attend curricular/co-curricular activities.</p>

	<p><b>6.2.3. Role of the school nurse.</b> "For students needing long-term and emergency prescription medication to attend school, the school nurse shall . . . <b>develop a health care plan.</b>" This provision will increase the number of health care plans to be developed exponentially. While we are not averse to this, please keep in mind that with roughly 2,500 students each, the increased amount of paperwork that this provision stipulates will greatly impact the amount of time we have available to provide "hands on" health services, particularly at the beginning of the school year. There is also the matter of money – please consider the increase in fiscal cost of creating multiple new care plans and the distribution of the care plan to all involved parties (a typical care plan is at least 5 pages and generally must be distributed to at least 10 different people). While there will be some reimbursement to the county's general fund in the form of the school nurses being able to bill Medicaid for the time spent in creating health care plans for those students who have an I.E.P., there will also be a great deal of time lost that could be spent in providing services to the staff and student body as a whole.</p> <p><b>6.2.5. Provide and/or coordinate Phase I and Phase II training.</b> Please consider the effect this will have on staff development days prior to the first day of school for students. As noted earlier, a large number of personnel will need this training or updated training on a yearly basis.</p> <p><b>6.3.1.</b> Again, this is something that will have to be included in staff development</p> <p><b>6.4. Role of the parent/guardian.</b> What are the consequences for the parent/guardian who fails to adhere to this policy? We note in the last section of this draft there are disciplinary actions outlined for students and school personnel, but not for the person who should</p>	NA/-	<p>Any prescribed medication given at school signifies a health care problem with a child therefore validating the importance of a health care plan. The WV Academy of Pediatricians states that all prescribed medications should be on a Health Care Plan(HCP) especially ADHD medications.</p> <p>This has been a requirement for any school employee that provides basic and specialized health care procedure since 1989. See policy 2422.7.</p> <p>This has been a requirement for any school employee that provides basic and specialized health care procedure since 1989. See policy 2422.7.</p> <p>Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate</p>
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		<p>be ultimately responsible – the parent or guardian. Is this something that is up to the individual county boards to determine?</p> <p><b>6.4.1. First dose of medication to be given at home.</b>  As it is generally the <u>second</u> dose of medication that causes an allergic reaction, we feel this should be amended to indicate that the first two doses of medication should be taken at home. Another reason we would like this to be amended is often a student needs 24 hours of antibiotics before he/she is considered to be no longer contagious (strep throat is a good example). By changing the requirement to two doses in this section, it might help ensure that students are not returning to school while still in a communicable state.</p>		<p>School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>Section 6.4.1 is the role of the parent/guardian in reference to medication given at school. If the parent initiates the first dose on a daily basis then the child may not need medication given at school due to the extended release of many medications.</p>
4/12/04	<p>Teresa Bayer  School Nurse  54 Bethel Place  Washington, WV 26181</p>	<p>6.2.6 In reference to 6.5.2- student self-administration of ibuprofen and emergency medication- What is the plan of action and what are the qualifiers if the student does not exhibit knowledge/skills?</p> <p>6.5.2 Why is ibuprofen singled out? Should this not read non-aspirin pain reliever, or even OTC? Also, how can a pain reliever/OTC be grouped with emergency medication?</p> <p>6.5.2 If the student is permitted to carry OTC, (which I believe is inappropriate and not in the best interest of the student or the student population's health and safety) a separate section needs to be developed to address OTC's with all the parameters set, as well as medication for whom an order is obtained.</p>	<p>NA/ o</p> <p>NA/ o</p> <p>NA/ o</p>	<p>This is part of nursing standards of practice to educate and assess knowledge in regards to medication/health care procedures.</p> <p>Section 6.5.2 states, "prescribed emergency or acute medications", ibuprofen is an acute medication.</p> <p>The FDA has approved OTC medications for safe usage by the general public. The manufacturer's label is specific in addressing the parameters of safe administration.</p>
4/12/04	<p>Lisa Martin  Director of Special Education and Health Services  Jackson County Schools</p>	<p><b>126-27-6.1.6</b> School administrators do not have the expertise to determine the qualifications of designees to administer medication or to determine the medical appropriateness of approving a parent request to administer non-prescription medication. School nurses who provide training also determine the competency of</p>	<p>NA/ o</p>	<p>Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in</p>

	<p>those individuals trained to administer medication. However, as cited below, school nurses may not provide training for the administration of non-prescription medication without an order from an individual licensed to prescribe medication.</p> <p><b>126-27-6.2.2</b> The nurse's responsibility for contacting the parent/guardian or health care provider to clarify questions about any medication (<b>prescription or non-prescription</b>) to be administered at school rightly involves the nurse in the administration of non-prescription medication. If the nurse is to be responsible for assessing only prescription medication orders/requests, it needs to be specified in this section. However, if the nurse is also to assess/clarify orders/requests for the administration of non-prescription medication, he/she must have an order from a licensed health care provider.</p> <p><b>126-27-6.2.5</b> This section indicates that the nurse will be responsible for providing Phase I and Phase II training to those individuals administering non-prescription medication. In a letter from Pamela Alderman, President of the Board of Examiners for Registered Professional Nurses, the opinion of the board is clear that school nurses <b>cannot conduct the training required.</b> (See paragraph #3 in correspondence to Melanie Purkey.)</p> <p><b>126-27-6.4.4</b> Inconsistent with 126-27-9.4 which specifies, "not to exceed school dosages for one calendar month." The same language should be used consistently throughout the policy, rather than "as needed."</p> <p><b>126-27-6.5.2</b> Allowing high school students to carry and self-administer non-prescription medication increases the likelihood of medication being passed to other students inappropriately. This would be difficult to monitor and ensure that medication being taken is, in fact, non-prescription, and whether the recommended dosages are</p>	<p>AI-</p> <p>NA/-</p> <p>NA/-</p>	<p>loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>Prescribed was added to section 6.2.2.</p> <p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WVBN.</p> <p>This acknowledges the role of the parent/guardian in replenishing the schools supply of prescribed medications.</p> <p>The American Academy of Pediatrics position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.</p>
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4/12/04	Pat Withrow, RN, BSN Head School Nurse Greenbrier County Schools P. O. Box 987 Lewisburg, WV 24901	6.1. – I think school nurses should be responsible for this. If principal is slack in this, it could be quite serious. I think principals should not be asked to do this. However, I do like that they need to provide storage, etc. Also, like outlining parent responsibility.	NA/-	Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/12/04	Kelli Kirk, RN, MSN, C-FNP, NCSN School Nurse 3708 Washington Ave. Charleston, WV 25304	6.5.2. – It states it is the role of the student (grade 9 or above) to self-administration Ibuprofen and keep in their possession. This is very dangerous. Students may over medicate themselves and/or their friends. They may switch products in the medication bottle and we would not be aware.  6.1.2. – It is stated that the administration is responsible to assign qualified employees to administer prescribed and OTC meds. This totally leaves out the school nurse. I disagree with this and I feel it is unsafe. I am in agreement with this section.	NA/-	The FDA has approved OTC medications for safe usage by the general public. The manufacturer's label is specific in addressing the parameters of safe administration. The student must have a parent/guardian permission form to carry OTC medications. The scenario described would fall under a disciplinary policy not the medication administration policy. The American Academy of Pediatrics position statements support that adolescents are capable and should be given the responsibility of self-administering OTC medications.

4/12/04	Serena Cline, RN Janet Sparks School Nurse McDowell County 30 Central Avenue Welch, WV 24801	6.1.6. – Administrators will be asking for more information about making arrangements for their staff to attend Phase I and Phase II training. This is not a responsibility that they will want to accept.  6.2.6. – Physician and parent should jointly make the ultimate decision concerning the student's abilities to self-administer their medication. Physician and parents are more familiar with student. How are counties with no nurse or limited nurse going to accomplish this task?	NA/-	The school nurse will only train the administrator's designee in CPR and first aid. WVDE will provide the training for OTC administration.
		<b>\$126-27-7. Administration of Prescribed Medication.</b>		
4/6/06	Sharon Casto on behalf of School Nurses of Nicholas County Schools	7.1. - add after word "prescriber", and written parent consent are received" 7.2.1. - add "G. date prescription filled". 7.3. - state full title: "Standards for Basic and Specialized Health Care Procedures 7.3.4. - after "the parent must provide", change to "from the licensed provider a new medication order and a properly-labeled container". Also change "designated personnel" to "designated qualified personnel" 7.4. - delete "and administrator" and "or administrator" from last two sentences. 7.4.2. - delete " or administrator"	A/o NA/o A/o A/o A/o NA/o	This change has been made to the policy. This is not standard information to collect and is located on prescription bottle. Change will be reflected in policy. The amendment of placing "a written authorization form from a licensed prescriber" will be added to section 7.3.4. Employees other than school nurses administer 98% of prescribed medications because nurses are not in the buildings at all times. For this reason, the administrator must be involved because the administrator is responsible for all that happens in their school.

4/6/04	plmccoy@access.k12.wv.us Paula McCoy, RN Greenbrier County Schools	7.3.1 - in regard to Administration of Prescribed Medication, it cannot be stressed enough that a quiet environment that ensures privacy for the students is essential. I'm pleased to see that mentioned.	N/+	
4/6/04	Cindy Stark School Nurse Raleigh County Schools 105 Adair Street Beckley, WV 25801	7.3. - Phase I and Phase II training elements need to be more carefully delineated before implementing in a state-wide policy.  7.3.4. - Who will decide the "Appropriate time frame?" Receiving a new container with each new monthly dose is NOT realistic.	NA/o	Policy 2422.7-The Standards for Basic and Specialized health Care Procedures addresses the specific requirements for Phase I and Phase II training.  This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
		7.4.4. - Submission of a written report to the county superintendent is not a practical response. Communication of medication incidents need to be handled with the school nurse, unless they involve over-the-counter medications--to whom will these be directed? How will the school nurse appropriately respond to the situation of a student who has an incident with non-prescribed medication?	NA/o	OTC medication procedures are clearly explained in section 8.5.
4/7/04	Marie Justiss School Nurse 125 Sherman Avenue Morgantown, WV 26501	7.3.2. - In schools where RN's are present, I believe it will be difficult to separate prescribed from-non-prescribed, particularly if medications are stored in same area. This puts the RN at great risk for licensure issues.	NA/-	The storage of OTC medication does not place the RN in a situation with legal ramifications.

4/7/04	Susan Pinto, RN, MSN, CFNP University High School 991 Price Street Morgantown, WV 26505	7.3.2. – dosage, etc. should ALWAYS be evaluated by RN when new med is received at school, UAP should never initiate without med first being checked by RN	NA/o	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
		7.4.1. – change physician to licensed prescriber	NA/o	Change will be reflected in policy.
		7.4.2. – why would administrator be making recommendations without RN collaboration? Change physician to licensed prescriber.	NA/o	
		7.4.4. – does the county superintendent REALLY...	NA/o	
4/7/04	Marti Kern, RN School Nurse 541 Barr Run Road Marianna, PA 15345	Licensed prescriber and parental authorization should be required for medication administration.	NA/o	Change will be reflected in policy.
4/7/04	Suzette Cook Assistant Superintendent McDowell County 30 Central Avenue Welch, WV 24801	7.3.2. and 7.3.3. – McDowell County Schools has two (2) school nurses, nineteen (19) school facilities, and approximately 4200 students. It would be a virtual impossibility for these two statements to be met. Most certainly, McDowell County Schools would not be the only county with these concerns.	NA/o	This is in accordance with Nurse Practice Standards and Policy 2422.7 Basis and Specialized Health Care Procedure Policy.
4/8/04	Rosemary B. Scott, RN, BSN, MS NCSN Jefferson Elementary Center 1103 Plum Street Parkersburg, WV 26101	7.2.2. – The section says prescribed over the counter medications must be provided by the student's family. I would recommend that some frequently used medications be available in stock containers for multiple student use. The board of pharmacy has told me that this is not dispensing (dispensing is what pharmacists do, nurses administer medications) because the laws that define dispensing only apply to prescription medications.	NA/o	The American Academy of Pediatrics and the Board of Nursing do not support stock medications with a blanket order that is not student specific. The issue of covering the nurses' licensure and not the child's health care need is addressed with stock medications with generalized student order.
		7.2.3. – Add this: Medication prescribed by standing orders or treatment protocols may be provided from a properly labeled stock container for administration to all	NA/o	The American Academy of Pediatrics and the Board of Nursing do not support stock

		students identified by the standing orders. Written parent/guardian permission to take the medication for conditions and symptoms described in the standing orders will also be needed.		medications with a blanket order that is not student specific. The issue of covering the nurses' licensure and not the child's health care need is addressed with stock medications with generalized student order.
4/8/04	Sharon Clark, RN, BSN Mineral County School Nurse RT #3, Box 442 Keyser, WV 26753	Good Safety Standards	N/+	
4/8/04	Nancy Starcher, RN Mineral County School Nurse Rt. 5, Box 485 Keyser, WV 26726	Good Safety Standards	N/+	
4/8/04	Jennifer Cole, RN, BSN School Nurse Rt. 3, Box 3074 Keyser, WV 26726	This is the safest way. I agree!	N/+	
4/8/04	Connie Harper School Nurse P. O. Box 135 Prociuous, WV 25164	Administrators will not take the time to even oversee the medication administration; certainly, they will not take the time to determine if it is being administered safely. Principals just do not have time to pick up another duty. This policy does not indicate that the principal will need trained – how will he/she determine if it is safely delegated when he/she has no training to determine safety of medication issues.	NA/-	Administrators assign and select school personnel for medication administration. Administrators are ultimately responsible for everything that occurs in their school system.
4/8/04	RESA VIII School Nurses Submitted by Nancy Starcher, RN Mineral County School Nurse 700 Harley Slaggers Dr. Keyser, WV 26726	Again, we appreciate the recognition of the safety standards that need to be maintained in order to give medicine in schools.	N/+	
4/9/04	Janis McGinis Coordinator of Health Services and Yvonne Santin, Director of Special Education	7.3. – "Medication administration includes" needs to be defined under Definitions, Section 4.  7.3.4. – The new medication cannot be given without the new doctor's order and current labeled container from the	N/ o	
			A/ o	This has been added to the policy as stated in section 7.1.

	Wood County Schools 1210 Thirteen Street Parkersburg, WV 26101	pharmacy that match. This is clearly stated in Phase II training of long-term medication administration.  7.4.2. – Poorly written and confusing. Do not understand the intent. Administrator recommendation/physician order is not synonymous. This implies that an administrator can practice medicine in order to correct a medication error.  7.4.4. – School nurse needs to be included in the submission of a medication incident. Only the school nurse has the expertise at the school level to assess the significance and impact of the medication incident.	N/ o	
4/12/04	Janet Allio, RN School Nurse 4 Lowell Drive Elkview, WV 25071-9494	7.2.2.c – Reason should be for a specific symptom or reason, not possibly to be given for specific symptoms. Otherwise, every student could have an OTC available “just in case”.  7.4. – Medication incident may also include missing medication.	N/ o	The school nurse or the administrator will be preparing the incident form as outlined in section 7.4.
4/12/04	Candace Berry, RN, BSN Supervisor/School Nurse Monongalia County Schools 475 Baird Street Morgantown, WV 26501	This section is appropriate and well written. Mon Co. already practices above this.  7.3.1. I like seeing this and maybe this will assist the school nurses to have an area that is solely used for them. Several nurses in this county share quarters with others such as parent volunteers or community class employees. This is a problem regarding the environment, not just for cleanliness, etc., but also for confidentiality.	N/+	
4/12/04	Jane D. Ishman, RN, MS, CHES Berkeley County BOE Certified School Nurse 4960 Engle Moler's Road Shepherdstown, WV 25443	7.2.1. - After c: add side effects or untoward actions  7.2.2. - Add after c: side effects or untoward actions  7.4.4. - School nurses are not responsible for the OTC's without a physician's order. I feel unnecessary problems will arise and the school nurse put in a position that should not be, as well as the boards of education. If the school nurse is not responsible for the administration of OTC's they should not be in the chain of contacts if there are problems with the medication. I am not saying that the school nurse does not care or does not want to help.	N/ o  N/ o  NA/o	Section 7.4.4 is part of the administration of prescribed medication section of this policy therefore it does not pertain to OTC medication administration procedure.

		However, they are being put in the position of fixing the problem after it has already occurred. Where if all medications required an order, they would be aware of all medications a student was taking.		
4/12/04	Susan Haselbacher, RN Monongalia County 13 Triune Lane Morgantown, WV 26507	7.1. - Monongalia County does this already. 7.3.2. - Who contacts school nurse?	N/0 N/0	
4/12/04	Leslie J. Bakker, RN, MSN Associate Professor of Nursing University of Charleston 2300 MacCorkle Ave, SE Charleston, WV 25304	7.3.3. - Again, a "training program" IS NOT SUFFICIENT education to make a sound decision re: medication administration. There are just too many subtle health status changes that an uninformed but well-meaning individual could miss, thus placing the child's well being in jeopardy.	N/0	
4/12/04	John E. Marlow Wood County BOE Member 2620 Cleveland Ave. Parkersburg, WV 26104	This section says that prescribed over the counter medication must be supplied by the student's family. I would recommend that some of the frequently used medications be available in stock containers for multiple student use. I have been advised that the State of West Virginia Board of Pharmacy says that nurses only administer, not dispense, medicines because the laws that define dispensing only apply to prescription medications. I would also like to see another section added here that states: Medication prescribed by standing orders may be provided from a stock container for administration to all students identified by the standing orders who have written parent/guardian permission to take the medication for conditions and symptoms described in the standing orders.	N/A/0	The American Academy of Pediatrics and the Board of Pharmacy do not support stock medications with a blanket order that is not student specific. The issue of covering the nurses' licensure and not the child's health care need is addressed with stock medications with generalized student order.
4/12/04	Denise Koster Kanawha County School Nurse 110 Waterside Circle Winfield, WV 25213	7.1. - We would also need the authorized parent form. 7.3.4. - We would need a new written order if there is any change in medication, dosage or time of administration.	A/0 A/0	This has been incorporated into the policy. This has been incorporated into the policy.
4/12/04	Rhonda Tabit, RN School Nurse 100 Goddard Avenue Fayetteville, WV 25840	7.2. - Very good instructions which provide safety measures prevents parents from bringing pills in "baggies", unlabeled bottles, envelopes, etc. 7.4. - Reporting incidents is very important. This clearly outlines a good procedure to follow.	N/+ N/+	

4/12/04	Kembra Crist School Nurse Fayette County HC 65, Box 29 Ansted, WV 25812	Administrators do not like to call physicians on the phone and information shared would be a violation of HIPPA. Again, documentation of medication incidents should be completed by "experts" in the area. The school nurse should receive and implement orders from physicians.	NA/-	HIPPA does not require a licensed health care professional to contact the licensed prescriber. A parent/guardian can permit a licensed prescriber to divulge information to school personnel handling medication administration.
4/12/04	Judith H. Boehm School Nurse Putnam County Rt. 62, Box 640 Eleanor, WV 25070	7.4. - "The school nurse or administrator shall do the following: 1. contact the physicians and parent/guardian" The Registered Nurse should be the ONLY individual contacting the licensed prescriber to obtain orders.	NA/-	The school administrator is acting "in loco parentis" and can take an order from a licensed prescriber in relationship to a medication incident or health care initiative.
4/12/04	Mercer County School Nurses  Rebecca Jordan, RN, BSN Maria Webster, RN, BSN Kim Williams, RN, BSN Shelly Weeks, RN, BSN	7.2. Who makes the pharmacist accountable/responsible for providing all the information outlined in 7.2.1?  7.2.2. Could there be a clarification of exactly what is a "prescribed over the counter medication"? For example, is this meant to include something like Ibuprofen, which is supplied over the counter in 200 mg increments but at the 600 mg level is considered to be a prescription drug? Where do drugs like Zantac and Claritin that can be purchased over the counter but are also prescribable (again, depending on the dosage) fit into this section? What would we do if a parent or guardian sent the medication authorization form with an over the counter medication that they wanted given to their student at prescription strength?	NA/-	This is standardized information from a pharmacy and prevents the parent/guardian from sending medication in the wrong container.  This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.  Section 7.2.2 is defining prescribed OTC medication. The order from the licensed prescribed must be followed as stated for the school nurse to properly administer the medication.  The administrator and county superintendent may delegate this procedure. This policy directs the accountability of the administrator's to receive and manage the incident forms.
		7.4.4. Medication administration incident reports. We would suggest amending this to "submit a written report to the administrator and county superintendent/designee."	NA/-	

4/12/04	Teresa Bayer School Nurse 54 Bethel Place Washington, WV 26181	7.3.2 This needs to be addressed in a delegation section specific.  7.3.4 This information needs to follow previous outlined information- written authorization from a licensed prescriber and current properly labeled container. –  Instead of “within an appropriate time frame”, to <u>initiate change</u> .	NA/ o	This is addressed in Policy 2422.7- Basic and Specialized Health Care Procedures and referenced in in section 7 of this policy.  This was included in the policy.
		7.4 This needs to be addressed in a delegation section specific.  7.4.4 “Submit a written report to the <b>school administrator</b> and <b>appropriate county administrator</b> county superintendent at the time of the incident.”	NA/ o	This is addressed in section 7 and 8 of this policy.  The administrator and county superintendent may delegate this procedure. This policy directs the accountability of the administrator’s to receive and manage the incident forms.
4/12/04	Pat Withrow, RN, BSN Head School Nurse Greenbrier County Schools P. O. Box 987 Lewisburg, WV 24901	7.3.4. – Parents should also provide as updated medication form (?new prescription)	A/o	A written authorization from the licensed prescriber has been added in section 7.1.
4/12/04	Kelli Kirk, RN, MSN, C-FNP, NCSN School Nurse 3708 Washington Ave. Charleston, WV 25304	I am in agreement with this section.	N/+	
4/12/04	Serena Cline, RN Janet Sparks School Nurse McDowell County 30 Central Avenue Welch, WV 24801	7.2.2. – Who is responsible for the label affixed to the counter medication? Can the parent label the container?  7.3. - Who is responsible for Phase I and Phase II training?  7.3.3. – Who makes this decision and who is responsible to contact the school nurse?	N/o  N/o  N/o	

		7.3.4. – What is an appropriate time frame?	N/A	
		<b>\$126-27-8. Administration of Non-Prescription Medication.</b>		
4/6/06	Sharon Casto on behalf of School Nurses of Nicholas County Schools	General comment: We believe all prescription and OTC medicines should be administered under the same guidelines as outlined in Section 126-27-7.  8.4.- School nurses should have no responsibility in training staff who are under the sole supervision of the building administrator, as this is in direct conflict with the State of West Virginia Nurse Practice Act.	N/A	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.
		8.5.4 If Section 126-27-8 is adopted, delete "or school nurse".	N/A	The school nurse is responsible for prescribed medication and must validate the safety of taking that medication in conjunction with any other medication.
4/6/04	<a href="mailto:pbmccoy@access.k12.wv.us">pbmccoy@access.k12.wv.us</a> Paula McCoy, RN Greenbrier County Schools	8.1.1. - in regard to Administration of Non-Prescribed Medication: currently our county is following the directive from Dr. Stewart and only gives medication (prescription and non-prescription) with a signed doctor's order. This has worked out well for parents, teachers, and administrators at the schools I serve. In conversations with the administrators of the five elementary schools that I serve it is apparent that they do not want to manage the administration of non-prescription medications.	N/A	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
4/6/04	Laura Barber, RN Kanawha County Schools School Nurse 16 Carriage Road Charleston, WV 25314	8.1.2. - The school administrator does not have the medical knowledge to determine whether non-prescribed (OTC) medications may be safely delegated.  8.1.1. - Many parents/guardians do not always follow	N/A	Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.  The FDA approves OTCs for safe

	<p>directions on the box or do they understand the indications for the medications use. These medications can be just as dangerous as prescribed medications if they are used or taken improperly. There are many documented cases of improper use of "over the medications" that have led to serious injury or death.</p> <p>8.1.1. - Who is responsible for the development of this form for non-prescriptive medications?</p>		<p>use by the general public.</p>
<p>4/6/04</p> <p>Cindy Stark School Nurse Raleigh County Schools 105 Adair Street Beckley, WV 25801</p>	<p>8.4.3. - If the principal must decide whether a student should receive a medication, is this an assessment--by a school administrator--on whether an over-the-counter medication should be given?</p> <p>8.5.4. - How will the school nurse VALIDATE the safety of multiple medications--what students ingest may have impact on how combinations of medications react--I remember a specific situation in which a student received a prescription medication AT HOME, unwisely decided to try a "beverage" from a fellow student and had a reaction severe enough to warrant emergency transport to the hospital--at school, we did not know that a combination effect was occurring--we only knew about the "admitted" beverage--the first parent arrived--said NOTHING about prescriptive situation. When the 2nd parent arrived, we were able to communicate to the emergency crew about the additional medications, last dose, etc--I do not believe the school nurse needs to VALIDATE the safety given the present case loads and assignments--even if the present ratio of 1 nurse to 1500 students was a reality.</p>	<p>NA/0</p>	<p>Section 4.10 defines the parent/guardian authorization form.</p> <p>Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>The school nurse is responsible for prescribed medication and must validate the safety of taking that medication in conjunction with any other medication.</p>
<p>4/7/04</p> <p>Marie Justiss School Nurse 125 Sherman Avenue Morgantown, WV 26501</p>	<p>This portion of the policy puts RN at great risk with licensure issues since Board of Nursing has not permitted RN to train people and not take responsibility for them. Since most personnel may be the person who administers prescribed/non-prescribed medication, we</p>	<p>A/0</p>	<p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.</p>

	need to realistically think this part of the policy through so as not to put the RN in an unsafe situation.		
4/7/04  Susan Pinto, RN, MSN, CFNP University High School 991 Price Street Morgantown, WV 26505	8.1.2. & 8.1.3. – not realistic, safe or acceptable  8.4.2. – How will administrator or his/her designee know if appearance or medication or dosage need to be questioned if RN not involved? How will designee know appropriate steps to assure that medication is safe to give.  8.4.3. – how will UAP know that condition “suggests” that it may not be appropriate to administer medication – this requires skilled assessment.  8.5. – this is NOT an appropriate or safe role for administration to assume	NA/o  NA/o  NA/o	The FDA approves OTCs for safe use by the general public.  Administrators and appropriate School Personnel are acting “in loco parentis”. Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.  The FDA approves OTCs for safe use by the general public.  Administrators and appropriate School Personnel are acting “in loco parentis”. Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.  The FDA approves OTCs for safe use by the general public.

		<p>8.5.4. – it is NOT appropriate for administrator to validate safety of multiple medications.</p> <p>Comments provided for sections in question only. Areas not addressed are acceptable practice.</p> <p>Thanks for the hard work with this policy.</p>	NA/o	<p>Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>The FDA approves OTCs for safe use by the general public.</p> <p>Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p>
4/7/04	<p>Marti Kern, RN School Nurse 541 Barr Run Road Marianna, PA 15345</p>	<p>Licensed prescriber and parental authorization should be required for medication administration. The school nurse should be one to determine if delegation of medication to a designated person can be given, not the administrator. The school nurse should be notified if any medication error and give instructions on any necessary steps needed. Parents should be notified, but "orders" should not be received. A pharmacist or licensed prescriber should be the one to verify the safety or multiple medications.</p>	NA/-	<p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.</p>
4/8/04	<p>Rosemary B. Scott, RN, BSN, MS NCSN Jefferson Elementary Center 1103 Plum Street Parkersburg, WV 26101</p>	<p>Should not include non-prescribed medication. I think it would be safer to administer over the counter medications with standing orders or treatment protocols signed by a licensed prescriber. I do not believe the state board of nursing will condone training anyone to give medications without an order.</p>	A/o	<p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.</p>

4/8/04	Sharon Clark, RN, BSN Mineral County School Nurse RT #3, Box 442 Keyser, WV 26753	Non-prescribed medications should not be administered by untrained non-health professionals.	NA/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/8/04	Trina L. Melody School Nurse 375 Hilltop Avenue Keyser, WV 26726	Asking a person to decide about administration of meds is beyond their expertise. Non-prescription medication is administered in our county with the physician's signature and parental signature.	NA/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/8/04	Nancy Starcher, RN Mineral County School Nurse Rt. 5, Box 485 Keyser, WV 26726	Non-prescribed medication should not be administered by untrained, non-health professionals.	NA/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/8/04	Jennifer Cole, RN, BSN School Nurse Rt. 3, Box 3074 Keyser, WV 26726	It is out of scope of expertise for any administrator to determine the safeness of administering OTCs. It is against the law for any licensed person to administer any drug without written doctor's orders.	NA/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a

					school system not a hospital/acute care facility.
4/8/04	RESA VIII School Nurses Submitted by Nancy Starcher, RN Mineral County School Nurse 700 Harley Staggers Dr. Keyser, WV 26726	We do not feel that non-prescribed medication should be administered in schools. We also feel that an administrator should not have to accept the responsibility of determining whether a non-prescribed medication may be safely delegated to a designee.	NA/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.	
4/8/04	Kanawha County School Nurse 200 Elizabeth Street Charleston, Wv 25311	8.3.5.1. – Administration according to Policy 2422.7 involves training by a nurse, does it not?	NA/o	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.	
4/8/04	Ann Sammons Raleigh County BOE School Nurse Coordinator 105 Adair Street Beckley, Wv 25801	8.5.1. – How will anyone know when both prescribed and OTC's have been authorized. Nurses are not, by law, responsible for OTC's. Administrators, by law, are not responsible for prescribed meds. There seems to be a great potential for drug interactions. Who keeps track of allergies? There are many OTC allergies out there too. This whole idea seems very dangerous when there are 8 hr. analgesics out there now and Prilosec that can be given before school. Any other OTC's seem to be mostly for the placebo effect of saying, "we did something." This is a high price to gamble with these children.	NA/-	The parent/guardian authorization form requires all medication taken by a student is to be listed for prescribed and/or non-prescribed medications.	
4/9/04	Janis McGinnis Coordinator of Health Services and Yvonne Santin, Director of Special Education	8.4.3. – I am concerned with non-medical personnel having this responsibility.	N/o		
4/9/04	Janis McGinnis Coordinator of Health Services and Yvonne Santin, Director of Special Education	8.1.1. – This statement should read Parent/Guardian authorization from is provided and properly completed. 8.1.2. – What criteria has been used to determine that a school administrator has the authority and expertise to	N/o NA/-	The BON does not promulgate rules for BOE. Administrators and	



	<p>validations process must require a doctor's order for over the counter and prescribed medication to be given for the student's health and safety.</p>		
<p>4/12/04  Janet Allio, RN School Nurse 4 Lowell Drive Elkview, WV 25071-9494</p>	<p>8.1.2. – The school administrator lacks the professional training and knowledge to determine if the medication can be safely administered in the school setting as well as if it can be safely delegated to a designee. The administrator cannot determine if the designee has an accurate understanding of the medication when he/she lacks the knowledge as well.</p> <p>8.1.3. – Lacking the professional knowledge about OTC's, the administrator will be unable to even know what questions to ask or clarify – as this would involve a thorough knowledge of the medication actions, expected results and possible side-effects as well as interactions with other medications.</p> <p>8.4.2. – Neither the administrator or designee will have the professional knowledge to know when a medication's appearance or dosage is to be questioned, as this would involve a thorough knowledge of the medication actions, expected results and possible side-effects as well as interactions with other medications.</p> <p>8.4.3. – Neither the administrator or designee will have the professional knowledge to know when a student's health condition suggests that it may not be appropriate to administer the medication, as this would involve a thorough knowledge of the reason for the medication, the</p>	<p>NA/-  NA/-  NA/-</p>	<p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not</p>

		<p>medication actions, expected results and possible side effects as well as interactions with other medications.</p> <p>8.5.1. – A medication incident may require physician intervention, which would require a medical professional to make that determination.</p> <p>8.5.2. – There would be no orders as this is referring to directives from a parent/guardian.</p> <p>8.5.4. – The administrator lacks the medical knowledge to validate the safety of multiple medications as this involves a thorough knowledge of the reason for the medication, the medication actions, expected results and possible side effects as well as interactions with other medications. The school nurse has no responsibility in administration of OTC as this policy reads and should not be expected to be responsible for this validation of multiple medications.</p>		<p>prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>The parent/guardian is the health care manager of the child and makes all health care decisions related to care of child.</p>
4/12/04	<p>Kathleen S. Lloyd, RN, NCSN Jefferson County School Nurse Nationally Certified School Nurse Rt. 1 Box 899</p>	<p>8.1.2. - How does the school administrator determine if administration of non-prescribed med may be safely delegated? There is no medical knowledge here. I have seen parents send in aspirin which is clearly contra-indicated for many conditions, G6PD, fevers due to virus, etc....do you really believe the principal has the knowledge to make this determination safely?</p>	NA/-	<p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>The school nurse is the manager of prescribed medication and should be aware of any other medications the child is taking to prevent untoward effects. This is part of the school nurse role in prescribed medication administration.</p> <p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed</p>

<p>Harpers Ferry, WV 25425</p>	<p>8.4.1. - It the secretary's office meet this requirement? I assure you this is where non-prescription meds will be given- in the busiest, least private area in the school!</p> <p>8.4.2. - What would make you question a medication dosage or appearance? This again is best done by a health care professional...</p> <p>8.4.3. - What would make the designee decide the med is inappropriate to administer? Their knowledge about G6PD, Reyes syndrome secondary to aspirin administration, their understanding that Advil and Motrin are the same med and shouldn't be given if one was taken less than 4 hours earlier?</p> <p>8.5. - Now a med error has occurred, you are asking principal or secretary to make contact with parent, instead of contacting the health care professional in the school, the RN. This is not in the interest of the child</p> <p>8.5.4. - Now you want to involve the nurse....I hope your administrator realizes the child is on multiple meds...you have compartmentalized the non-prescription meds and have set a procedure that can easily lead to more med errors and further decreases the child's safety.</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>The WV/BON has ruled the school nurse is practicing outside of his/her scope of practice when dealing with non-prescribed medications. Therefore disabling the school nurse from being the contact person.</p>
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4/12/04	Candace Berry, RN, BSN Supervisor/School Nurse Monongalia County Schools 475 Baird Street Morgantown, WV 26501	8.1.2. A non-medical person determining a safe scope of practice for medical needs of the students. The school nurse needs to be incorporated in this section.  This county already has an established medication policy that has most of these standards. The school nurse is in charge of all medication needs in this county, and this works very well. The administrators do not want this responsibility. Our policy is both administrator and school nurse friendly. The school nurse's and administrators work cohesively here.	N/o	
4/12/04	Jane D. Ishman, RN, MS, CHES Berkeley County BOE Certified School Nurse 4960 Engle Moler's Road Shepherdstown, WV 25443	8.1.2. - A concern arises if a student comes to the office complaining of a headache and request OTC Tylenol their parents have authorized. Perhaps the student neglects to mention he/she just suffered a head trauma (hit in the head by a baseball, ran into a pole, slipped in the bathroom). What if the student suffers a concussion or worse needs hospitalization as a result. Could this not have been avoided if a prescription was required with specific parameters? Part of the training for medications administered by the school nurse's designee is asking questions to go along with the administration of medication.  8.1.3. - What training will the administrator have to know what questions to ask? Evaluation for side effects or untoward effects, etc.?  8.3.4. - Add possible untoward effects  8.4. - The school nurse cannot train the administrator's designee per WVVRN Board letter dated March 25, 2004  8.4.2. - What are these steps/guidelines?  8.5.4. - If the school nurse cannot administer OTC's without an order, how can it be safe/reasonable to put the school nurse in a position to be responsible when a	N/o  N/o  A/o  N/o  N/o  N/o	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.

	student receives both OTC and prescription medication?		
<p>4/12/04</p> <p>Kathy Whitlock, RN, BSN  Certified School Nurse  106 Pinnacle Way,  Charleston, WV 25311</p>	<p>8.1.2. The school administrator <b>should not</b> be given the "... authority to determine if the administration of non-prescribed medication may be safely delegated to the administrator's designee..." It has already been established in section 126-27-4, 4.1, that "administration of medication means a health care procedure," and in section 126-27-6, 6.2.3, that it is the role of the school nurse to "manage health related problems and decisions," and in section 6.2.4 that the school nurse is to "...utilize the West Virginia Board of Examiners for Registered Nurses Guidelines for Determining Acts that may be Delegated..." Why then, does this policy propose that non-medical personnel be allowed to make decisions related to medication administration?</p> <p>There seems to be some misconception about the significance of administering over-the-counter (OTC), non-prescription medications. OTC medications, like prescription medications, have the potential to cause adverse and allergic reactions, some severe enough to illicit life threatening anaphylaxis (an acute whole body allergic reaction). Also, administering OTC medications should be done only after serious consideration of several factors: whether the student is on other prescription and non-prescription medications that may interact with the OTC medication, whether there is an existing health issue that would make administration of the OTC medication contraindicated, has the nursing assessment confirmed the need for administration of an OTC medication, are there interventions that would alleviate the symptoms without medication (always the best alternative), etc. Additionally, non-medical personnel do not have the knowledge base to make decisions regarding medications. For example, most people are aware that the National Ryess Syndrome Foundation recommends that no aspirin products be given to children suffering from the flu. There are almost 50 OTC medications on the market that contain aspirin.</p>	NA/-	<p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>NA/-</p> <p>The FDA approves OTC medication for safe usage by the general public.</p> <p>Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>Section 8.1.3 refers to any licensed health care provider to clarify a medication question. The licensed prescriber, in Section 8, does not order OTCs.</p> <p>The training for OTC</p>

	<p>Clearly, non-medical personnel do not have the knowledge base to determine if an OTC medication can be administered safely.</p> <p><b>8.1.3</b> The suggestion that the school administrator has the authority to contact a licensed health care provider to clarify any questions about the medication being administered is confusing, and illegal. Because this section pertains to non-prescription medication, there will be no licensed health care provider's prescription or authorization. Therefore, there would be no health care provider to contact. Additionally, HIPAA laws prevent most individuals from accessing health related information from health care providers, particularly individuals that are not health care providers themselves. Finally, the West Virginia Board of Examiners for Registered Professional Nurses has taken an official stand against the practice of school nurses administering non-prescription medications to students. The school nurse cannot, therefore, be associated with administration of non-prescription medication in any form including training, delegation, or consultation. For a school nurse to do so would be unethical and illegal.</p> <p>It is recommended that a state medication administration policy be developed in order to standardize safety procedures and to develop protocols that are consistent with Nurse Practice Standards set forth by the West Virginia Board of Examiners for Registered Professional Nurses. Why then, does this policy contradict current law, and disregard recommendation from the West Virginia Board of Examiners for Registered Professional Nurses? Make West Virginia schools as safe as possible, for students and staff, by relegating health related issues to a licensed health care provider - a certified school nurse. Clearly, there should be an effort to ensure that every school has access to a school nurse, not to lower the standards of practice of nurses and educators.</p> <p>Thank you for considering these comments.</p>	<p>administration will incorporate significant child related issues in regards to OTC medications.</p> <p>The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility. Section 8.1.3 refers to any licensed health care provider to clarify a medication question. The licensed prescriber, in Section 8, does not order OTCs.</p>
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4/12/04	Susan Haslebacher, RN Monongalia County 13 Triune Lane Morgantown, WV 26507	8.1.2 – School administrators are too busy to add this responsibility to their workload. How would an administrator know about meds – nurses know meds – nurses should be making this decision? Physician's orders should be obtained for OTC meds and dispensed by the nurse or her designee. If you allow administrators to dispense or assign a designee you are allowing non-medical people to make health and medication assessments. Is this within their scope?	NA/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/12/04	Leslie J. Bakker, RN, MSN Associate Professor of Nursing University of Charleston 2300 MacCorkle Ave. SE Charleston, WV 25304	8.1. – This places too much authority on school administrator. It takes time to contact parents/health care providers and administrators are too busy. They are no more trained than other lay individuals re: medications and safety.	NA/-	Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/12/04	John E. Mantow Wood County BOE Member 2620 Cleveland Ave. Parkersburg, WV 26104	I believe it would be safer for our schools to provide basic non-prescribed (over the counter) medications in stock bottles rather than having student's parents/guardians be responsible for them. If we do not provide basic over the counter medications it is possible that the following example could become a reality. A school could receive 200 bottles of a non-aspirin pain reliever if the students at the particular school have the proper authorization. Then the school would be responsible for, keep track of, and a registered professional nurse would have to find that specific students bottle of non-aspirin pain reliever to administer to that student if the need would ever arise. The only employee that is able to assess any illness or injury is the Registered Professional Nurse, therefore I don't see how our State Board Of Education can pass a policy stating anything other than that.	NA/-	The American Academy of Pediatrics and the Board of Pharmacy do not support stock medications with a blanket order that is not student specific. The issue of covering the nurses licensure and not the child's health care need is addressed with stock medications with school order.
4/12/04	Denise Koster Kanawha County School Nurse 110 Waterside Circle Winfield, WV 25213	8.1.1. – We would need a doctor's order to be in compliance with the Nurse Practice Act. It seems that the WV Nursing Board has determined that it is too dangerous for the RN to give meds without a doctor's order. It would seem that it would be very risky for a	NA/o	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.

	layperson to administer OTC without an order.	NA/-	Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
	8.1.2. – This would seem that the administrator is practicing medicine without a license. The law states that only the school nurse can delegate.	NA/-	Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
	8.1.3. – I don't feel an administration would have the expertise to assess medical issues, side effects, etc. I believe HIPPA regs. say that this information can't be discussed due to confidentiality. The school nurse would be able to discuss this with the doctor if the medication form is completed by the doctor.	NA/-	Section 8.1.3 refers to any licensed health care provider to clarify a medication question. The licensed prescriber, in Section 8, does not order OTCs.
	8.4. – School Nurses cannot do the training – we cannot be responsible if there is no order from a person licensed to prescribe medication.	NA/-	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.
	8.4.2. – A layperson does not have the medical knowledge to make an accurate assessment.  Thank you for the opportunity to make comments of the proposed policy.	NA/-	Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order

			<p>from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility. Section 8.1.3 refers to any licensed health care provider to clarify a medication question. The licensed prescriber, in Section 8, does not order OTCs.</p>
4/12/04	<p>Rhonda Tabit, RN School Nurse 100 Goddard Avenue Fayetteville, WV 25840</p>	<p>8.1.2. – School administrator lacks the medical training to make such determination.</p> <p>8.1.3 – Licensed prescribers are prohibited by HIPPA laws from discussing any clients information without prior written consent.</p> <p>8.5. – Parents unlikely to be able to determine recommended response to medication incident. This requires medical assessment and judgment. Relying on parent's instructions put administrator and designee at great risk and liability.</p>	<p>NA/-</p> <p>Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility. Section 8.1.3 refers to any licensed health care provider to clarify a medication question. The licensed prescriber, in Section 8, does not order OTCs.</p> <p>NA/-</p> <p>Section 8.1.3 refers to any licensed health care provider to clarify a medication question. licensed prescriber's order is not required to administer an OTC, therefore eliminating specific information related to the student.</p> <p>NA/-</p> <p>Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This</p>

		<p>8.5.4. – School nurse may not be able to perform this function per RN Board.</p>	NA/-	<p>policy applies to a school system not a hospital/acute care facility. Section 8.1.3 refers to any licensed health care provider to clarify a medication question. The licensed prescriber, in Section 8, does not order OTCs.</p> <p>The school nurse is required by nursing practice standards to validate the safety of medications for which she is directly accountable for the administering.</p>
4/12/04	<p>Kathy S. Willis, RN, BSN, MSN  School Nurse (6 schools)  Cabell County BOE  101 Ridgeway Drive  Huntington, WV 25702</p>	<p>8.4.2. – What staff person is going to want to assume this serious responsibility of determining if a non-prescribed med is safe to administer? Isn't there some kind of medical and/or "nursing" judgment and/or assessment needed here?</p> <p>8.4.3. – How does the staff member determine that the student's health condition "is suggesting that it may not be appropriate to administer the non-prescribed med"? Isn't there, again, some kind of "nursing" assessment needed here?</p> <p>8.5.1. – Hopefully this medication incident is not too serious. Nothing relates contacting a (or the) school</p>	NA/-	<p>Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parents". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.</p> <p>Parents manage the health of their child on a daily basis and seek</p>

		<p>nurse or the student's health care provider. Who is going to take the responsibility of accurately assessing an incident to be able to communicate enough of it to the parent for an appropriate response? What is the situation is min-assessed? Who wants that responsibility?</p>		<p>medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility. The WV/BON will not allow the school nurse to be involved with the administration of OTCs.</p>
		<p>8.5.4. – Now the school nurse determines if the OTC is okay? Nothing has been addressed that all medications, prescribed or OTC's that a student takes at home and school needs to be known before an accurate assessment can be made and/or determined. I do not see how an accurate assessment can occur without a complete med taking history has been secured by the responsible administrator – who, as I understand it, will determine if the OTC med can be given (taken) in the school setting. Again, where is the medical and/or "nursing" assessment.</p>	NA/-	<p>Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility. The WV/BON will not allow the school nurse to be involved with the administration of OTCs.</p>
4/12/04	<p>Kembra Crist School Nurse Fayette County HC 65, Box 29 Ansted, WV 25812</p>	<p>If we in the educational arena want ALL students to be safe and healthy, how do we maintain this safety and good health without proper authorization?  A medication is medication is a medication whether it be prescribed, long-term, short-term, or emergency. Having to separate will only cause confusion. Any way you view it you are still introducing a chemical into the body, which may alter.  Again, who will provide training?</p>	NA/-	<p>This policy promotes safety and education in regards to health.  The School Nurse is not allowed to administer OTCs without an order from a licensed prescriber in accordance with the March 25, 2004 letter from the WV/BON. Parents manage the health of their child on a daily basis and seek medical attention when their</p>

				assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/12/04	Judith H. Boehm School Nurse Putnam County Rt. 62, Box 640 Eleanor, WV 25070	The Registered Nurse should oversee/monitor the prescribed and OTC medications. OTC medications as well as prescribed medications should require a licensed prescriber's signature. Non-medical personnel should NEVER be responsible for this.	NA/-	The School Nurse is not allowed to administer OTCs without an order from a licensed prescriber in accordance with the March 25, 2004 letter from the WV/BON. Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/12/04	Jane Cooper, RN School Nurse Fayette County Schools P. O. Box 130, Route 60 Lookout, WV 25868	This gives the school administrator an invalid license to practice medicine doesn't it? Yes, most parents are well educated in OTC meds; but some overmedicate, send wrong meds, wrong dosage, (I've had errors even with a physician's order for OTC's) Neither the school administrator nor the school nurse may have the knowledge to validate the safety of multiple meds. . . at least the SN has resources and can research the meds in question.	NA/-	Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/12/04	Cli Payne School Nurse Kanawha County Schools	Please, No. I've had a recent hearing with a high school student that had Prednisone, Zyrtec and <u>POI</u> in a baggie at school. Of course, the parents took up for child and	NA/-	Parents manage the health of their child on a daily basis and seek medical attention when their

	902 Overlook Way So. Charleston, WV 25309	said she had the minimal dose of Prednisone. That's why she attacked the principal and policeman.		assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
		8.4.2., 8.4.3. – Who does this?	NA/0	Section 126-27-8 defines the school personnel responsible for OTC administration.
		8.5.4. – This is a joke – the doctor doesn't want to validate the safety of OTC – so the Principal will? NOT ME!! What are we getting into?	NA/-	This is a nursing practice standard in the delivery of medication and a safety measure for children in school systems.
4/12/04	Mercer County School Nurses  Rebecca Jordan, RN, BSN Maria Webster, RN, BSN Kim Williams, RN, BSN Shelly Weeks, RN, BSN	<b>8.5.4. Multiple medications.</b> How will the administrator know there are potential interactions? We appreciate the committee's attempt to relieve the state's school nursing staff of responsibilities that are out of our scope of practice, but what training does the administrator have to determine some of the things outlined in this policy? We are supposedly trained and licensed health care providers, the majority of whom have taken pharmacology courses and been tested about medication information as part of obtaining our licenses. To our knowledge, this is not something that is generally a part of a faculty member's education, yet administrators are being asked to "validate the safety of multiple medications" and determine who best among their staff is competent to administer medications.	NA/-	Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/12/04	Teresa Bayer School Nurse 54 Bethel Place Washington, WV 26181	8.4. - What training and knowledge do administrators or administrator designees have to make these determinations regarding whether medication is safe and/or should be administered? What area could be provided or be available as described. What administrator has a staff member who has the time and is available to be disrupted throughout the day?	NA/-	Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor

			regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/12/04	<p>Lisa Martin Director of Special Education and Health Services Jackson County Schools</p>	A/ -	<p>The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV BON.</p> <p>The addition of "other medication(s) taken by student was added to the parent/guardian authorization form to ensure safety.</p>
	<p>126-27-8.4 As previously cited, school nurses may not provide Phase I and Phase II training for the administration of non-prescription medication for which a physician order is not on file.</p> <p>126-27-8.5.4 Absent a requirement for physician order for non-prescription medication, it will be very difficult to ascertain whether a student is taking both prescribed and non-prescribed medication. This is further complicated by the potential for high school students to carry and self-administer non-prescription medication for which there is no record of authorization.</p> <p>The last sentence should be changed from, "At times, this validation process may require a licensed provider order." to "Students taking both prescribed and non-prescribed medication must submit a licensed provider order for all medications to be administered at school, including any potential drug interactions."</p> <p>I hope these comments prove helpful in resolving concerns with the current draft of state board policy 2422.8. I may be reached at (304) 372-7309, should clarification of any of the above comments is needed.</p> <p>Respectfully submitted,</p>	NA/-	<p>The validation process will be a decision made by the administrator or school nurse.</p>
4/12/04	<p>Pat Withrow, RN, BSN Head School Nurse Greenbrier County Schools P. O. Box 987 Lewisburg, WV 24901</p>	NA/-	<p>I think it is unrealistic for administrators to determine if medicine may be given safely (is this legal?) Also, can they legally validate the safety of multiple medications and can parents do this?</p> <p>Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order</p>

				from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.  The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/12/04	Kelli Kirk, RN, MSN, C-FNP, NCSN School Nurse 3708 Washington Ave. Charleston, WV 25304	The state board of nursing has determined that a physician's order is necessary for the school nurse to administer any OTC medication. The school nurse is placed in a very vulnerable position if students use OTC meds at school without a valid physician's order.	NA/-	The BON does not promulgate rules for BOE. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This policy applies to a school system not a hospital/acute care facility.
4/12/04	Serena Cline, RN Janet Sparks School Nurse McDowell County 30 Central Avenue Welch, WV 24801	The state board of nursing has determined that WV school nurses cannot conduct training in the new policy. A school nurse who conducts training of unlicensed employees is still responsible if that individual administers OTC meds without a doctor's order. Studies have shown no improvement in student attendance when OTC meds are used.  8.1.1. – Who designs this form? Is it separate from the physicians form?  8.3. – Who is responsible for applying this label? Can a parent?  8.4. – Who is responsible for Phase I and Phase II	A/o  N/o  N/o	The School Nurse has been removed as the trainer for administering OTCs in accordance with the March 25, 2004 letter from the WV/BON.

		training? 8.4.3. – Who is to assess the student and make this decision? 8.5. – “If necessary” should be eliminated. A parent has a right to know about any deviation in medication administration. 8.5.4. – Physician should be responsible for validating safety of multiple medications, defiantly not the administrator.	N/A-	This policy requires a parent be notified of any medication incidents.  This policy allows the administrator and school nurse to contact a licensed health care provider to clarify the safety of multiple medications and even required a prescription to verify the safety.
		<b>§126-27-9. Medication Storage, Inventory, Access and Disposal.</b>		
4/7/04	Marie Justiss School Nurse 125 Sherman Avenue Morgantown, WV 26501	Again, if RN is not to be involved with non-prescribed medicine, they would be normally kept with prescribed medicines. This is a definite issue that puts the RN in a difficult Legal situation.	N/A-	The storage of OTC medication does not place the RN in a situation with legal ramifications.
4/7/04	Marti Kern, RN School Nurse 541 Barr Run Road Marianna, PA 15345	Medications should be kept under double locks for HIPPA regulations. Only personnel designated by the nurse and administrator should have access to the keys for the locked areas containing medications. A list should e compiled and updated frequently on personnel with access to medications.	N/A/ o	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
4/8/04	Rosemary B. Scott, RN, BSN, MS NCSN Jefferson Elementary Center 1103 Plum Street Parkersburg, WV 26101	9.4. – I think it may be impractical to insist that medication only be provided for one month at a time. For example, if a doctor would prescribe ibuprofen for occasional headache, would you expect the parent to send in only enough for a month, and then take it home and send it back to school for the following month? Could this section be changed to read: “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 school year.”	N/A/ o	School systems should not be responsible for more than a 30 day supply of medication. This is a safety factor for the school system. The ability to store large amounts of student medication should not be the focus. This enables frequent communication with the parent/guardian to ensure safety.
		Please consider that the school nurses in West Virginia	N/ o	

		are well educated. In order to be certified by this state as school nurses, we are required to have a bachelor's degree, and many of us have master's degrees. That is a standard higher than the one met by most hospital nurses or even nurses in industry or other clinical settings. Our specialty is the care of children. We hope that we can assist them to not only stay in school, but to be comfortable and effective learners while they are there. It would be a shame to ignore the resource that is available to many schools in the state because there are some school systems that cannot provide this care.		
4/8/04	Sharon Clark, RN, BSN Mineral County School Nurse RT #3, Box 442 Keyser, WV 26753	We already follow these standards.	N/ o	
4/8/04	Nancy Starcher, RN Mineral County School Nurse Rt. 5, Box 485 Keyser, WV 26726	Good safety standards.	N/ +	
4/8/04	Kanawha County School Nurse 200 Elizabeth Street Charleston, WV 25311	Obviously separate storage would be required for prescription and OTC meds.	NA/ -	The storage of OTC medication does not place the RN in a situation with legal ramifications.
4/8/04	Ann Sammons Raleigh County BOE School Nurse Coordinator 105 Adair Street Beckley, WV 25801	What is meant by medication inventory?	NA/ o	A list of medications stored at the school. The basic definition is expressed in the context of section 9.2.
4/9/04	Janis McGinis Coordinator of Health Services and Yvonne Santin, Director of Special Education Wood County Schools 1210 Thirteen Street Parkersburg, WV 26101	9.1. – Refer to comments for Sections 6.1.3. and 6.4.2. 9.2. – Refer to comments for Sections 6.1.3. and 6.4.2. 9.3. – Should read (in second sentence), "If there is . . . the school nurse shall have authority over the access to prescribed medications. Where is OTC medications addressed? Does this mean all medications? 9.4. – Where are the limits (if any) to OTC medication amounts?	N/ o N/ o A/ N/ o	...the school nurse shall have authority over the access to <b>prescribed</b> medication has been added to reflect the WVBN ruling on March 25, 2004.

		9.5. – Refer to comments for Section 6.4.2.	N/ o	
		9.6. – Who determines who the two (2) individuals will be? Who trains these individuals in the proper medication disposal? What is the "appropriate form related to the specific student"?	N/ o	
4/12/04	Janet Allio, RN School Nurse 4 Lowell Drive Elkview, WV 25071-9494	9.3. – if OTC's are to be given under the supervision of the administrator, these medications need to be separate from those the school nurse has responsibility for.	N/ -	...the school nurse shall have authority over the access to <b>prescribed</b> medication has been added to reflect the WV/BON ruling on March 25, 2004.
4/12/04	Kathleen S. Lloyd, RN, NCSN Jefferson County School Nurse Nationally Certified School Nurse Rt. 1 Box 899 Harpers Ferry, WV 25425	9.2. - Do you believe the busy secretary who is inevitably going to be designated has time to monitor expiration dates or necessarily realizes the importance of dating? Remember the principal, not a health care professional, has done her training.  9.3. - I cannot legally control access to non-prescription medication if I cannot legally give it.	N/ -	...the school nurse shall have authority over the access to <b>prescribed</b> medication has been added to reflect the WV/BON ruling on March 25, 2004.
4/12/04	Candace Berry, RN, BSN Supervisor/School Nurse Monongalia County Schools 475 Baird Street Morgantown, WV 26501	Excellent section. This is our operating procedure here in Mon Co. These are standards that need implemented statewide.	N/+	
4/12/04	Jane D. Ishman, RN, MS, CHES Berkeley County BOE Certified School Nurse 4960 Engle Moler's Road Shepherdstown, WV 25443	9.4. - Many prescriptions are now supplied by insurance companies in 3-month supplies. Original prescription bottles may not be available in one-month quantities. Also, at times it is difficult to get a parent to bring in the required medication. Having more than one month on hand ensures the student has the medication available and it takes no more storage space than a one-month supply.  9.5. - Does this include the disposer?  Thank you for allowing me the comment.	N/ -  N/ o	

4/12/04	John E. Marlow Wood County BOE Member 2620 Cleveland Ave. Parkersburg, WV 26104	See comments from the above section with regard to storage of over the counter medications. Section 9.4 needs to have within each calendar month deleted and replaced with <u>within each school year</u> .	N/0	
4/12/04	Rhonda Tabit, RN School Nurse 100 Goddard Avenue Fayetteville, WV 25840	9.6. – Good – protects staff from false accusations from parents. Many parents fail to pick up medications after notified. a. – This is good – it will require schools to provide adequate storage – not desk drawers file cabinets, etc.	N/+	
4/12/04	Kembra Crist School Nurse Fayette County HC 65, Box 29 Ansted, WV 25812	Great!	N/+	
4/12/04	Judith H. Boehm School Nurse Putnam County Rt. 62, Box 640 Eleanor, WV 25070	9.6. – “Two individuals will witness” One of the two individuals should be the designated school personnel trained by the school nurse.	N/A/0	Section 9.3 delineates the administrator and the school nurse as having access to the medication storage cabinet. The delegation of this duty will be upon appointment to the appropriate school personnel by the administrator or the school nurse.
4/12/04	Cil Payne School Nurse Kanawha County Schools 902 Overlook Way So. Charleston, WV 25309	Just a written note for child saying a parent, kid, etc. – then die on up a creek – all notes aren’t verified. Just wait for a lawsuit?	N/A-	Section 126-27-9 is referring to medication storage, inventory, access, and disposal.
4/12/04	Mercer County School Nurses  Rebecca Jordan, RN, BSN Maria Webster, RN, BSN Kim Williams, RN, BSN Shelly Weeks, RN, BSN	9.1. We agree with this as a needed measure.  9.2. Whose responsibility is it to initiate the medication inventory? Under another section in this policy, pills are to be counted, etc. Is this up to the administrator/designee, or the school nurse? Again, in counties where one nurse provides services to multiple schools, we cannot physically be at each individual school in the mornings when students typically bring in their new medications.	N/+  N/A/0	  This will be a requirement of the school personnel responsible for the medications as outlined in the policy. This policy only sets standards for county boards of education to develop specific policy.
		9.5. Whose responsibility is it to dispose of medications as outlined in this section? Thirty days after school is out	N/A-	Section 9.5 states “no later than 30 days after the parent/guardian

		for the summer would be in July.		authorization form expires or on the last day of school.
4/12/04	Kelli Kirk, RN, MSN, C-FNP, NCSN School Nurse 3708 Washington Ave. Charleston, WV 25304	9.6. What about donating unused portions of drugs to charitable institutions that have pharmaceutical staff that can repackage them? For example, in Mercer County we have a clinic called Mercer Health Right that takes drugs that have been donated by individuals (for example, drugs left over after the death of a loved one or a change in prescription), repackages them and lets people obtain much needed medications on a sliding scale based on income.	NA/0	This policy clearly defines disposal procedures in section 9.6.
4/12/04	Serena Cline, RN Janet Sparks School Nurse McDowell County 30 Central Avenue Welch, WV 24801	Who is responsible to monitor for expiration and disposal?	N/0	
		<b>\$126-27-10. Confidentiality and Documentation.</b>		
4/6/04	pjmccoy@access.k12.wv.us Paula McCoy, RN Greenbrier County Schools	10.1. - Confidentiality and Documentation: It is good to include this reference to FERPA and its impact on medication records. Thank you.	N/+	
4/6/04	Cindy Stark School Nurse Raleigh County Schools 105 Adair Street Beckley, WV 25801	10.1. - To provide a health care plan for each medication administered, including reactions and untoward effects would be prohibitive for students receiving multiple medications at school. With the current approach of "inclusion" for students with special needs, more individuals will need access to more detailed information. Will this necessarily make the student safer or will this volume of information simply serve to distract the teaching professionals, thereby inducing the inability to concentrate on the genuine health needs of the student?	NA/-	Any prescribed medication given at school signifies a health care problem with a child, therefore validating the importance of a health care plan. The WV Academy of Pediatricians state that all prescribed medications should be on a Health Care Plan(HCP) especially ADHD medications.

4/7/04	Marti Kern, RN School Nurse 541 Barr Run Road Marianna, PA 15345	Due to FERPA laws, only school nurses should have space in their offices, and not have to share with other personnel. The offices should be locked and then the second lock would be the school building being locked for the keeping of files for students.	NA/ 0	This policy provides flexibility, when possible, for county boards of education to implement the policy in a manner that meets specific county needs. County Boards can exceed the standard put forth in this policy.
4/8/04	Sharon Clark, RN, BSN Mineral County School Nurse RT #3, Box 442 Keyser, WV 26753	I question who will document when medications are taken by these students.	N/ 0	
4/8/04	Nancy Starcher, RN Mineral County School Nurse Rt. 5, Box 485 Keyser, WV 26726	These are great standards, but who will document students taking medications on their own? (high school students self-administering)	NA/ 0	This policy promotes responsibility and education. The essence of self-administration with a parent/guardian authorization form gives permission to the student to manage their health care with OTC as deem appropriate and under the guidance of the parent/guardian.
4/9/04	Janis McGinis Coordinator of Health Services and Yvonne Santin, Director of Special Education Wood County Schools 1210 Thirteen Street Parkersburg, WV 26101	10.1 – For records/documentations related to over the counter medications, where are these records to be kept since they are different from prescribed medical records and will be monitored by someone other than the school nurse?	N/ 0	
4/12/04	Kathleen S. Lloyd, RN, NCSN Jefferson County School Nurse Nationally Certified School Nurse Rt. 1 Box 899 Harpers Ferry, WV 25425	10.2. - I rarely see a physician complete all the listed reactions or untoward effects. Do you believe parents will? Yet the State is liable if policy is not followed and med is given anyway...for non-prescriptions, it is important untoward effects be understood since they are going to be given by a layperson! Please do not pass this policy as written. Stand up for student safety. Keep the school nurse involved in all school medications!	NA/ -	Parents manage the health of their child on a daily basis and seek medical attention when their assessment deems necessary. Administrators and appropriate School Personnel are acting "in loco parentis". Over-the-counter medications are not prescribed nor regulated and require no order from a licensed prescriber. This

				policy applies to a school system not a hospital/acute care facility.
4/12/04	Candace Berry, RN, BSN Supervisor/School Nurse Monongalia County 475 Baird Street Morgantown, WV 26501	Excellent section. This too is already practiced here in Mon. Co.	N/+	
4/12/04	Kembra Crist School Nurse Fayette County HC 65, Box 29 Ansted, WV 25812	Great!	N/+	
4/12/04	Cil Payne School Nurse Kanawha County Schools 902 Overlook Way So. Charleston, WV 25309	The parents would have to give ok for release of confidentiality as per FERPA, now only ok's certain health information for nurse/principal.	N/ o	
4/12/04	Serena Cline, RN Janet Sparks School Nurse McDowell County 30 Central Avenue Welch, WV 24801	10.1. – Who is responsible to make sure records are not viewed without proper authorization?	N/ o	
		<b>§126-27-11. Consequences of Policy Violation.</b>		
4/8/04	Connie Harper School Nurse P. O. Box 135 Precious, WV 25164	Who will determine if school personnel are complying with the non-prescription administration policy? Certainly not the principal. Monitoring is another time consumer. Example of medication incidents observed by a school nurse: Darvocet (Schedule IV Narcotic) was being given at a Middle school by the principal as a OTC drug. The school nurse saw the error and brought it to the attention of the principal. The principal stated he/she did not know it was a narcotic. He/she said the child brought it the medicine for a headache. No doctor's order was in place. In reality, the principal was assisting a drug	NA/ o	Administrators are ultimately responsible for all that occurs in their schools.  This situation would be addressed by the substance abuse policy with parental involvement.

		abuser.  Another incident: A mother sent in Tylenol for her son who had migraine headaches. She sent the necessary form for an OTC, which indicated to give her son (4 <sup>th</sup> grade) 4 regular Tylenols for his headache when necessary. The Tylenols was 500mg each. The designee called the school nurse to ask if this was safe to administer.	NA/ o	This policy addresses this issue. The designee/administrator will address concerns to the parent/guardian and only administer OTCs as indicated safe on the manufacturer's label instructions.
4/9/04	Janis McGinis Coordinator of Health Services and Yvonne Santin, Director of Special Education Wood County Schools 1210 Thirteen Street Parkersburg, WV 26101	11.2. – Provisions/ consequence also need to be reference with regard to school nurses as per the RN Board.	NA/ o	This is a WV BOE policy. Any licensed individual in this policy that is regulated by a licensing board has received standards of practice to follow according to the regulating bodies. A license ensures that each professional has successfully understood standards of practice by passing a licensing exam. The WV BOE cannot address the consequences of all licensed professionals since they do not regulate the licenses of these individuals.
4/12/04	Candace Berry, RN, BSN Supervisor/School Nurse Monongalia County Schools 475 Baird Street Morgantown, WV 26501	Excellent section. Already practiced here in Mon. Co.	N/+	
4/12/04	Rhonda Tabit, RN School Nurse 100 Goddard Avenue Fayetteville, WV 25840	11.1 – This may be confusing to students who get caught abusing OTC's when a county policy allows them to carry medications.	NA/-	This situation would be addressed by the substance abuse policy with parental involvement. This policy promotes responsibility and education not abuse and/or unintended use of OTC medications.
4/12/04	Cli Payne School Nurse Kanawha County Schools 902 Overlook Way	11.1. – the student that violates the medication administration policy had also violated several weeks before with Tylenol.	NA/-	This situation would be addressed by the substance abuse policy with parental involvement.

So. Charleston, WV 25309	I don't understand. Please see 2 articles from paper. There are too many OTC meds for adults in our society – not to mention our children. These are children not adults (9 <sup>th</sup> – 12 <sup>th</sup> ). I broke out with hives when I saw Article 1.		The FDA approves OTCs for safe use by the general public.
	<b>§126-27-12. Severability.</b>		

To: Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: rjking@Access.K12.WV.US

Entered

 ENTERED

3/18/04

From: Gary L. Cross  
Principal of Ravenswood Grade

Subject: Comments on Medication Policy

Date: 3-16-04

I feel a trained Aide should be in each school to administer non-prescription medication otherwise, I feel medicine of a non prescription nature should be given at home. We presently have a policy where all non-prescription medication is given at home. We have had no problems with this policy. The only medicine given at school is a prescription medication that is accompanied by a doctor's order. We have a trained teacher who gives prescription medications when the nurse is not present.

I wish to maintain our present policy. I do not feel it is right that we remove responsibility from the School nurse who is trained in administering medication.

Please Sign Below If You Agree to  
the Comments submitted to Rebecca J. King.

Rachelle Bennett Teacher

Delma Bradley teacher

Sue Allen Teacher

Polly Nutter teacher

Debra Kizer teacher

Stephanie Thomas Teacher

Holly Gitt - teacher

Kathy L. Camp - teacher

Brenda Conley teacher

~~W. King (TEACHER)~~

Barbara Ayres - teacher

Debbie Scutchfield - teacher

Janya Sinnott - teacher

Beth Moore - teacher

Brook Nester - Teacher

Ann Nester - Speech Therapist

Sarah Miller - teacher

Vida A. Perrine - teacher, grade 4

Paula King, LD Spec

Mary C. Canady, teacher

Kathy Frazer teacher

Rubensadunato teacher

Monica Mullins teacher

Donna d. Currey teacher

Rhonda Byrnes Secretary

ENTER

To: Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: rjking@ACCESS.K12, WV. US

From: Gary L. Cross  
Principal of Ravenwood Grade

Subject: Comments on Medication Policy

Date: 3-16-04

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I wish to maintain our present policy. I do not feel it is right that we remove responsibility from the School nurse who is trained in administering medication.

Please Sign Below If You Agree to  
the Comments submitted to Rebecca J. King.

Rachelle Bennett Teacher

Delma Bradley teacher

Sue Allen Teacher

Polly Nutter teacher

Debra Kelly teacher

Stephanie Thomas Teacher

Holly Gitt - teacher

Kathryn L. Camp - teacher

Brenda Conley teacher

~~W. King (TEACHER)~~

Barbara Ayres - teacher

Debbie Scutchfield - teacher

Janya Sennett - teacher

Beth Moore - teacher

Frank Nestea - Teacher

Ann Nester - Speech Therapist

Sarah Miller - teacher

Vida A. Perrine - teacher, grade 4

Paula King, LD spec.

Mary C. Canady, teacher

Kathy Freyer - teacher

Rubensadunato teacher

Monica Mullins teacher

Donald Currey teacher

Rhonda Byrnes Secretary

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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).

1. 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).

3/25/04  
Entered  
RLC

**Â§126-27-12. Severability.**

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

**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Chamberlain Elem. School

Title: School Nurse - Kanawha Co.

Street Address: 200 Elizabeth Street City/State/Zip Chas WV 25311

**Comments/Suggestions**

**Â§126-27-1. General.**

**Â§126-27-2. Purpose.**

**Â§126-27-3. Application.**

**Â§126-27-4. Definitions.**

**Â§126-27-5. Authorization.**

**Â§126-27-6. Roles and Responsibilities.**

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

**Â§126-27-8. Administration of Non-Prescribed Medication.**

*Do not agree with administrators (principals) deciding if + when a OTC should be administered. OTC's can be harmful and a student who requests Tylenol everyday, as needed, per parent request needs to see a physician - to see why the student is having a headache everyday. Unfortunately medical problems can be missed due to masking symptoms with OTC's!*

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

Entered  
3/25/04  
RH

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Belle Haddad R.N.

Title: school nurse

Street Address: 237 Whispering Woods<sup>RD</sup> City/State/Zip Chas, WV 25304

### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities.

6.3.1. This is difficult to implement in the school setting. It is more realistic to require (a) staff in each school to be "emergency responders" and receive CPR & First Aid training but not necessarily the designated "medication giver"

6.5.2. It is my opinion that it is unsafe to allow students to carry medications at school with the only exception being emergency meds (over)

Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two

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

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

*\*.i.i. a physician's order should be required for non-prescribed mede*

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

§126-27-10. Confidentiality and Documentation.

§126-27-11. Consequences of Policy Violation.

§126-27-12. Severability.

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787

# Policy 2422.8: Medication Administration Comment Response Form

Entered  
3/25  
RA

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Kim Zyla - Wood Co School Nurse

Title: RN

Street Address: Williamstown Elementary and Williamstown High School City/State/Zip Williamstown, WV 26187

## Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities.

6.5.2 \* I agree that responsible kids should be able to carry inhalers + Epipens, (with a Dr. order.) Especially with open lunch and after school events,

\* I do not like kids carrying OTC medications - too much risk that medication will be shared or taken to get "high" for example - kids take Robitussin and Sudafeds @ large doses to get high. Also, kids will treat each other causing risk for drug interactions + allergies,

\* I prefer meds given by the nurse (standard stock for tylenol + IB.)

→ Please make a policy that says stock medications are legal so counties such as Wood Co. can provide this valuable service.

Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two

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

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

*I agree that a doctor's order is not necessary for OTC*

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

§126-27-10. Confidentiality and Documentation.

§126-27-11. Consequences of Policy Violation.

§126-27-12. Severability.

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787

*Entered PA  
B/25*

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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).
  
1. 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).

#### Â§126-27-12. Severability.

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

## Policy 2422.8: Medication Administration

### Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Judith D. Hudson RN, Wood County Schools

Title: School Nurse, Mineral Wells Elementary School

Street Address: RR 4, Box 695 City/State/Zip Mineral Wells, WV  
26150

#### Comments/Suggestions

#### Â§126-27-1. General.

**Â§126-27-2. Purpose.**

**Â§126-27-3. Application.**

**Â§126-27-4. Definitions.**

**Â§126-27-5. Authorization.**

**Â§126-27-6. Roles and Responsibilities.**

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

**Â§126-27-8. Administration of Non-Prescribed Medication.**

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

Please see 8.2:  
Space and organization of non-prescription bottles for hundreds of students may become a problem. Can some provision allow parent/guardian to elect to rely on a short list of stock meds, such as tylenol, which would be given to label recommendations?

\* Also add: 8.3.6 = manufacturer's recommended dosage for age/size/frequency



Requested Addition: "Non-prescribed medication dosage authorized by parent may not exceed label recommendations without written approval by a licensed prescriber. Dosages exceeding manufacturer's recommendations for age/size or frequency will be treated as prescribed medications."  
\*8.5.5 =

**Â§126-27-10. Confidentiality and Documentation.**

**Â§126-27-11. Consequences of Policy Violation.**

*Any clear provision to UN select candidates for medication administration? Potential problem: Nurse has concerns but administrator does not. Who decides?*

**Â§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King**

**Coordinator**

**West Virginia Department of Education**

**Building 6, Room 309**

**1900 Kanawha Boulevard, East**

**Charleston, WV 25305-0330**

**E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)**

**FAX: (304) 558-3787**

**126CSR27**

Entered RH  
3/25/04

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Libbyann Sayre, RN BSN Jackson Co. B.O.E.

Title: School Nurse, Ripley Middle School

Street Address: Rt. 2 Box 75-A City/State/Zip: Ripley, WV 25271

### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities. I feel that most middle school students are mature enough to carry their ~~inhalers~~ rescue inhalers with them. If the physician and parent request in writing that the student be permitted to carry a rescue inhaler with them I don't see how I can refuse the student the right to do so.

**Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two**

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

**§126-27-8. Administration of Non-Prescribed Medication.** I am in the building full-time, I don't see how I can, ethically, turn all of the OTC medication administration responsibility over to the principal and turn a blind eye to what is going on. I do not feel comfortable with this policy at all. As the full time school nurse

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

I feel that I am responsible for the health needs of the students. Even if the principal gives the O.T.C. medication it is my license that trained him to do so!?

**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787**

Neale Elementary  
2305 Grand Central Ave.  
Vienna, WV 26106  
Phone: 304-420-9587  
Fax: 304-420-9589



# Fax

*Entered  
3/25 RH*

<b>To:</b> <i>Rebecca J. King</i>	<b>From:</b> NEALE ELEMENTARY SCHOOL
<b>Fax:</b> <i>304-558-3787</i>	<b>Date:</b> <i>3/23/04</i>
<b>Phone:</b>	<b>Pages:</b> <i>3</i>
<b>Re:</b> <i>Policy Comments</i>	<b>CC:</b>
<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle	

•Comments:

- 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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).
  
- 1. 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).

**Â§126-27-12. Severability.**

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

**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: *Individual*

Title: *Karen Brunnicardi - Principal - Neale Elem.*

Street Address: *2305 Grand Central Ave.* City/State/Zip *Vienna, WV*  
*26105*

**Comments/Suggestions**

**Â§126-27-1. General.**

**Â§126-27-2. Purpose.****Â§126-27-3. Application.****Â§126-27-4. Definitions.**

1. Adm. Designee — if a school has a full-time nurse, wouldn't the nurse be administering prescribed + non-prescribed (OTC) meds? Designee only needed for absence of nurse.

**Â§126-27-5. Authorization.****Â§126-27-6. Roles and Responsibilities.****Â§126-27-7. Administration of Prescribed Medication.****Â§126-27-8. Administration of Non-Prescribed Medication.****Â§126-27-9. Medication Storage, Inventory, Access and Disposal.**



To: Ms. Rebecca King  
From: West Liberty Elementary  
Date: 3-22-04

*Entered  
Rt  
3/25/04*

Number of pages to follow: 3

Have a nice day!

1. date and signature of person administering medication.

### §126-27-11. Consequences of Policy Violation.

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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).
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### §126-27-12. Severability.

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## Policy 2422.8: Medication Administration

### Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Mrs. Michelle Snyder, Parent of 11 yr. old & 14 yr. old in  
Ohio County Schools

Title: Principal at Bethlehem and West Liberty Elementary Schools

Street Address: 142 Westgate Drive City/State/Zip Wheeling, WV 26003

## **Comments/Suggestions**

### **Â§126-27-1. General.**

### **Â§126-27-2. Purpose.**

### **Â§126-27-3. Application.**

**Â§126-27-4. Definitions.** "Designated Qualified Personnel" - Who will be training this person? It's my understanding that the nurses do not want this responsibility due to liability and licensure reasons. Staffing may limit the administrator's ability to find someone for this responsibility. No one may want this responsibility added onto their current responsibilities.

### **Â§126-27-5. Authorization.**

**Â§126-27-6. Roles and Responsibilities.** I have a nurse assigned to one of my schools for 1.5 hours per week. My other school is serviced approximately 2 hours per week. I travel 25 minutes between the schools each day. I do not want this added to my job responsibilities. A student could have a reaction and the nurse or myself would not be on campus to handle the situation.

### **Â§126-27-7. Administration of Prescribed Medication.**

I realize there is a need for this to occur at the school level.

**Â§126-27-8. Administration of Non-Prescribed Medication.** At the elementary level, this could become a huge undertaking, not to mention the liability of it. There's no guarantee that the OTC meds are compatible with prescribed meds they may be taking. We may not even know what prescribed meds they are taking. Some OTC meds cause

drowsiness and others cause restlessness. Other than tylenol/ibuprofen products and inhalers being self-administered by students 12 years and older, I do NOT see a need for the schools to have this responsibility. I also have concerns about timing of administration of meds; is the school responsible for removing a child from class to administer?

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

**Â§126-27-10. Confidentiality and Documentation.**

**Â§126-27-11. Consequences of Policy Violation.** No one is going to want this job responsibility. I do not feel that OTC meds should be administered at the elementary level. If the children are sick, they need to stay home with a parent or guardian.

not feel a designee should be responsible.

I do  
Remember, there are many forms of

**Â§126-27-12. Severability.**

OTC meds that a parent may choose to use with their children.

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King**

**Coordinator**

**West Virginia Department of Education**

**Building 6, Room 309**

**1900 Kanawha Boulevard, East**

**Charleston, WV 25305-0330**

 ENTERED

RA  
3/26/04

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Hari Bennett Taylor County Bd of Ed

Title: RN-Elementary Schools (4 total)

Street Address: 650 North Pike Street City/State/Zip Grafton, WV  
26354

### General

Thank you for taking the time to listen to the school nurses. I understand that every comment is extremely important and I appreciate your time.

### Purpose

Please notice that this paragraph states medicine be given when "...absolutely necessary." Many students will bring OTC medications that he/she doesn't really need. I would say 99% of OTC medications can be given before and after school.

### Application

No comment

### Roles and Responsibilities

It is nice to see Section 6.4.3. It is important to include "...ensure that medication arrives safely at school..." With so many children receiving medicine at school, it is essential that we include this in the parents' role. Before we included this in our county policy, there were hundreds of students every year bringing medications on the bus. This was so dangerous.

### Administration of Prescribed Medication

Please see next section.

### Administration of Non-Prescribed Medication

I would like for the West Virginia Department of Education to please consider keeping the Medication Policy as it was. I realize that parents want to accommodate their children's needs, as do I, but the accumulation of OTC medications such as cough drops, Motrin, throat spray is so excessive and dangerous to keep in the schools without the supervision of a school nurse at all times. An important fact for parents to realize (most do not) is that delegated school personnel (i.e. principals, aides, secretaries) who are performing several tasks at any given moment are more likely to make a mistake. As a Registered Professional Nurse with my certification in School Nursing, I work in the hospital and the school setting-I HAVE seen medication errors. They are more likely to occur when there is not a Doctor's order to clarify dosages, when different persons administer the medicine, when it is not a daily dosage. Parents are also more likely to try to send OTC medicines on the bus instead of directly bringing them to school. Kids will be kids! I am concerned about medication sharing on buses, etc. Even something as minor as a cough drop may be shared.

This year Taylor County implemented the requirement of Physician and Parent Authorization. It has not changed attendance. Parents are more likely to take children to a physician if sick! The students are more likely to stay in the classroom instead of running to the office every hour for a cough drop. The fact is, if a student does not feel well, he or she should stay home. All physicians that I have spoken with concerning this matter understand and agree that liability is a definite factor when allowing "lay people" to give medicines without a license even with a parent authorization.

Medication Storage, Inventory, Access and Disposal

This section is very informative and well done.

My only concern here is that with the reinstatement of OTC medicines-the schools get so many (hundreds even) that there is often no where to store all of them. If there are excessive medications, accurate and safe storage could be costly for each county.

Confidentiality and Documentation

Well written

Consequences of Policy Violation

Well written

Severability

Well written

**Triadelphia Middle School**  
**1636 National Road**  
**Wheeling, WV 26003**  
(304) 243-0387  
FAX (304) 243-0392



**ENTERED**

RH  
3/28/04

**FAX COVER SHEET**

**Principal:**  
**Dr. Mary Lee Porter**

**Assistant Principal:**  
**Vicki Flink**

**Counselor:**  
**Betsy Jones**

**DATE:** 3-25-04 Page 1 of 1

**TO:** Rebecca King

**Organization:** WV Department of Ed

**FROM:** Mary Ellen Bliss

**Department:** \_\_\_\_\_

**Comments:** Medication Policy



## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Mary Ellen Bliss RN

Title: School Nurse

Street Address: 35 Pearson Drive City/State/Zip Wheeling, WV  
26003

### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities.

In the Specialized Health Care Procedure, 126 CSR 25 A  
A specialized health care procedure (medication) are defined as a  
procedure prescribed by the student's licensed physician(s).  
requiring medical and/or health-related training for the individual  
who performs the procedure. Therefore I feel a certified school nurse  
is the best person to perform a "Non prescribed"

**Renee Hodges**

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Friday, March 26, 2004 8:57 AM  
**To:** Renee Hodges  
**Subject:** FW: Comments on Policy 2422.8

 **ENTERED** RH

3/26/04

Renee,

Will you please place this comment in the log?

Thanks,

Becky  
-----Original Message-----  
**From:** Carroll Staats [mailto:staatsc@yahoo.com]  
**Sent:** Wednesday, March 24, 2004 9:03 PM  
**To:** rjking@access.k12.wv.us  
**Subject:** Comments on Policy 2422.8

## Policy 2422.8: Medication Administration

### Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Carroll Staats \_\_\_\_\_

Title: County \_\_\_\_\_ Board  
Member \_\_\_\_\_

Street Address: 715 S. Ritchie Ave. \_\_\_\_\_  
City/State/Zip Ravenswood, West Va. 2164 \_\_\_\_\_

### Comments/Suggestions

Â§126-27-1. General.

The revised policy is much better but could still be improved.

3/26/2004

**Â§126-27-2. Purpose.**

**Â§126-27-3. Application.**

**Â§126-27-4. Definitions.**

**Â§126-27-5. Authorization.**

6.17. It is nice to see a workable method of handling students during school related events. Thanks.

6.3.1 states the "qualified personnel" must complete CPR and First Aid portion of Phase 1 training.... (I understand this is annually) Is this really necessary for a teacher to administer non-prescriptive medicine?? This should be revised and eliminated.

6.2 It is a shame that the employee most qualified to administer medical services to students is being limited and cannot administer non-prescription medicine. Could we work with the appropriate persons (or legislature) to correct this?

**Â§126-27-6. Roles and Responsibilities.**

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

3/26/2004

**POLICY 2422.8: MEDICATION ADMINISTRATION  
COMMENT RESPONSE FORM**

3/31/04  
Entered

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Sally Taylor, R.N. Monongalia County Schools  
School Nurse  
1224 Tyrone Road Morgantown, WV 26508

**Comments/Suggestions**

**126-27-1. General**

**126-27-2. Purpose**

2.2 supports promoting individual responsibility and that it can be achieved by educating students and their families. I wish this were true; however, years of effort (with limited school health staff members) have proven this to be a near impossible task. Confusion over medications in the school setting is an ongoing, never ending problem. This policy will not correct the situation. In fact, it holds real potential to further complicate the issue.

**126-27-3. Application**

3.1 speaks to "other authorized school employees," yet this isn't defined in the Definitions section (126-27-4). It isn't mentioned until 5.1 under a section titled Authorization (126-27-5). It's a very important issue and should be added to the list of definitions.

**126-27-4. Definitions**

As mentioned above, please include a definition of "other authorized school employees."

Where are the athletic team guidelines? 4.14 speaks to school related events but doesn't include athletic teams/travel, cheerleading, etc. This is a very difficult situation for school nurses. We never see most of the coaches—they may not even be employees of the Board—where/when would they ever be trained? How could we provide supervision for weekend/evening activities? (See related comment—6.1.7.)

**126-27-5. Authorization**

4.10 "Parent/Guardian Authorization Form" asks for allergies and intended effect of medication (What do we expect a parent to listed?)

## **126-27-6. Roles and Responsibilities**

6.1.5 has the administrator selecting potential candidates for medication administration. This scares me greatly. Perhaps it should say--assists in the selection of potential candidates. At a minimum, make sure nobody takes out the word potential. I do NOT want administrators having the final selection and telling the school nurse who she will train.

6.1.6 has the administrator assigning qualified employees.....It must be clearly defined who determines that they are qualified. It must be the school nurse.

6.1.7 Although the WVDE's committee reports that the major issue of "clarification of process for addressing medication administration at school related events"(under Proposals) was addressed, I see no clear evidence of this in the policy. This section merely states that procedures will be developed. By whom? Different ones for each county? How will this be done? Counties have been, and will continue to be, at a loss as to how to handle this situation.

6.2.1 speaks to prescribed medications. What about non-prescribed medications? School nurses should NOT be asked to train unlicensed, designated individuals to provide OTC medications, unless a MD prescribes them. Section 6.2.5 does speak to training for those designated to administer non-prescribed medication. This is unacceptable and would place the license of every nurse in jeopardy.

6.2.3 requires health care plans for students needing long-term medications. The majority of the numerous ADD and ADHD students still on medications at school do NOT need health care plans. Certainly students with EpiPens and some other emergency medications do.

6.2.5 needs to clarify that it is CPR and first aid from Phase I and medication administration from Phase II—NOT the entire Phase I and II training. Again, NOT for OTC, unless they are prescribed by a MD. Although a school nurse can provide training for employees designated by the principal (and approved by the school nurse) to give OTC medications, she will always be responsible for that training and what that person does. The relationship does NOT end at the end of the training. The liability will continue, and I, personally, want to train individuals that I pick/approve, and train them only regarding prescribed medications, whether they be prescription meds or OTCs that have a MD order. Also, if the principal gives medications (and in a back-up they do in almost all schools), they are NOT going to participate in the time consuming Phase I and II training. What do we do then?

6.5.2 includes ibuprofen as a self-administered medication and that student can carry. Yet under definitions, 4.15, it states, "self administration medication means medication administered by the student under the supervision of the school nurse...." Don't we have a little contradiction here? What other medications (OTC) are included? The local media has presented it as any and all. Why in the world would we want a student carrying OTC

meds? My middle school students crush and snort whatever they can get their hands on, including Crest disclosing tablets! I know the policy says "at the discretion of county boards of education," But why would we even want to give them the idea that carrying such meds is acceptable. We have worked so hard to get drugs out of the hallways, etc. Our OTC meds are all in the nursing clinic, with MD orders and signed parental permission and it needs to stay that way.

#### **126-27-7. Administration of Prescribed Medication**

7.4.4 states the need to submit reports to the county superintendent. Is this really necessary? They need to go to the school administrator and the supervisor of school health services, not the superintendent.

#### **126-27-8. Administration of Non-Prescribed Medication**

Policy does not require MD order for OTC medications. However, 3.2 gives the County BOE the option to meet or exceed the standards/policy. We made this change last year and the results have been absolutely wonderful. If the State policy doesn't include the MD order requirement, I'm fearful that our BOE might be tempted to take a step backward. Change was difficult, but it has been well worth the effort. Our students deserve no less under a safe schools policy.

8.1.2 MUST change. It reads, "The school administrator has the authority to determine if the administration of the non-prescribed medication may be safely delegated to the administrator's designee." The school administrator is NOT qualified to make such a determination, and I don't know of any administrator who would agree to taking on this responsibility.

8.5.4 MUST change. It reads, "When a parent/guardian authorizes a non-prescribed medication to be given in addition to a known prescribed medication, the administrator or school nurse shall validate the safety of multiple medications." The administrator does NOT have the knowledge to make such a decision, and again, why would they agree to taking on this responsibility? The role/responsibility must rest solely with the school nurse.

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

#### **126-27-10. Confidentiality and Documentation.**

#### **126-27-11. Consequences of Policy Violation.**

#### **126-27-12. Severability.**

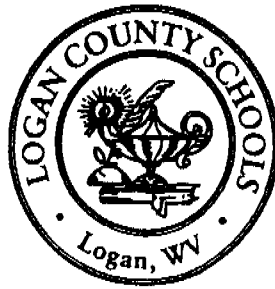
**SUMMARY:** I understand that a huge number of hours by many individuals have gone into this policy; however, it is not a workable or safe policy for anyone, including administrators, parents, students, and especially school nurses. Just how difficult the issue of medications in the school setting has become is evidenced by the problems existing in this current policy. Please receive my constructive comments as that; I hope they are helpful. Thank you for the opportunity to have input.

**Return comments by April 12, 2004 to:**

**Rebecca J. King, Coordinator  
WVDE  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330**

BOARD OF EDUCATION

DONNIE STEELE, PRESIDENT  
PHYLLIS D. ADKINS  
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ROBERT WOLFE  
GREG WOOTEN



ADMINISTRATION

DAVID GODBY, SUPERINTENDENT  
WALTER WATSON,  
ASSISTANT SUPERINTENDENT/TREASURER

RECEIVED  
MAR 31 2004  
WV Department of Education  
Office of Healthy Schools

506 HOLLY AVENUE  
POST OFFICE BOX 477  
LOGAN, WEST VIRGINIA 25601  
(304) 792-2040 / 2041 -- FAX (304) 752- 6315  
email: lcboe@lc2.boe.loga.k12.wv.us

March 29/04

Rebecca S. King  
Coordinator  
W.V Dept of Education  
Bldg 6, Room 309  
1900 Kanawha Blvd East  
Charleston, WV 25305

ENTERED

Dear Rebecca,  
I am writing in response to the Policy 2422.8  
Medication Administration.

One of my many jobs with the Board of Education  
is to supervise the school nurses. We only have three  
nurses that supervise all Logan County children. We are not  
lucky enough to have a full time nurse in each school.

We have concerns about the "self administered"  
medications. We would have no control over what  
the students bring to school or what might be housed  
in the bottles that appear at school.

Since ~~we~~ we have a countywide drug problem,  
I'm afraid the prescription drugs could easily be hidden  
in popular bottles, i.e., Tylenol, Advil, etc.

Please give attention to our concerns.  
Thank you,

Dea M. Orr  
Director Student Services  
Logan County Schools



## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Logan County Schools

Title: School Nurses

Street Address: 14 Wildcat Way City/State/Zip Logan, WV 25601

### Comments/Suggestions

§126-27-1. General. we agree

§126-27-2. Purpose. we agree.

§126-27-3. Application. we agree

§126-27-4. Definitions. we agree

§126-27-5. Authorization. we agree

§126-27-6. Roles and Responsibilities. "self administered medications" should only be emergency medications, ex- inhalers, epi pens, or insulin.  
- NO other medication should be allowed for self administration.  
- High School students should not be allowed to

carry OTC medications. I feel that some students will use containers like aspirin, Tylenol, to carry narcotics and other prescription medication and take or sell these all day. Some schools don't have the luxury of school nurses in every school, so therefore, school authority will have to be very knowledgeable and medications. (look, dosage, mg, purpose.)

We feel this is not the safest route to keep our schools drug free.

Drug dogs will have to be at schools on a daily basis to monitor this situation in our community.

OTC medications, if to be given at school, should be monitored the same as prescription drugs. kept under lock & key, administered by the school nurse or designee by the building supervisor, as long as the appropriate information is documented. But OTC medication should only have parental consent/document, not physician's orders.

Medication Administration Policy (Policy 2422.8)

Comment Response Form

Page two

§126-27-7. Administration of Prescribed Medication. *We agree*

§126-27-8. Administration of Non-Prescribed Medication. *School Nurses/school admin. should ~~not~~ monitor all medications both non prescription OTC, and prescription. All medication should be the responsibility of the school nurse, not the building/school admin.*

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

*If there isn't a school nurse in the building, the authority should be the administrator or the designee.*

§126-27-10. Confidentiality and Documentation. *We agree*

§126-27-11. Consequences of Policy Violation. *We agree*

§126-27-12. Severability. *We agree*

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator

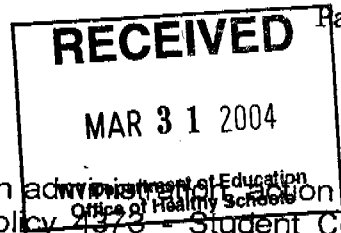
West Virginia Department of Education  
Building 6, Room 309

1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330

E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)

FAX: (304) 558-3787

To : Rebecca King



- 1. If a student violates the policy regarding medication administration, action will be based upon West Virginia Board of Education Policy 1378 - Student Code of Conduct (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).



- 1. 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).

Â§126-27-12. Severability.

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

**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: \_\_\_\_\_ ✓

Title: **DON E. JOHNSON**  
PRINCIPAL

Street Address: **SUTTON ELEMENTARY SCHOOL**  
**288 N. HILL ROAD**  
**SUTTON, WV 26601** City/State/Zip

**Comments/Suggestions**

Â§126-27-1. General.

Guidelines for Determining Acts that May be Delegated or Assigned by Licensed Nurses", January 2001, and any revisions thereof, as the mechanism for determining whether or not the administration of prescribed medications may be delegated.

6.2.5. Provide and/or coordinate Phase I and Phase II training, as defined in 2422.7 - Standards for Health Care Procedures (126CSR25A), for all school employees designated to administer prescribed and non-prescribed medication.

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

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

6.3.1. Successfully complete the CPR and First Aid portion of Phase I training and the medication administration portion of Phase II training, as defined in Policy 2422.7 - Standards for Health Care Procedures (126CSR25A).

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

6.4. Role of the parent/guardian

6.4.1. Administer the initial dose of any medication at home, except for emergency medications.

1. 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; and parent/guardian signature .

6.4.3. 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 to receive, store, and administer medication. Maintain effective communication pertaining to medication administration.

6.4.4. Replenish long-term and emergency prescribed medication as needed.

6.4.5. Retrieve unused or outdated medicine from school personnel no later

**Â§126-27-2. Purpose.**

**Â§126-27-3. Application.**

**Â§126-27-4. Definitions.**

**Â§126-27-5. Authorization.**

**Â§126-27-6. Roles and Responsibilities.**

6.4.1 Comment: Some of our parents are convicted drug felons and are not permitted to get their child's prescription much less give them the first dose. Prescriptions for Ritalin, for instance, are picked up by the school.

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

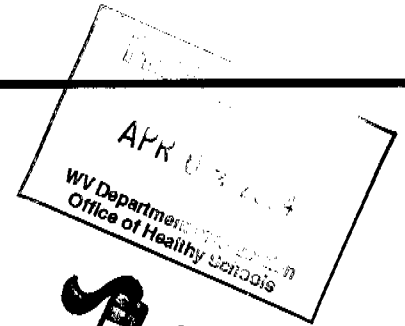
**Â§126-27-8. Administration of Non-Prescribed Medication.**

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

**Renee Hodges**

---

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Thursday, April 01, 2004 12:57 PM  
**To:** Renee Hodges  
**Subject:** FW: new med policy

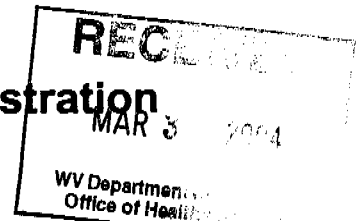


-----Original Message-----

**From:** rbcantle@access.k12.wv.us [mailto:rbcantle@access.k12.wv.us]  
**Sent:** Thursday, April 01, 2004 7:51 AM  
**To:** rjking@access.k12.wv.us  
**Cc:** asammons@access.k12.wv.us  
**Subject:** new med policy

At first blush the new med policy looks like another unworkable monster that is unadministratable and has no basis in the broad spectrum of pupil needs. Thanks, you have just put another task in the principal sweat shop.

**Policy 2422.8: Medication Administration  
Comment Response Form**



Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Thekla Lund KCS

Title: School nurse

Street Address: 834 Whispering Way City/State/Zip So char

**Comments/Suggestions**

**§126-27-1. General.**

*No comment*

 **ENTERED**

**§126-27-2. Purpose.**

*agree*

**§126-27-3. Application.**

**§126-27-4. Definitions.**

*4.1 school personnel must be trained by school nurses*

**§126-27-5. Authorization.**

*agree*

**§126-27-6. Roles and Responsibilities.**

*6.5.2 Why would ibuprofen need to be self medicated?*

*Disagree to students taking their own OTC meds.*

*High school students should NOT be allowed to carry OTC meds. After times they are NOT responsible & may share meds to other students. Agree to bronchodilator & Epipen*

Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two

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

*agree*

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

*I think a Non-Prescribed Medicine should be physician ordered. This decreases amt of OTC meds.*

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

*agree*

*4.3 person to be trained must meet with standards set forth by nurse.*

§126-27-10. Confidentiality and Documentation.

*agree*

§126-27-11. Consequences of Policy Violation.

*agree*

§126-27-12. Severability.

*agree*

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787

Laura S. Rhodes, M.S.N., R.N.  
Executive Director

email: westvirginiarn@ncsbn.org  
web address: www.state.wv.us/nurses/rn



TELEPHONE:

(304) 558-3596

(304) 558-3728

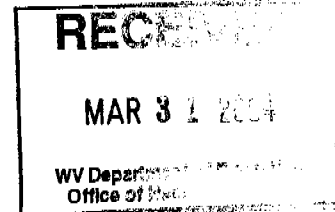
FAX (304) 558-3666



STATE OF WEST VIRGINIA  
**BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES**  
101 Dee Drive, Suite 102  
Charleston, WV 25311-1620

March 25, 2004

Melanie B. Purkey, Executive Director  
Office of Student Services and Health Promotion  
West Virginia Department of Education  
Building 6, 1900 Kanawha Blvd., E.  
Charleston, WV 26305-0330



Re: Proposed Policy for Medication Administration (2422.8)

Dear Ms. Purkey:

You were present when the West Virginia Board of Examiners for Registered Professional Nurses (Board) considered the questions you presented at its Board meeting on March 18 and 19, 2004. As you know, the Board reviewed all information relative to this issue, which included, speaking with a number of school nurses who will be affected by the Department of Education's new Medication Administration Policy (Policy). It was after a careful and thorough review of all information that the Board reached its decision.

You state, "The members of the West Virginia Board of Education and staff of the Department of Education request clarification as to whether a registered nurse employed by a county school district may provide generalized training in medication administration for over-the-counter medications. This training is not specific to any student; it includes basic medication label reading, proper administration checklists (medication, dosage, time, route), etc. Does this duty fall within the scope of practice of a registered nurse?"

It is the opinion of the Board that registered professional nurses, who are also certified school nurses in the state of West Virginia **cannot conduct the "training" required in the new Medication Administration Policy.** You were present when the Board voiced its concerns regarding this "training" in the context of the Policy and the referenced rule. The Board finds that a school nurse who conducts the "training" of the unlicensed, designated individual to administer the over-the-counter medications, in accordance with the policy and rule, would be placed in the position of assigning, delegating and monitoring the unlicensed, designated individual who administers the over-the-counter medications without an order from an individual licensed to prescribe medications. This would make the nurse responsible for any acts she/he

delegates and/or assigns to this individual and places their license in a vulnerable state. As confirmed by all school nurses contacted by the Board, the situation verbally presented by the representatives of the Department of Education describing the training is unrealistic.

In addition, it is important to note that the proposed policy references a current rule which does not contain the information it says it will contain. Therefore, not providing the detail necessary to fully evaluate or understand the scope of the proposed policy. And, you referenced a training program which has not yet been developed by the Department of Education. This makes it impossible for a regulatory body and probably school nurses, to determine the full scope of the policy.

As to the issue of whether training individuals in the "task" of medication administration (e.g. basic medication label reading, proper administration checklists, medication, dosage, time, route of medication) falls within the scope of practice of a registered professional nurse, yes, a licensed registered professional nurse can perform such training, however, again, this is not the circumstance of the proposed rule.

As you are aware, the Board is generally opposed to the over-the-counter portion of the policy, and feels that it presents an unsafe and confusing environment for our students. As your counsel stated, the bottom line is that the Department of Education will pass a policy which includes some language regarding the administration of the over-the-counter-medications, most likely by the unlicensed, designated individuals. The Board does not believe that "mediocre standards," also stated by your counsel, are acceptable, and that the highest standards are attainable and workable.

The school nurse, the health care professional actually working in this area, having the most knowledge in this area and noted in your own rule as "serving as the manager for health related problems and decisions" in the schools have expressed concern about this portion of the policy. As you are aware, after Dr. Stewart's letter last fall, many counties adopted the policy requiring a physician's order for over-the-counter medications. Although the phase in of this policy encountered some resistance, the final outcome is considered to be best practice by most counties. Nurses have found that most people have accepted the requirement, and that the number of over-the-counter medications administered at school has decreased. One school nurse reported that research does not support that the administration of over-the-counter medications in the elementary schools makes a difference in attendance.

The Board is hopeful that the Department of Education will give serious consideration to the concerns expressed by this agency as well as school nurses across the state in finalizing a policy that will provide for the safety of our children in the school setting.

For the Board,



Pamela Alderman  
Board President

cc: school nurses

 ENTERED

**RECEIVED**  
MAR 31 2004  
WV Department of Education  
Office of Healthy Schools

# WESTWOOD MIDDLE SCHOOL

670 River Road  
Morgantown, WV 26501

Jerry S. Edens  
PRINCIPAL

Leonard F. Haney  
ASST. PRINCIPAL

## FAX COVER SHEET

TO: Rebecca King, Coordinator DATE: 3-31-04  
COMPANY: WVDE FAX NO: 1-304-558-0048  
ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

FROM: Jacely Taylor, RN  
WESTWOOD MIDDLE SCHOOL  
MONONGALIA COUNTY  
MORGANTOWN, WV 26501

FAX: (304) 284-9368  
PHONE: (304) 291-9300

Number of pages including cover sheet: 5

ADDITIONAL COMMENTS: I mailed an original of this FAX also.

\*Monongalia County Schools operates as an equal opportunity institution and will not discriminate on the basis of race, national origin, religion, gender, marital or family status, age, or disabling condition in its activities, programs, or employment practices as required in Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990. For information about your rights or grievance procedures, contact Jacob Mullert, Title IX Coordinator or Dr. Janice Christopher, Section 504/Americans with Disabilities Act Coordinator, 13 South High Street, Morgantown, WV 26505

## POLICY 2422.8: MEDICATION ADMINISTRATION COMMENT RESPONSE FORM

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Sally Taylor, R.N. Monongalia County Schools  
School Nurse  
1224 Tyrone Road Morgantown, WV 26508

### Comments/Suggestions

#### 126-27-1. General

#### 126-27-2. Purpose

2.2 supports promoting individual responsibility and that it can be achieved by educating students and their families. I wish this were true; however, years of effort (with limited school health staff members) have proven this to be a near impossible task. Confusion over medications in the school setting is an ongoing, never ending problem. This policy will not correct the situation. In fact, it holds real potential to further complicate the issue.

#### 126-27-3. Application

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#### 126-27-4. Definitions

As mentioned above, please include a definition of "other authorized school employees."

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4.10 "Parent/Guardian Authorization Form" asks for allergies and intended effect of medication (What do we expect a parent to listed?)

## 126-27-6. Roles and Responsibilities

6.1.5 has the administrator selecting potential candidates for medication administration. This scares me greatly. Perhaps it should say--assists in the selection of potential candidates. At a minimum, make sure nobody takes out the word potential. I do NOT want administrators having the final selection and telling the school nurse who she will train.

6.1.6 has the administrator assigning qualified employees.....It must be clearly defined who determines that they are qualified. It must be the school nurse.

6.1.7 Although the WVDE's committee reports that the major issue of "clarification of process for addressing medication administration at school related events"(under Proposals) was addressed, I see no clear evidence of this in the policy. This section merely states that procedures will be developed. By whom? Different ones for each county? How will this be done? Counties have been, and will continue to be, at a loss as to how to handle this situation.

6.2.1 speaks to prescribed medications. What about non-prescribed medications? School nurses should NOT be asked to train unlicensed, designated individuals to provide OTC medications, unless a MD prescribes them. Section 6.2.5 does speak to training for those designated to administer non-prescribed medication. This is unacceptable and would place the license of every nurse in jeopardy.

6.2.3 requires health care plans for students needing long-term medications. The majority of the numerous ADD and ADHD students still on medications at school do NOT need health care plans. Certainly students with EpiPens and some other emergency medications do.

6.2.5 needs to clarify that it is CPR and first aid from Phase I and medication administration from Phase II—NOT the entire Phase I and II training. Again, NOT for OTC, unless they are prescribed by a MD. Although a school nurse can provide training for employees designated by the principal (and approved by the school nurse) to give OTC medications, she will always be responsible for that training and what that person does. The relationship does NOT end at the end of the training. The liability will continue, and I, personally, want to train individuals that I pick/approve, and train them only regarding prescribed medications, whether they be prescription meds or OTCs that have a MD order. Also, if the principal gives medications (and in a back-up they do in almost all schools), they are NOT going to participate in the time consuming Phase I and II training. What do we do then?

6.5.2 includes ibuprofen as a self-administered medication and that student can carry. Yet under definitions, 4.15, it states, "self administration medication means medication administered by the student under the supervision of the school nurse...." Don't we have a little contradiction here? What other medications (OTC) are included? The local media has presented it as any and all. Why in the world would we want a student carrying OTC

meds? My middle school students crush and snort whatever they can get their hands on, including Crest disclosing tablets! I know the policy says "at the discretion of county boards of education." But why would we even want to give them the idea that carrying such meds is acceptable. We have worked so hard to get drugs out of the hallways, etc. Our OTC meds are all in the nursing clinic, with MD orders and signed parental permission and it needs to stay that way.

#### **126-27-7. Administration of Prescribed Medication**

7.4.4 states the need to submit reports to the county superintendent. Is this really necessary? They need to go to the school administrator and the supervisor of school health services, not the superintendent.

#### **126-27-8. Administration of Non-Prescribed Medication**

Policy does not require MD order for OTC medications. However, 3.2 gives the County BOE the option to meet or exceed the standards/policy. We made this change last year and the results have been absolutely wonderful. If the State policy doesn't include the MD order requirement, I'm fearful that our BOE might be tempted to take a step backward. Change was difficult, but it has been well worth the effort. Our students deserve no less under a safe schools policy.

8.1.2 MUST change. It reads, "The school administrator has the authority to determine if the administration of the non-prescribed medication may be safely delegated to the administrator's designee." The school administrator is NOT qualified to make such a determination, and I don't know of any administrator who would agree to taking on this responsibility.

8.5.4 MUST change. It reads, "When a parent/guardian authorizes a non-prescribed medication to be given in addition to a known prescribed medication, the administrator or school nurse shall validate the safety of multiple medications." The administrator does NOT have the knowledge to make such a decision, and again, why would they agree to taking on this responsibility? The role/responsibility must rest solely with the school nurse.

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

#### **126-27-10. Confidentiality and Documentation.**

#### **126-27-11. Consequences of Policy Violation.**

#### **126-27-12. Severability.**

**SUMMARY:** I understand that a huge number of hours by many individuals have gone into this policy; however, it is not a workable or safe policy for anyone, including administrators, parents, students, and especially school nurses. Just how difficult the issue of medications in the school setting has become is evidenced by the problems existing in this current policy. Please receive my constructive comments as that; I hope they are helpful. Thank you for the opportunity to have input.

**Return comments by April 12, 2004 to:**

**Rebecca J. King, Coordinator  
WVDE  
Building 6 Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330**

ENTERED

RECEIVED

**Policy 2422.8: Medication Administration  
Comment Response Form**

MAR 31 2004

WV Department of Education  
Office of Healthy Schools

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Julie Arnold RN BSN MSCHPR

Title: School Nurse FSKS

Street Address: 1511 Blizzard Dr. City/State/Zip: Parkersburg, W.Va. 26101

**Comments/Suggestions**

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities.

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
**Page two**

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

*Should not be delegated.  
All medications should be administered by a School Nurse. Grades 9-12 may carry own meds and self administer with parent note.*

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

*Should not be delegated.  
Grades PreK - Grades 8 - RN should be allowed to administer with parent note on file.*

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

**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

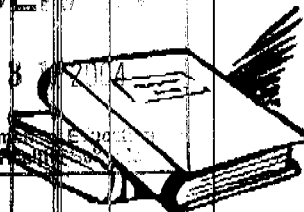
**Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787**

**FAX TRANSMISSION**  
**HARRISON COUNTY SCHOOLS**

Special Services Department  
408 E. B. Saunders Way  
Clarksburg, WV 26301

Phone: (304) 624-3325 Ext. 3308  
FAX: (304) 624-3325 Ext. 3380 or  
(304) 624-3361

 **ENTERED**



DATE: 3-30-04

TO: Becky King

FAX#: 304-558-3781

FROM: D. Moore

RE: Med. Policy

PAGE 1 of 4

Comments:

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Dorinda Moore  
 Title: Coordinator of Health Services  
 Street Address: 408 E B Saunders Way City/State/Zip: Clarksburg, WV  
26301

### Comments/Suggestions

**§126-27-1. General.**

**§126-27-2. Purpose.**

**§126-27-3. Application.**

**§126-27-4. Definitions.**

4.4 Since there is no financial compensation to become a "designated qualified personnel" teachers will balk at completing all these requirements (some on a yearly basis (APR certification))

**§126-27-5. Authorization.**

5.1 So who will get paid among those listed in this group?

**§126-27-6. Roles and Responsibilities.**

6.1.5 This is good - principals know their staff better than anyone else.  
 6.1.7 → see back  
 6.2.3 We don't have the manpower to develop health care plans (6 nurses 12,000 students) for all these children - Suggested add, when it is deemed necessary after "develop a health care plan" in the

6.2.6 again we don't have time to do this for every child who self administers medication. Is this the responsibility of the parent? I think it should be!

7.2.2 Are parents supposed to make and attach a label to all meds? I don't think they will take the time to do so!

6.1.7 School related events (after 3p) and those outside of the academic environment should not be included in this policy. The parent(s) of the child should be responsible! If a child needs medication during a school-related extra-curricular event then the parent should be responsible (at least) for initiating the special arrangements that need to be made!

Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two

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

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

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

9.2 No one will take the time to do this

§126-27-10. Confidentiality and Documentation.

§126-27-11. Consequences of Policy Violation.

§126-27-12. Severability.

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787

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**RECEIVED**  
MAR 31 2004  
WV Department of Education  
Office of Healthy Schools

# A FAX FROM The Raleigh County Schools Central Office

**Department:** School Health

**TO:** Rebecca King

**FROM:** India Hosch

**DATE:** 3/30/04

**Number of pages, including cover:** 6

I had numerous comments thus I  
attached sheets with comments & made  
note on form of comment

Thank you!  
*India*

**Please call (304) 256-4\_\_\_\_\_ if all pages are not received.**

### Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: India H. Hosh

Title: School Nurse

Street Address: 105 Adair St City/State/Zip: Buckley, IL 62530

#### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

*Refer to Attached Notes*

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities.

*Refer to Attached Notes*

**Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two**

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

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

*Refer to attached Notes*

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

*Refer to Attached NOTES*

**§126-27-10. Confidentiality and Documentation.**

*Refer to Attached Notes*

**§126-27-11. Consequences of Policy Violation.**

*Refer to Attached Notes*

**§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787**

## **COMMENTS ON POLICY 2422.8: MEDICATION ADMINISTRATION**

### → 126-27-4 Definitions:

- 4.3 The definition for "contracted licensed health care provider" is unclear. We have "contract nurses" that are hired through a home health agency for the purpose of administering insulin to our students. Does this mean we can only hire individuals who are employed by a public health department? Or does this mean only these individuals can be hired to be contracted to work as a "school nurse"? Please clarify.
- 4.4 This area also needs clarification. Does "contracted provider" mean a licensed nurse or could this be any individual contracted to administer medications?

In definitions you need to define Phase I and Phase II training as opposed to referring to how it is defined in Policy 2422.7. However, I do not agree that individuals who will be giving medications need to be trained in both Phase I and Phase II training. For example, why would this person need to be trained in body mechanics? That is a component of Phase I training...is that really necessary to administer medications?

- 4.15 Definition of "self administration" needs clarification. Does this mean the student actually reads the bottle and pours the appropriate dosage or just takes a pill handed to him?

### → 126-27-5 Roles and Responsibilities:

- 6.1.6 Do not agree with having employees trained in both Phase I and Phase II. You need to be specific about what areas of this are required.
- 6.2.3 It is almost impossible for the nurse who has multiple school assignments to complete health care plans for all students with long term medications. If care plans are developed then more details need to be provided on the purpose of the plan and to whom provided. If the purpose is to observe for side effects, then all teachers working with the student would need the care plan. I have parents who have already told me that they DO NOT want anyone to know their child is on ADHD medications...how do we manage this family's request?
- 6.4.2 As written it sounds like the parent could complete and sign the form. There needs to be reference to the family getting the form completed by the physician, and for this being a parent responsibility...not the nurse.

- 6.5.2 I do not agree with allowing any student to carry a medication without an order from a physician. Three times this year I have had to call a pharmacy to determine what the "drug" we found on a student really was. (they told me it was an "over the counter" medication; only in one instance was this true) Also "over the counter" medications are one of the "most" abused medications. A recent television program (3/26) referred to this as a growing problem. All of my schools do not allow over the counter medications without a physician order. We have had no problems with parent complaints!!!

→ 126-27-8 Administration of Non-Prescribed Medication:

- 8.1.2 A nurse should be responsible for determining if a non-prescription medication with a physician order can be delegated...not the school administrator. When is the principal going to have time and what knowledge does he have to make this decision. I have children who take thyroid medication at home. There are many over the counter medications that should be avoided with this drug....will a principal know this? If it is not prescribed by a physician, then there is a possibility of child receiving an over the counter medication that is not appropriate. This is also true of students who receive cardiac medications.
- 8.4.3 Who is going to "assess" the student to determine it might not be appropriate to Administer a medication?

→ 126-27-9 Medication Storage, Inventory, Access and Disposal:

- 9.2 What is a medication inventory? Is this a form? Then please define it under Definitions.

→ 126-27-10 Confidentiality and Documentation:

- 10.1 You need to mention confidentiality in relationship to the "care plan" you have mentioned that will be prepared for long term medication

→ 126-27-11 Consequences of Policy Violation:

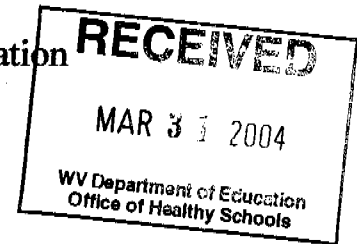
There is no reference to the Nursing Licensing Board here..should there be?

3-25-04

 ENTERED

Comments regarding Policy 2422.8 Medication Administration

Lana Harper, RN, BSN  
Ripley High



**126-27-2. Purpose**

1. Objective is to promote individual responsibility. It is impossible to determine if each student is responsible enough to self administer medications, when you have 1000 students.

**126-27-4 Definitions.**

1. "Administrator's designee" - Should be school nurse designee. School nurse should be able to decide who is capable of being trained to administer medications.

1. "Designated qualified personnel" should be authorized by the school nurse, not administrator.

4.5.1. "Non-prescribed Medication" – food supplements is not clarified. It is difficult to determine what is FDA approved. Does this mean herbal preparations? If so, these are not approved.

4.12.1. "Self-administration" should not include administrator (unless trained by school nurse), or administrator's designee.

126-27-6 Roles and Responsibilities. 6.5.2. emergency medications, should not include ibuprofen. High school students should not carry OTC medications. There is a danger of drugs being shared, and of drug not being what it is supposed to be. Students also tend to want to take more than prescribed and more often than prescribed.

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

7.3.3. 1. Medication incidents – School nurse should be contacted, who then contacts school administrator. School nurse should contact parent.

7.2.1. If a PRN medication, need to know length of time order is good for.

**Other concerns regarding proposed medication policy 2422.8**

- 1. Continue to use form, not accept note or phone consent (Need signature).  
Form should include place for allergies of student and other medications being taken. I like having doctor's order, but some students do not have family doctor and cannot afford to go to doctor just to get form signed.**
- 2. How are we supposed to know if student took Tylenol or other medication containing tylenol before coming to school?**
- 3. Parents send in form, but do not furnish tylenol , cough drops, or other medications. Could school furnish any of these?**

**Other concerns regarding proposed medication policy 2422.8**

- 1. Continue to use form, not accept note or phone consent (Need signature).  
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**ENTERED**

**RECEIVED**

APR 02 2004

WV Department of Education  
Office of Health

**Policy 2422.8: Medication Administration  
Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Brenda C. Isaac RN

Title: Lead School Nurse, Kanawha County Schools

Street Address: 1410 Lyndale Drive City/State/Zip Charleston, WV 24314

**Comments/Suggestions**

**§126-27-1. General.**

1.1 Scope – This should read ...."minimum" standards.

**§126-27-2. Purpose.**

2.1 I am glad to see the strong statement on taking medication only when absolutely necessary. By keeping the medications that schools must deal with to an absolute minimum the chances of medication errors are greatly reduced.

**§126-27-3. Application.**

3.2 I appreciate this statement. It clearly allows counties to develop higher standards than those set forth in this policy.

**§126-27-4. Definitions.**

4.1 This definition is very accurate. Administration of medications, all medications, is a health care procedure and should be treated as such.

4.2 School administrators designate but only school nurses delegate health care procedures and medication administration is a healthcare procedure. This is clearly stated in WV Code §18-5-22. I was present as a school health consultant when the section of this law that regulates specialized healthcare procedures was written. The legislative intent was that school nurses are the only school personnel with the unique knowledge and expertise to delegate healthcare procedures.

4.9 "Food supplements" are not medications by definition. There isn't enough research to make it safe to administer them. Most school districts throughout the nation, even ones that do administer over the counter medications without a prescription, do not administer food supplements and herbals. This should be removed from the policy.

**§126-27-5. Authorization**

**§126-27-6. Roles and Responsibilities**

- 6.1.6 The school nurse determines whether the potential candidates have met the training guidelines and are qualified. Only then does the administrator assign them.
- 6.1.7 This section is very important and well stated.
- 6.2.1. It is the role of the school nurse to determine if the administration of all medications may be safely delegated to designated personnel. Anything less is unsafe practice and puts the students at risk. It would also place the school nurse in a negligent position. She/he would not be practicing up to practice standards.
- 6.2.2 This section is well written and correct. It is the role of the school nurse to contact the parent/guardian and the healthcare provider when necessary. With the HIPAA confidentiality laws, healthcare providers are reluctant to talk to other school personnel about students' health condition or medications.
- 6.2.3 This is a very accurate and well written statement. The school nurse is responsible, by her/his license, for the management of all health related problems and decisions. Anything less would constitute negligence.
- 6.3.1 Phase two training is for specialized healthcare procedures. It clearly states in WV Code §18-5-22 that specialized healthcare procedures are performed by the school nurse, or if the nurse feels the procedure may be safely delegated, then the nurse delegates. This policy allows administrators to practice nursing without a license by delegating certain specialized healthcare procedures. This is not an appropriate role for the administrator and is unsafe for the students.
- 6.4.1 This is very important and well stated. The first dose of any medication should always be administered at home
- 6.4.2 This is also very important and well stated.
- 6.4.3 This too is very well stated.
- 6.5 I am very glad that you included the role of the student. They definitely have a primary role in the administration of their medication.
- 6.5.2 This should include a statement about an assessment by the school nurse since that is now in WV Code as relates to asthma emergency medication. I strongly disagree with the proposal to allow high school students to carry and self administer non prescribed medications. There is no way to monitor this and it opens the door to numerous abuses. High school students are prone to share medications and do not understand the dangers involved. There have also been numerous incidents of secondary students bringing prescription medications to school in non prescription bottles and even, in some instances, selling this medication. This is going to make it very easy to get away with this illegal behavior. This part o the policy promotes the attitude of "whenever you don't feel good, take a pill."

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

- 7.1 Even though it is stated in 6.4.2, it should be restated here that there should be a written authorization from the parent as well as from the licensed prescriber. The rest of this section is well written and very detailed.

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

I realize that this is the section that has created the most controversy. I greatly object to this entire section. There is a misconception that because a medication can be purchased without a prescription it is safe and that is very erroneous. It is our place to educate and this is our opportunity to educate students as to the seriousness of taking any medication. Medications change all the time and no one can do a safe, generalized training on non prescribed medications. Each student is different and the safety of taking a medication depends on the student's other health problems, other medications that the student may be taking, allergies both known and unknown, and a number of other issues.

The Board of Examiners for Registered Nurses has ruled that school nurses may not administer these medications without an order from a licensed healthcare provider with prescriptive privileges and may not participate in any training for this procedure. This decision was not made capriciously and was not made to protect the nurse. This ruling was made to protect the students. Allowing non health professionals to assume this role because it is too dangerous for the nurse to assume it does not make sense, places the students in unsafe situations and places the school nurse in an ethical dilemma.

8.1.2 According to WV Code §18-5-22, school administrators do not have the authority to delegate any specialized healthcare procedure.

8.5.4 The administrator does not have the knowledge or the expertise to determine the safety of multiple medications. Administrators should not be put in the position to make this kind of medical determination.

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

This section is excellent. It has the safeguards and protections that are needed.

**§126-27-10. Confidentiality and Documentation.**

This section is also very thorough and well written. In some instances, healthcare records must comply with HIPAA as well as FERPA.

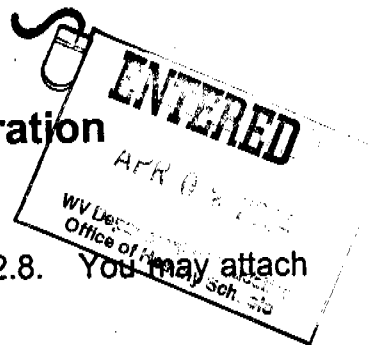
**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King, Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330**

# Policy 2422.8: Medication Administration Comment Response Form



Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Paulette Goheen, R.N.

Title: School Health Nurse / Cabell Co. Bd. of Educ.

Street Address: 201 Bedford Ave. City/State/Zip Huntington, WV  
25701

## Comments/Suggestions

### §126-27-1. General.

### §126-27-2. Purpose.

Good section.

### §126-27-3. Application.

Good section.

### §126-27-4. Definitions.

4.2 As a healthcare provider for the school system, the school health nurse should not be excluded from this definition. Who is doing training? What kind of training?  
Non-prescribed meds. should have same rules as prescribed.

### §126-27-5. Authorization.

### §126-27-6. Roles and Responsibilities.

6.4 Role of Parent

Missing < Provide the school with completed doctor authorization form, etc.

6.5.2 Good point.

Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two

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

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

8.1.2 The school nurse should not be excluded  
from this section.

All meds, prescribed or O.T.C. should follow same  
rules - any medication is dangerous. 8.4.

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

Who will do the  
training if the school  
nurse is excluded?

8.4.2 How would a non-  
medical professional  
know if medication is  
safe to administer?

§126-27-10. Confidentiality and Documentation.

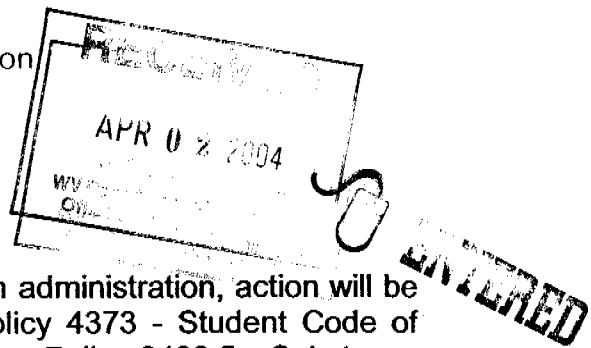
§126-27-11. Consequences of Policy Violation.

§126-27-12. Severability.

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787

- 1. date and signature of person administering medication



**\*126-27-11. Consequences of Policy Violation.**

- 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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).
- 1. 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).

**Â§126-27-12. Severability.**

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

**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Punam County Schools

Title: Certified School Nurse / Delberta Riffe

Street Address: 4 Secretariat Way City/State/Zip MILTON, WV 25541

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Putnam County Schools

Title: Certified School Nurse

Street Address: Delberta Riffe  
4 Secretariat Way City/State/Zip MILTON, WV 25541

### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities.

6.5.2. Based on Nursing Assessment, parent permission and written physician's order, any grade student should be allowed to self-administer medication. In this policy it recommends "(not below grade 9)".

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
**Page two**

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

7.4. "The School Nurse or administrator shall do the following:

1. Contact the physicians and parent/guardian"

The Registered Nurse should be the only individual contacting the licensed prescriber to obtain further orders.

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

The Registered Nurse should oversee/monitor the prescribed and OTC medications. Over-the-Counter medications as well as prescribed medications should require a licensed prescriber's signature. Non-medical personnel should NEVER be responsible for any medication.

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

9.6. "Two (2) individuals will witness . . ."

This should be the "designated qualified personnel" to dispose medication.

**§126-27-10. Confidentiality and Documentation.**

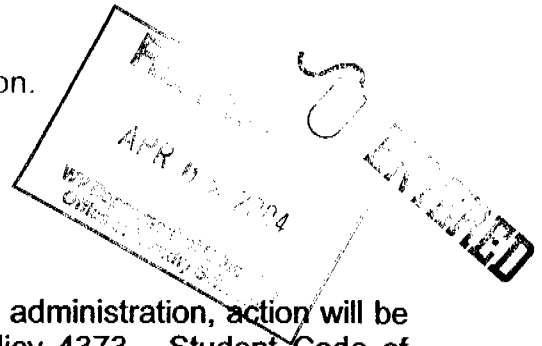
**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787

- 1. date and signature of person administering medication.



**\*126-27-11. Consequences of Policy Violation.**

- 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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).
- 1. 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).

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**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Putnam County Board Education

Title: James Hodge RN

Street Address: 300 Harbor Lane City/State/Zip: Harrison, WV 25526

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Putnam County Board of Education

Title: Jane Hays RN

Street Address: 300 Harbor Lane City/State/Zip 090 Harris W  
25526

### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities.

6.5.2. Based on Nursing Assessment, parent permission and written physician order, any grade student should be allowed to self-administer medication. In this policy it recommends "(not below grade 9)".

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
**Page two**

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

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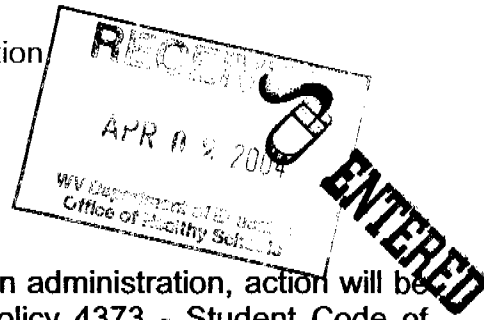
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**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Jayne Durican  
Putnam Co Schools

Title: Registered Nurse

Street Address: P.O. Box 444 City/State/Zip: Eleanor, WV 25070

School Address - 2 Wall St. Winfield, WV 25213

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Jayne Duncan / Putnam Co Schools

Title: Registered Nurse

Street Address: P.O. Box 444 City/State/Zip Eleanor, WV 25070

School Address - 2 Wall St. Winfield, WV 25213

### Comments/Suggestions

**§126-27-1. General.**

**§126-27-2. Purpose.**

**§126-27-3. Application.**

**§126-27-4. Definitions.**

**§126-27-5. Authorization.**

**§126-27-6. Roles and Responsibilities.**

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Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two

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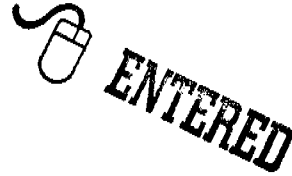
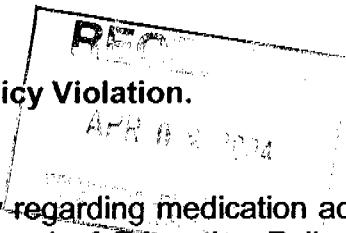
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FAX: (304) 558-3787

- 1. date and signature of person administering medication.

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**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Putnam County Schools / Whitney Norton

Title: School Nurse

Street Address: 3280 Winfield Road City/State/Zip: Winfield/WV/25213

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Putnam County Schools / Whitney Norton

Title: School Nurse

Street Address: 3280 Winfield Road City/State/Zip Winfield/WV/25213

### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

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Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two

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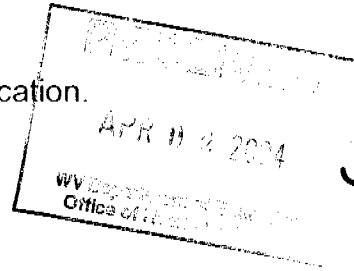
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**§126-27-12. Severability.**

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West Virginia Department of Education  
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E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787

- 1. date and signature of person administering medication.



**ENTERED**

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**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Putnam County Board of Education

Title: Laura Martin School Nurse

Street Address: P O Box 626 City/State/Zip: Elkins, WV  
25070

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Putnam County Board of Education

Title: Laura Martin School Nurse

Street Address: P.O. Box 626 City/State/Zip Elleanor, WV  
25070

### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

§126-27-5. Authorization.

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Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two

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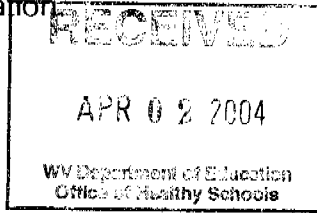
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Charleston, WV 25305-0330  
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FAX: (304) 558-3787



- 1. date and signature of person administering medication



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- 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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).
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**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Putnam County Schools

Title: School Nurse

Street Address: Poca High School City/State/Zip: \_\_\_\_\_  
Rt 2 Box 5B  
Poca, WV 25159

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Putnam County Schools

Title: County School Nurse (Poca Area)

Street Address: Rt 2 Box 5B City/State/Zip Poca, WV 25159

### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities.

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Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two

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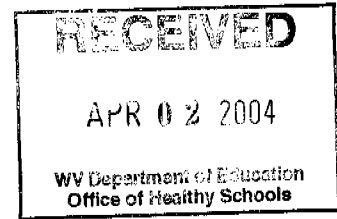
**§126-27-12. Severability.**

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FAX: (304) 558-3787



**Policy 2422.8: Medication Administration  
Comment Response Form**



Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Angela Cavender RN

Title: School Nurse

Street Address: 964 Chapps Fork Rd. City/State/Zip

Charleston, WV 25312

**Comments/Suggestions** *In general, the proposed medication policy is very reasonable and provides a statewide standard for medication administration; however I take exception with the proposed policy for over the counter medications.*

Â§126-27-1. General.

Â§126-27-2. Purpose.

**Â§126-27-3. Application.**

**Â§126-27-4. Definitions.**

**Â§126-27-5. Authorization.**

**Â§126-27-6. Roles and Responsibilities.**

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

**Â§126-27-8. Administration of Non-Prescribed Medication.** In 6.5.2 it is suggested to allow students in grades 9-12 to carry and administer their own OTC medications. In my opinion this has great potential for harm to our students. All medications, even over the counter (OTC), have the potential to harm. In my 20 years experience working with adolescents I have talked with numerous students who have misused OTC medications. They have increased the dose or shortened the time span for safely taking OTC's. Teens admit it is commonplace to share their OTC medications.

In the present environment school personnel must be alert to the misuse and abuse of legal and illegal drugs. Allowing students to carry and administer their own drugs will only make this task more difficult. With the many types of generic drugs, it is often difficult to identify medications making it possible for students to carry medications other than what the container is labeled as.

Administering medications requires knowledge of the medication, the intended benefits, contraindications, and possible side effects. It also requires some judgment and assessment. For example, I had a student who frequently complained of headaches and wanted to take Tylenol each time. After assessing his headaches, I found that he refused to wear his glasses at school and this resulted in his headaches. The solution was not to give him Tylenol each time but to work with him concerning his need for vision correction. The school nurse is the person in the school setting that has the professional knowledge, judgment, and skill to administer medications. This policy does not address how an administrator's designee will be trained to administer OTC medications. It is my understanding that as a professional, certified school nurse, I would not be training, delegating or monitoring unlicensed personnel to administer OTC medications.

In the 2003-04 school year, our county required a doctor's order for OTC medications. It has not been a problem to receive an order for students who need OTC's on a regular basis for a specific problem. In fact the American Academy of Pediatrics recommends that OTC medications needed on a regular basis should be prescribed. It has also cut down the over use of OTC's for minor headaches. I often find that students have headaches because they have not had anything to eat, did not get enough sleep or they are not properly hydrated. There are many things we can do before resorting to taking a pill for every ache and pain. Assessing the

need for OTC's is one way of educating students and parents in a healthier lifestyle.

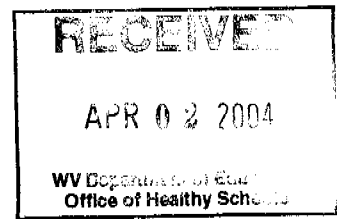
I do not believe that allowing a designee or a 9-12<sup>th</sup> grade student to administer OTC medication is the best practice for the health and safety of our students. We can work with physicians, families and student to safely provide for the medications they need during the school day.

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

**Â§126-27-10. Confidentiality and Documentation.**

**Â§126-27-11. Consequences of Policy Violation.**

**Â§126-27-12. Severability.**



# Policy 2422.8: Medication Administration

## Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Rebecca Wise, Monongalia County Schools

Title: School Nurse

Street Address: Route 1 Box 118 Independence City/State/Zip WV 26374

### Comments/Suggestions

**Â§126-27-1. General.** This section is good.

**Â§126-27-2. Purpose.** This section also sounds good except the language in the non-prescribed medication of this policy does not support it. Most, if not all, non-prescribed medications are not **absolutely necessary for the student's health** and who is determining what is **absolutely necessary**.

**Â§126-27-3. Application.** I have no suggestions for this section.

**Â§126-27-4. Definitions.** **4.1-** Word medication needs to be clarified by stating Prescribed and non-prescribed medication (to keep language consistent).

**4.2-** After the word-trained need to clarify who does training by adding the words "by the school nurse". The school nurse can only train and designate the administration of prescribed medication. It is, at times, necessary for Principals to designate an employee to be trained to administer medication. If this employee is hired for a special education position and if they were hired after July 1, 1989, they can be required to perform the Phase II procedure of medication administration (Specialized Procedure manual p.4). The principal may designate but it is still up to the school nurse to determine if it is appropriate to delegate the medication (Specialized Procedure manual p6, section 6.3).

4.4- It is confusing to separate Administrator's designee and Designated qualified personnel. Also the amount of training needed needs to be consistent. The language used in Section 6.3.1 of this policy seems to be most appropriate. It is unrealistic and unnecessary to expect all employees that administer medication need to complete all of Phase I & II. It may however, also be unrealistic to expect all employees (including administrators), who administer medication, to complete the CPR and First Aid portion of Phase I.

**4.8- Medication document-** This policy should include a sample of appropriate medication authorization forms.

4.15. This language is mostly good except I think the broad use of the word medication is inappropriate any where in this policy since this policy clearly treats prescribed and non-prescribed medication differently. Another problem with this section is that Section 6.5.2 of this policy does not support the school nurse being able to supervise self-administration of non-prescribed medication. In section 6.5.2, students may carry and self-administer non-prescribed medication but the school nurse is excluded from the non-prescribed section of this policy (126-27-8).

**Â§126-27-5. Authorization.** In the case of an Epi-pen on the bus, a bus driver may be the Authorized personnel.

**Â§126-27-6. Roles and Responsibilities.**

6.1.6. Principals are ultimately responsible for the well being of their students and medication is supposed to be discouraged unless **absolutely necessary for the student's health**, therefore, language needs to be included that clarifies that Principals will be trained and will administer medication in the event that the school nurse and the designated/delegated employee is unavailable or arrangements need to be made for the parents to give the medication.

6.2.3 I don't think it is necessary or realistic to make a broad statement that all students on long-term medication should have a care plan. Emergency medications like Epi-pen and students with seizures for example it does seem appropriate.

6.2.4. **In my opinion, the omission of the word non-prescribed in this section in an effort to release nurses from the responsibility and liability of non-prescribed would not hold up in court in the event that harm came to a student as a result of a non-prescribed medication error or adverse effect. It is also clear that the WV BOE for RNs will not support school nurses delegating non-prescribed medication.**

6.3.1 Phase I/ II language needs to be consistent throughout policy. How can we train on the administration of non-prescribed medication if we are not included in this section and may not be aware of the medication and will not be involved in supervision or any type of on-going monitoring.

6.45.1 Parent authorization form should include reason for medication as opposed to intended effect.

6.4.3 A person authorized to received medications is sometimes the bus driver if there is no way for the parent to bring the medication to school. This is especially true with Sp. Ed. Buses. Giving the medication to the bus driver is better than students carrying it themselves.

6.5.2 I cannot agree to the classification of Ibuprophen as an emergency medication. Also need to include a statement that the school nurse should first assess student's understanding and ability to self-administer. I do not agree with the last part of this section beginning with "At the discretion of county boards of education..." I feel this would be moving back to the days where students carried medication and shared regularly. Our county requires a doctor's order for prescribed and all OTC's and our safe school policy has consequences for carrying and /or sharing of medication and these policies have worked well. We have had some complaints and they have been from parents who have to bring their child a Tylenol because they have not taken proactive measures to get a doctor's order. These policies have dramatically decreased the amount of medication at school.

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

7.1 The end of this section needs to include the wording of "and a completed parent/guardian Authorization Form is received".

7.2 **Good**

7.3 **Good**

7.4 **Good**

**Â§126-27-8. Administration of Non-Prescribed Medication.**

**I cannot agree with any portion of this section.**

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

9.3 What about the non-prescribed medications.

**Â§126-27-10. Confidentiality and Documentation.**

**Good.**

**Â§126-27-11. Consequences of Policy Violation.**

**Good**

**Â§126-27-12. Severability.**

**Good**

**Additional comments-**

I did not see where medications on field trips were addressed. This is such a big issue that I feel it needs to be clarified. I am very appreciative to those that have worked on this medication policy. I know this is not an easy policy but it is a very needed and essential policy. This policy has brought to light the many areas where nurses can be held liable. The issue of medication in school has been a huge potential for liability from the beginning and it has been an uphill battle. I feel, these issues must be resolved and compromises that put our license in jeopardy cannot be allowed. Having our Board of licensure's approval of every part of this policy is an absolute must. Thank you for considering my comments and concerns.

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King**

**Coordinator**

**West Virginia Department of Education**

**Building 6, Room 309**

**1900 Kanawha Boulevard, East**

**Charleston, WV 25305-0330**

**E-mail:           @access.k12.wv.us**

**FAX: (304) 558-3787**

**126CSR27**

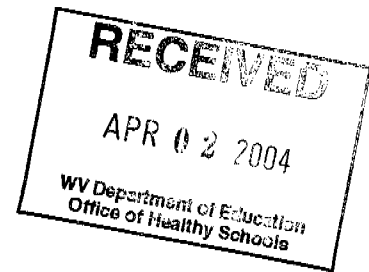
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## **Policy 2422.8: MEDICATION ADMINISTRATION**

### **Comments:**

126-27-6

### **Roles and Responsibilities:**



### **Administrator:**

We appreciate that Principals would coordinate staff on medication administration for school related events!

**School Nurse:** Under this draft, (6.2.5) has been forbidden by Board of Nursing for school nurses to train those who administer over-the-counter medications. This concerns me since this draft does not provide a guide for Administrators, related to who should train, etc. Medical providers, outside of the educational setting, are not familiar with the laws nor many of the situations with which school staff must deal when considering the administration of medication at school. A good example has been the situation when various counties have attempted to bring hospital employees in to do training on various medical procedures that students require—they do not understand the school environment and its limitations when these procedures are being carried out. The training was very ineffective in most cases.

### **Student:**

Drug free counties cannot comply with section 6.5.2, according to the information I have received. Students require a physician order to carry medication. This will cause confusion among physicians in the state, since some counties will be forced by federal mandate, to require a physician's order if the student is to carry a particular medication.

### **Administration of Prescribed Medication:**

This section is written well; provides safe standard for students!

### **Administration of Non-Prescribed Medication:**

#### **8.1.3:**

This section is asking Administrators, with no medical training, to make medical judgments. This requirement is inappropriate since many Principals will not have the time to follow through in this manner. Many schools have "several" questions regarding medication on a daily basis, generally handled by the school nurses (not allowed under this current draft).

#### **8.4:**

The Manual that sets forth this standard for training and administration is a guide written for certified school nurses. We cannot assume that individuals with no medical background will properly understand or train on the safety criteria related to medication administration. It requires more training than handing a list to a person. This cannot be minimized since incorrect medication handling and administration can cost a life. It is an unfair responsibility placed upon Administrators.

**8.5.1:**

What if the parent ignores the seriousness of the emergency! Policy should provide for follow-up beyond "writing a report to their superior."

**Page 2**

**\*\*It is difficult for me to understand why the following would not set forth a safer standard:**

Contract physician for a given county could give a standing order for OTC's; parent(s) provide medication and permission for administration; OTC permissions would have a limit of one nine week period, requiring a new parent permission at that time. There would be no stock medication provided by the school, only what the parent provided. This framework would allow medical orders and school nurse supervision of the OTC's.

**126-27-9:**

**9.5:**

What time frame is on the parent authorization? When does it expire? There is no safety net for the child if he/she is receiving a medication everyday, like Advil for headache. No medical personnel will be monitoring those logs under this policy. Lay personnel are not expected nor do they have the training to determine: Johnny is having headache everyday and may need a vision referral or physician referral for a particular infection, etc. This type of training, for nursing assessment, is not possible during a brief medication administration type of training. Remember, this draft has taken the school nurse "out of the loop" for assessment, unless the school personnel administering medication accidentally realizes an additional need of the student and refers the student.

Donna Sue Peros, RN, MS  
School Nurse Coordinator  
Boone County Schools  
Pager: 450-3264

Daniels  
Elementary School



P. O. Box 689  
Daniels, WV 25832  
Phone (304) 256-4622  
Fax (304) 256-4738

**RECEIVED**  
  
APR 02 2004  
  
WV Department of Education  
Office of Healthy Schools

*A WV School of Excellence  
A WV Exemplary School*

Send to: <i>Rebecca J. King</i>	From: <i>Daniels Elem</i>
Attention:	Date: <i>4-2-04</i>
Fax number:	Total pages (including cover): <i>2</i>

- For your information
- Please reply ASAP
- Please review
- Please comment
- Urgent



Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments -Policy2422.8-Medication Administration**

If my understanding is correct her, OTC medications are going to be under the supervision of the Principal. The Principal is also required to train all persons to administer the medication. We have almost eliminated the use of OTC medications at my school because this is a parent responsibility--not mine or our teachers. For the Principal to be making decisions about OTC medications seems wrong. Our school has 447 students, no assistants and one Health Nurse that I may see once once a month because she has so many students to cover. Also if I understand this policy we would end up needing Health Care plans on almost all students whether it be Perscription Medications or OTC items. If this is the case how will the Principal and one overworked nurse get this done? It also appears to me that this policy takes on more responsibility for the school and less for the Parent. At some point this must stop--The Principal of a school cannot keep receiving more responsibilities when all the bases cannot be covered now. This policy needs to be looked at closely before it is approved and possibly revised or done away with completely.

JN Redden  
Principal  
Daniels Elementary  
4-2-04

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 **ENTERED**

\*\*\*\*\* FACSIMILE COVER SHEET \*\*\*\*\*

APR-02-2004 08:29

Message To:

95583787

Message From:

SHERMAN SENIOR  
304 837 7529

04  
Page(s)  
Following This Cover Page

**§126-27-11. Consequences of Policy Violation.**

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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).
1. 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 5000 - ... (126CSR162).

Post-it® Fax Note	7671	Date	4-2-04	# of pages	4
To	Rebecca King	From	Theresa Lonker		
Co./Dept.	WVDE	Co.	Sherman High School		
Phone #		Phone #	837-3301		
Fax #	558-3787	Fax #	837-7528		

**§126-27-12. Severability.**

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

**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Theresa Lonker

Title: Principal Sherman High School

Street Address: Rt. 3 PO Box AB City/State/Zip: Seth, WV 25181

**Comments/Suggestions**

**Â§126-27-1. General.**

**Â§126-27-2. Purpose.**

**Â§126-27-3. Application.**

**Â§126-27-4. Definitions.**

**Â§126-27-5. Authorization.**

**Â§126-27-6. Roles and Responsibilities.**

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

**Â§126-27-8. Administration of Non-Prescribed Medication.**

I totally disagree with this policy. I am not qualified to make medical and nursing judgments regarding if a medication is appropriate, if the request from the parent is appropriate, when to ask the school nurse to assess the situation, etc. I do not have time to routinely monitor medication logs of OTC's.

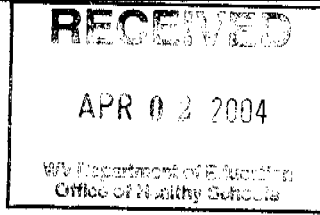
This policy places added burdens on Principals such as training a designee, administering OTC's.

I also feel that secondary students abuse OTC's & prescribed medications, so parental permission, alone, concerns me. This would allow high school students to carry OTC's with them at all times.

I am in disagreement with this policy,

**Renee Hodges**

**From:** KFlyGuysMom@aol.com  
**Sent:** Sunday, March 28, 2004 9:57 PM  
**To:** ISAACRN@aol.com  
**Subject:** Re the Medication Policy



This is being sent with regard to the proposed medication Policy.

I believe that there should be a cut off related to the age of a child self-administering meds. I am particularly thinking of the elementary and middle age children, who may not be totally competent in measuring, etc.

How will it be tracked that a child will be carrying medications? Also, when they will be self-administering?

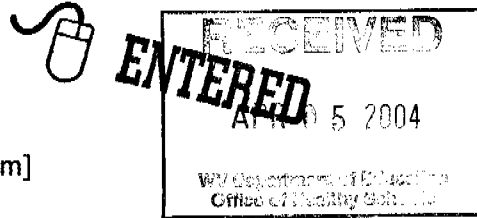
I have a concern about the potential for self-administering and overdosing, giving to another student or the need for emergency medical intervention and no one knowing if the student has recently taken any kind of med. at all.

I believe it should be logged, whether a child is self-administering or not. That would cover any potential hazards, mistakes, etc.

**Renee Hodges**

---

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 05, 2004 8:29 AM  
**To:** Renee Hodges  
**Subject:** FW: med policy



-----Original Message-----

**From:** KFlyGuysMom@aol.com [mailto:KFlyGuysMom@aol.com]  
**Sent:** Sunday, April 04, 2004 5:09 PM  
**To:** rjking@access.k12.wv.us  
**Subject:** Re: med policy

In addition to what I already sent to you:

Where I work, OTC's are given only with a physician's written directive and a pharmacy labeled bottle/container. The parents readily get the permission and the pharmacists do not have a problem with this.

RECEIVED

APR 02 2004

WV Department of Education  
Office of Healthy Schools

 ENTERED

**Policy 2422.8: Medication Administration  
Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Thomas O. Iles, Ph.D.

Title: Retired Educator

Street Address: HC81, Box 103A City/State/Zip Lewisburg, WV 24901

**Comments/Suggestions**

**§126-27-1. General.**

**§126-27-2. Purpose.**

**§126-27-3. Application.**

**§126-27-4. Definitions.**

126-27-4 Should the "Administrator's designee" definition in 4.2 note Phase I and Phase II training as it is noted in 4.4 or should it be eliminated in 4.4, "Designated qualified personnel"? Both are referenced in 6.1.6 as needing the training. Isn't that true?

126-27-4 The terms administrator designee and designated qualified personnel seem to very cumbersome. Isn't there a better set of terms to use?

**§126-27-6. Roles and Responsibilities.**

**Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two**

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

126-27-7 Each child who is given a prescribed medication, at school, must have a **health care plan**. Shouldn't the health care plan be defined and noted in 126-27-7?

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

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

**§126-27-10. Confidentiality and Documentation.**

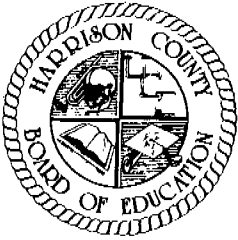
**§126-27-11. Consequences of Policy Violation.**

126-27-11 Item 11.1 refers to a student who violates the policy. If everything in this policy operates as noted, the student is simply the recipient of the medicine. There is no chance for him/her to violate anything. This policy is not about students who bring medicine and give it away on the bus. 6.4.3 doesn't allow for that. Please remove 11.1

Item 11.2 references the failure of school personnel. Who do you think is going to take this assignment (probably for no pay) with such punitive measures listed? Please remove/revise 11.2.

**Return comments by APRIL 12, 2004 to:**

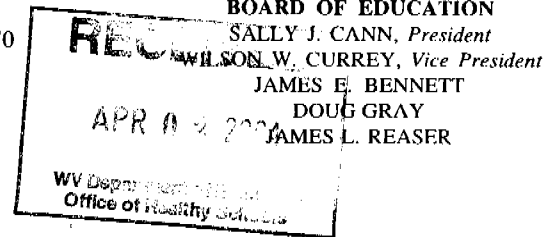
**Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787**



DR. CARL H. FRIEBEL, JR.  
*Superintendent*

# HARRISON COUNTY SCHOOLS

408 E.B. SAUNDERS WAY  
POST OFFICE BOX 1370  
CLARKSBURG, WEST VIRGINIA 26302-1370  
(304) 624-3325  
FAX (304) 624-3361



April 2, 2004

Ms. Rebecca King, Coordinator  
HIV/AIDS Prevention Education  
West Virginia Board of Education  
State Capitol Complex – Building 6  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330

Dear Ms. King:

At the April 1, 2004, regular meeting of the Harrison County Board of Education, a middle school student appeared as a delegation to express his concerns about the proposed medication policy. A copy of his written statement, which was read at the board meeting, is attached for your review.

I trust you will give Mr. Yurko's letter your every professional courtesy and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Carl H. Friebel, Jr." with a stylized flourish at the end.

Carl H. Friebel, Jr., Ed.D.  
Superintendent

CHF/eab

Cc: Eric Yurko, student  
File copy

**ERIC YURKO  
21 CARRIAGE LANE  
BRIDGEPORT, WV 26330**

April 1, 2004

Carl H. Friebal, Jr., Ed.D  
Superintendent  
Sally J. Cann, President  
Harrison County Board of Education  
Harrison County Schools  
408 E.B. Saunders Way  
Clarksburg, WV 26301

Dear Dr. Friebal, Mrs. Cann and Board Members:

My name is Eric Yurko. I am currently a student at Bridgeport Middle School. I am concerned about a new policy started this year at the middle school. This year we are required to provide to the school a doctor's slip before we are allowed to use over the counter medications like cough drops and Advil or our parents can bring a cough drop to school for us if need be. Not only is this inconvenient for our parents but it is really unfair to make us have the unnecessary expense of a doctor's visit when we are sick with a simple cold or sore throat. Several times this year, I had a cough that would have been helped by a cough drop or two but was not able to take one because I wasn't sick enough to stay home. My cough was disruptive to the class on numerous occasions. I think that this rule should be revised to allow our parents to authorize the use of a specific over-the-counter medicine for simple illnesses.

Please consider my request and take the steps necessary to remedy this problem.

Respectfully yours,



Eric Yurko



**ENTERED**

**GREENBRIER COUNTY SCHOOLS**  
**P.O. Box 987**  
**Lewisburg, WV 24901**

**RECEIVED**  
**APR 05 2004**  
WV Department of Education  
Office of Healthy Schools

**Telephone: 1-304-647-6470**  
**Toll Free: 1-877-408-3952**

**Fax: 1-304-647-6490**

**FAX COVER SHEET**

DATE: 4-5-04

FROM: Pat Anderson

TO: Richard King

Number of Pages Including this Sheet: 3

Comments: \_\_\_\_\_

**NOTE: If any of these fax pages are illegible or you do not receive the same number of pages as stated above, please contact us immediately.**

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: PAT Withrow, RN, BSN

Title: Lead School Nurse, Greenlee County Schools

Street Address: PO Box 987 City/State/Zip: Kenansburg, WV 26040

### Comments/Suggestions

#### §126-27-1. General.

**§126-27-2. Purpose.** I agree with having qualified personnel (in all school related events to administer medication. However in our large high schools, the logistics will be difficult. There are extra curriculum events daily.

#### §126-27-3. Application.

**§126-27-4. Definitions.** 4.10 Who will review these forms to assure that parents have written instructions in accordance with directions on medications

#### §126-27-5. Authorization.

#### §126-27-6. Roles and Responsibilities.

6.1. I think school must should be responsible for this. If principal is slack in this, it could be quite serious. I think principals should not be asked to do this. However, I do like that they need to provide training, etc. Also like outlining parent responsibility

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
**Page two**

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

7.3.4. Parents should also provide an updated medication form. (? new prescription)

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

I think it is unrealistic for administrators to determine if medicines may be given orally. (is this legal?). Also can they legally evaluate the safety of multiple meds. & can parents do this

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

**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

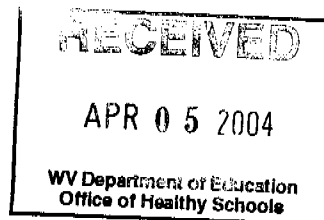
**§126-27-12. Severability.**

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787

**Renee Hodges**

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 05, 2004 1:10 PM  
**To:** Renee Hodges  
**Subject:** FW: Comments on Medication Policy from Laura Barber R.N. KCS  
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged



-----Original Message-----

**From:** Lora DNthree [mailto:loradn3@yahoo.com]  
**Sent:** Monday, April 05, 2004 12:18 PM  
**To:** rjking@access.k12.wv.us  
**Subject:** Comments on Medication Policy from Laura Barber R.N. KCS

## **Policy 2422.8: Medication Administration**

### **Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Laura Barber R.N., Kanawha County Schools

Title: School Nurse

Street Address: 16 Carriage Rd., Charleston, W.V. 25314

#### **Comments/Suggestions**

Â§126-27-1. General. N/A

A§126-27-2. Purpose.

The administration of medication should be only allowed at school if it is necessary by a licensed prescriber

Â§126-27-3. Application. N/A

Â§126-27-4. Definitions. N/A

Â§126-27-5. Authorization. N/A

Â§126-27-6 Roles and Responsibilities.

#### **6.2 Role of the Nurse**

The WV Board of Nursing has stated explicitly that the school nurse cannot delegate or administer over the counter medications.

4/9/2004

## 6.5 Role of the Student.

The student regardless of his age should never be allowed to self-administer over the counter medications. There have been many documented cases of abuse of OTC's by high school students. These abuses have in some cases led to serious impairment and in some incidences in death. Student safety should be the number one concern at all times.

### Â§126-27-8. Administration of Non-Prescribed Medication.

8.1.2 The school administrator does not have the medical knowledge to determine whether non-prescribed (OTC) medications may be safely delegated.

8.1.1 Many parents/guardians do not always follow directions on the box or do they understand the indications for the medications use. These medications can be just as dangerous as prescribed medications if they are used or taken improperly. There are many documented cases of improper use of "over the medications" that have led to serious injury or death.

Â§126-27-9. Medication Storage, Inventory, Access and Disposal. N/A §126-27-10. Confidentiality and Documentation. N/A.

Â§126-27-11. Consequences of Policy Violation. N/A.

Â§126-27-12. Severability. N/A.

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Do you Yahoo!?

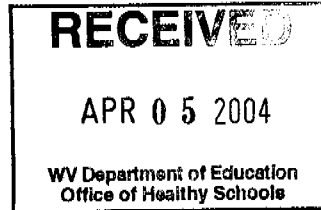
[Yahoo! Small Business \\$15K Web Design Giveaway - Enter today](#)

**Renee Hodges**

---

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 05, 2004 1:13 PM  
**To:** Renee Hodges  
**Subject:** FW: response to medication policy

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged



Another comment

-----Original Message-----

**From:** pbmccoy@access.k12.wv.us [mailto:pbmccoy@access.k12.wv.us]  
**Sent:** Monday, April 05, 2004 7:44 AM  
**To:** rjking@access.k12.wv.us  
**Subject:** response to medication policy



Dear Rebecca:

I would like to make a few comments about the currently proposed medication policy.

Under "Purpose", it is well said that medication use during the school day is "discouraged unless absolutely necessary". Also, under "Application" I'm pleased to see it noted that School Based Health Centers are exempt from the policy.

7.3.1 in regard to Administration of Prescribed Medication, it cannot be stressed enough that a quiet environment that ensures privacy for the students

is essential. I'm pleased to see that mentioned.

8.1.1 in regard to Administration of Non-Prescribed Medication: currently our

county is following the directive from Dr. Stewart and only gives medication (prescription and non-prescription) with a signed doctor's order. This has worked out well for parents, teachers, and administrators at the schools I serve. In conversations with the administrators of the five elementary schools

that I serve it is apparent that they do not want to manage the administration of non-prescription medications.

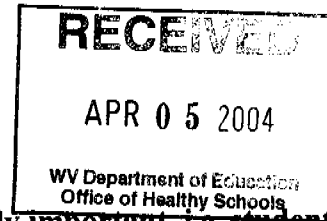
10.1 Confidentiality and Documentation: It is good to include this reference to FERPA and its impact on medication records.

thank you, Paula McCoy, RN, Greenbrier County Schools.

Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page One

*Sharon  
Casto*

Comments/Suggestions



126-27-1 General

126-27-2 Purpose.

2.2 Why state this purpose and not others equally important, i.e. student safety?

126-27-3 Application.



126-27-4 Definitions.

Add "medication order form- the form completed by the prescribing health care provider that serves as the order for medication to be administered at school. The order shall contain the same information as that required on the prescription label."

126-27-5 Roles and Responsibilities

6.1.6 Change "Standards for Health Care Procedure" to the proper name: "Standards for Basic and Specialized Health Care Procedures"

6.2.5 same as above

6.3.1 add after term "First Aid": , handwashing, gloving, cleaning and disposing of body fluids."

126-27-7. Administration of Prescribed Medication

7.1 add after word "prescriber": and written parent consent are received"

7.2.1 add "G. date prescription filled".

7.3 state full title: "Standards for Basic and Specialized Health Care Procedures

7.3.4 after "the parent must provide", change to "from the licensed provider a new medication order and a properly-labeled container". Also change "designated personnel" to "designated qualified personnel"

7.4 delete "and administrator" and "or administrator" from last two sentences.

7.4.2 delete " or administrator"

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

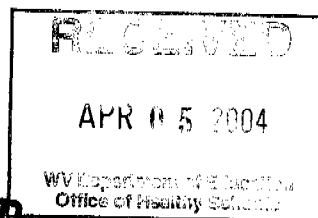
General comment: We believe all prescription and OTC medicines should Be administered under the same guidelines as outlined in Section 126-27-7.

8.4 School nurses should have no responsibility in training staff who are under the sole supervision of the building administrator, as this is in direct conflict with the State of West Virginia Nurse Practice Act.

8.5.4 If Section 126-27-8 is adopted, delete "or school nurse".

**Renee Hodges**

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 05, 2004 8:29 AM  
**To:** Renee Hodges  
**Subject:** FW: Medication Policy Comment

**ENTERED**

-----Original Message-----

**From:** Sandra Trent [mailto:strent@cwv.net]  
**Sent:** Saturday, April 03, 2004 8:25 PM  
**To:** rjking@access.k12.wv.us  
**Subject:** Medication Policy Comment

I was unable to access your email at the WVDE site to comment on the revision of the Policy 2422.8

Therefore, am sending my response to you in this manner.

**H**ow can the State Department of Education ask administrators to dispense drugs when they are not licensed to do so? What liability are you exposing administrators to in storing drugs on school property? Most schools, by design do not have the secure environments you describe in this policy. Even fewer administrators have the time necessary to store, inventory and dispense OTC drugs to a potentially large number of students. I feel this policy is another attempt to ignore the need for more licensed nurses in our schools.

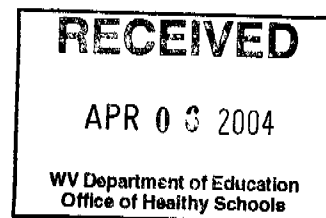
<!--[if !supportEmptyParas]-->

A lot of time will be spent by the principal getting the proper documentation from parents. It will be difficult to find qualified personnel who will give this medication without additional pay and who will agree to take both Phase1 and Phase 2 training. In a large school, it will be difficult to have personnel free from their instructional duties to administer OTC medication to a large number of students.

<!--[endif]-->

**Renee Hodges**

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Tuesday, April 06, 2004 9:26 AM  
**To:** Renee Hodges  
**Subject:** FW: response to proposed medication policy  
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged



-----Original Message-----

**From:** cindy stark [mailto:crstark@charter.net]  
**Sent:** Monday, April 05, 2004 11:37 PM  
**To:** rebecca j king  
**Cc:** cindy stark; Brenda Isaac  
**Subject:** response to proposed medication policy



Dear Rebecca,

Please accept the following comments regarding the policy:

**From:** Cindy Stark  
 School Nurse  
 Raleigh County Schools  
 105 Adair Street  
 Beckley, WV 25801

General. As a new policy, this will apply to all students. Present WV Code, 18-5-22 states that school nurses will be employed, 1 nurse to each 1,500 students, kindergarten through 7th grade. Also stated is that additional provision is to be made for students requiring special education.

As a school nurse, I am assigned 8 schools, pre-school through grade 12, including students receiving special education services. My present number of students, according to the 2nd month enrollment figures is 4012.

School nurses must serve all grade and educational levels. It will be difficult to implement this policy with my present school assignment.

Definitions.

4.4 "Designated qualified personnel" We have need of contracted nurses to provide for the care of our students in the county. I have been given to understand that the legality of this practice is being researched. If contract nurses may not be used for specific purposes of caring for students, many students will not be able to attend school as the county does not employ enough school nurses to provide for their needs at school.

Phase 1 and Phase 11 training appears only in the Basic and Specialized Health Care Procedures Manual for school nurses. The full scope of training is not fully delineated--will all areas need to be taught for medication administration?

4.15. Self-administration of medications by a student as defined may have numerous meanings--took dose

4/9/2004

orally  
 -took appropriate dose  
 -swallowed med  
 -in the presence of  
 --this does not indicate that student chose correct amount from container--  
 --in an acute situation--it may not be in the student's best interest to wait until they have supervision of a nurse, administrator, or other qualified person--ex, after sports practice, but on school property--does this "supervision" mean "with forms completed"

#### Roles and Responsibilities.

6.1.6. School administrators do not typically have ready access to the Health Care Procedure Manual to obtain training in Phase I and Phase II for non-prescription medications--how do they explain to their staff that the school nurse is only going to deal with prescription medications?  
 Further explanation addresses that the RN Board does not allow them to handle medication situations without a health professional in prescriptive authority--and parents are the prescriptive authority with over-the-counter medications. How will school nurses readily respond to the inevitable questions which will arise with OTC meds at school?

6.2.3. At present, the provision of a health care plan for a student attending school is to provide for the safety of the student who happens to have a health condition which may have impact or affect them during the school day--seizure conditions, anaphylaxis to foods or insects, bleeding disorders, diabetes, organ transplantation with attention to potential for infection, or conditions which require special procedures for breathing or eating. If these students have a medication at school, a form is completed by the parent and physician; a plan is in place for the school staff to manage the student's health condition. The plan is sent to EVERY PERSON who has responsibility for the student--information that the student receives medication is provided for the individuals administering, BUT NOT A SEPARATE HEALTH PLAN FOR THE MEDICATION. Some parents will object to this as an invasion of privacy, depending on the type of medication--because our policy is to make available to: teachers, aides, bus drivers, administrators, counselors, lunch room staff, playground staff, cooks--information for the safety of the student. Who will have the need to know? How do we respond to the parent that says, "only the person administering is to be informed?"

6.2.6 **The physician who prescribes the medication needs to determine whether the student may safely self-administer**--not a school nurse who covers multiple schools, responds to cell phone, pager, and urgent situations as they arise. The physician has a responsibility to validate and document knowledge and skills before prescribing.

6.4.2 As the parent must obtain the physician's participation in medication administration at school, the parent should have the physician complete the form and provide the completed form before school staff could administer

6.5.2 This contradicts the Safe and Drug Free Schools approach--how will this be defended when the student, offers ibuprofen or inhaler to a fellow student? Potential harm to another student could occur, especially if an older than 9th grade student decided to take health matters into their hands. In addition, being of high school age does not automatically make students more likely to make responsible decisions--some 5th graders demonstrate better judgment!

7.3 Phase I and Phase II training elements need to be more carefully delineated before implementing in a state-wide policy.

7.3.4 Who will decide the "Appropriate time frame?" Receiving a new container with each new monthly dose is NOT realistic.

7.4.4 Submission of a written report to the county superintendent is not a practical response. Communication of medication incidents need to be handled with the school nurse, unless they involve over-the-counter medications--to whom will these be directed ? How will the school nurse appropriately respond to the situation of a student who has an incident with non-prescribed medication?

8.1.1 Who is responsible for the development of this form for non-prescriptive medications?

8.4.3 If the principal must decide whether a student should receive a medication, is this an assessment--by a school administrator--on whether an over-the-counter medication should be given?

8.5.4 How will the school nurse VALIDATE the safety of multiple medications--what students ingest may have impact on how combinations of medications react--I remember a specific situation in which a student received a prescription medication AT HOME, unwisely decided to try a "beverage" from a fellow student and had a reaction severe enough to warrant emergency transport to the hospital--at school, we did not know that a combination effect was occurring--we only knew about the "admitted" beverage--the first parent arrived--said NOTHING about prescriptive situation. When the 2nd parent arrived, we were able to communicate to the emergency crew about the additional medications, last dose, etc--I do not believe the school nurse needs to VALIDATE the safety given the present case loads and assignments--even if the present ratio of 1 nurse to 1500 students was a reality.

10.1 To provide a health care plan for each medication administered, including reactions and untoward effects would be prohibitive for students receiving multiple medications at school. With the current approach of "inclusion" for students with special needs, more individuals will need access to more detailed information. Will this necessarily make the student safer or will this volume of information simply serve to distract the teaching professionals, thereby inducing the inability to concentrate on the genuine health needs of the student?



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APR 07 2004

WV Department of Education  
Office of Healthy Schools

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Marti Kern RN

Title: School Nurse

Street Address: 541 Barr Run Road City/State/Zip: Marianna, Pa 15345

### Comments/Suggestions

#### §126-27-1. General.

Agree

**§126-27-2. Purpose.** I agree that medication administration should be discouraged unless absolutely necessary at school. Unfortunately, some medications need to be administered at school to keep up attendance rates. Some parents are leaving scheduled am meds to be given at school due to their inability to administer them at home. Some over the counter meds can be given at school instead of sending the student home.

#### §126-27-3. Application.

Our current policy exceeds most medication policies.

#### §126-27-4. Definitions.

In some cases, the administrator's designee would have to give prescribed medications. Only healthcare providers, i.e.: RN or MD's can delegate medication administration. Even self-administered medications need to have a prescriber's order for it to be carried on the student and administered by them.

#### §126-27-5. Authorization.

Agree

**§126-27-6. Roles** Administrators should not be responsible for receiving, counting and storing medications and the needed med forms. This is one of the school nurses' roles. A health care plan cannot be developed on every student that requires an emergency medication. We can develop one, but the parent has to agree with the plan and sign it. This is usually an obstacle. Some medication administration, like diazepam, cannot be delegated. A new form needs to be developed for evaluation of those students' self-administering meds. All non-retrieved medications are to be properly disposed of if parents fail to retrieve them within the set guidelines. Two individuals should witness disposal with proper documentation on the specific student form. As long as a prescription is on file, a student may administer OTC medications? Students above grade 8 should also need to have a prescription on file before OTC's can be self-administered. This should be a county-wide policy not depending on the grade of the student.

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
**Page two**

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

Licensed prescriber and parental authorization should be required for medication administration.

**§126-27-8.** Licensed prescriber and parental authorization should be required for medication administration. The school nurse should be the one to determine if delegation of medication to a designated person can be given, not the administrator. The school nurse should be notified of any medication error and give instructions on any necessary steps needed. Parents should be notified, but "orders" should not be received. A pharmacist or licensed prescriber should be the one to verify the safety of multiple medications.

**§126-27-9. medication storage, inventory, ACCESS and disposal.**

Medications should be kept under double locks for HIPA regulations. Only personnel designated by the nurse and administrator should have access to the keys for the locked areas containing medications. A list should be compiled and updated frequently on personnel with access to medications.

**§126-27-10. Confidentiality and Documentation.**

Due to FERPA laws, only school nurses should have space in their offices, and not have to share with other personnel. The offices should be locked and then the second lock would be the school building being locked for the keeping of files for students.

**§126-27-11. Consequences of Policy Violation.**

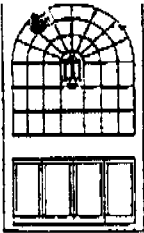
Agree

**§126-27-12. Severability.**

Agree

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King**  
**Coordinator**  
**West Virginia Department of Education**  
**Building 6, Room 309**  
**1900 Kanawha Boulevard, East**  
**Charleston, WV 25305-0330**  
**E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)**  
**FAX: (304) 558-3787**



# University High School

**RECEIVED**  
APR 07 2004  
WV Department of Education  
Office of Healthy Schools

991 Price Street • Morgantown, West Virginia 26505 • 304-291-9270 • 304-291-9248 (fax)

## FAX COVER SHEET

 **ENTERED**

DATE: 4/7/04

TIME:

TO: Rebecca King

PHONE: 304.558.8832

FAX: 304.558.3782

FROM: UNIVERSITY HIGH SCHOOL

SOSAN PINTO

PHONE: 304 - 291-9270

(add your name here)

FAX: 304 - 291-9248

RE: Med. Policy Comments.

Number of pages including cover sheet 3

The information contained in this facsimile transmission is intended only for the personal and confidential use of the designated recipient named above. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone (304) 291-9270 and return the original message to us by mail at the above address. Thank you for your cooperation.

## **Policy 2422.8 Medication Administration/ Comment Responses**

Susan Pinto, RN, MSN, CFNP / University High School,  
991 Price St. Morgantown, WV 26505

### **Comments/Suggestions**

#### **126-27-3 Application**

3.1 Authorized school employee not defined in definition section

#### **126-27-4**

Need better clarification between 4.2 and 4.4- in 4.2, administrator's designee can't be eligible for designation until trained by a school nurse so there should be some reference to the fact that the nurse and administrator have collaborated

4.15- "under the supervision" implies that the nurse is aware that student has meds- ie. Made an assessment of appropriateness of self administration, determined to be safe, etc.

#### **126-27-6 Roles and Responsibilities**

this should be done by RN and administrator if RN is to train- must have licensed prescriber ordered OTCs as safety mechanism. WVBRN indicates that it is not acceptable practice to train UAP to give OTC without MD orders

6.2.3- change physician to licensed prescriber (may be PA or NP)

6.2.5- there is no standardization of Phase 1 & 2 throughout the state

6.3.1- this section conflicts with 126.25A-4

6.5.2- Ibuprofen, or any other OTC should not be specified as okay to carry- this violates school's Safe and Drug Free School Policy

#### **126-27-7 Administration of Prescribed Medication**

7.3.2 dosage, etc should ALWAYS be evaluated by RN when new med is received at school, UAP should never initiate without med first being checked by RN

7.4.1- change physician to licensed prescriber

7.4.2- why would administrator be making recommendations without RN collaboration? Change physician to licensed prescriber

7.4.4- does the county superintendent REALLY

**126-27-8 Administration of Non-Prescribed Medication**

8.1.2 & 8.1.3- not realistic, safe or acceptable  
continued

8.4.2- how will administrator or his/her designee know if appearance of medication or dosage need to be questioned if RN not involved? How will designee know appropriate steps to assure that medication is safe to give

8.4.3- how will UAP know that condition "suggests" that it may not be appropriate to administer medication- this requires skilled assessment

8.5- this is NOT an appropriate or safe role for administrator to assume

8.5.4- it is NOT appropriate for administrator to validate safety of multiple medications

Comments provided for sections in question only. Areas not addressed are acceptable practice.

Thanks for the hard work with this policy.



**ENTERED**

**FAX COVER SHEET**

**RECEIVED**  
APR 07 2004  
WV Department of Education  
Office of Healthy Schools

TO: Rebecca King

FAX # 304-558-3787

FROM: Maria Justice

FAX # \_\_\_\_\_

DATE: 4-7-04

RE: Med policy  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of pages including cover sheet 3

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Marie Justis

Title: school nurse

Street Address: 125 Sherman Ave City/State/Zip Morgantown, WV 26501

### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions. Administrator's designee - I would guess that this would be difficult to separate if RN present in buildings on regular basis.

Designated qualified personnel - would one have to complete total Phase 1/2 training

§126-27-5. Authorization.

6.1.3 - counting meds. - Although this is ideal (counting meds), schools are not set up to count meds without handling the medication. That brings on another set of issues.

§126-27-6. Roles and Responsibilities.

6.1.5 - Shouldn't the RN be involved in selecting candidate for prescribed meds since that person is operating under the RN license?

6.1.7 - Very difficult task in the actual operation.

6.2.3 - Health care plan - Is it necessary for everyone to have long term care plan.

6.2.5 Board of nursing states we are not permitted to train personnel for which we are not responsible.

6.5.2 - O.T.C. are not permitted by RN licensure board.

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
**Page two**

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

7-3-2 - In schools where RN's are present I believe it will be difficult to separate prescribed from non prescribed, particularly if medications are stored in same area. This put the RN at great risk for licensure issues

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

This portion of the policy puts RN at great risk with licensure issues since Board of Nursing has not permitted RN to TRAIN PEOPLE AND NOT TAKE RESPONSIBILITY for them. Since most personnel may be the person who administers prescribed/non prescribed medication, we need to realistically think this part of THE POLICY THROUGH SO AS NOT TO PUT THE RN IN AN UNSAFE SITUATION.

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

Again if RN is NOT TO BE INVOLVED with nonprescribed medicine, they would be normally kept with prescribed medicines. This is a definite issue that puts the RN in a difficult LEGAL SITUATION.

**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rking@access.k12.wv.us](mailto:rking@access.k12.wv.us)  
FAX: (304) 558-3787

**126CSR27**

**§126-27-3. Application.**

**§126-27-4. Definitions.**

**4.2 It will be extremely difficult, if not impossible, to find any employee in a school system that will agree to perform these duties – due to the litigious nature of today's society.**

**4.14 In light of my statement concerning 4.2 – how would a school system find employees willing to perform these duties in all of the settings listed?**

**§126-27-5. Authorization.**


**§126-27-6. Roles and Responsibilities.**

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

**7.3.2 and 7.3.3 McDowell County Schools has two (2) school nurses, nineteen (19) school facilities, and approximately 4200 students. It would be a virtual impossibility for these two statements to be met. Most certainly, McDowell County Schools would not be the only county with these concerns.**

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

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

**ENTRANCE**  
  
**126CSR27**

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Office of Healthy Schools

11.1. 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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).

11.2. 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. Severability.**

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

**Policy 2422.8: Medication Administration  
Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Suzette Cook / McDowell County Schools

Title: Assistant Superintendent

Street Address: 30 Central Avenue City/State/Zip Welch, WV 24801

**Comments/Suggestions**

**§126-27-1. General.**

**§126-27-2. Purpose.**

**126CSR27**

**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787**

1103 Plum Street  
Parkersburg, WV 26101  
Telephone: 304-420-9554  
Fax: 302-420-9507



ENTERED

Jefferson Elementary Center

APR 8 2004  
WV Department of Education  
Office of McKay Schools

April 8, 2004

Rebecca J. King, Coordinator  
W. Va. Department of Education  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
Fax: (304) 558-3787

Dear Rebecca King:

I would like to thank you for your consideration of my comments regarding the proposed medication policy.

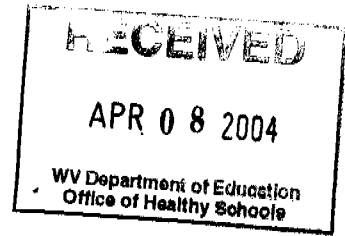
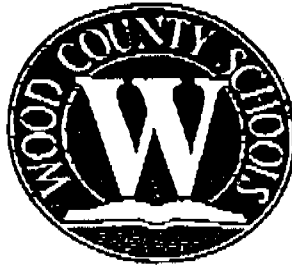
There is sufficient documentation to support the administration of over the counter medication by a school nurse, et al with standing orders (treatment protocol) from a physician. It is imperative that we support this measure in order to provide the best care for our students while they are under the supervision of the school. Existing law provides for "in loco parentis" to professional educators. With the appropriate guidelines for administering of OTC medications "in loco parentis" is the appropriate avenue to consider in providing this service. School nurses may operate under rules from the Board of Pharmacy and the State Board of Nursing Examiners in providing the same service. **Anything less than what is best for our students is not good enough.**

**I urge you to support over the counter medications to be administered by professional personnel, including school nurses. We need to respect a parents' written request for OTC medicines with a physicians treatment protocol**

Sincerely,

Ed Alfred  
Principal, Jefferson Elementary Center





**FAX** ENTERED

**JEFFERSON ELEMENTARY CENTER**

1103 Plum Street

Parkersburg, West Virginia 26101

Telephone: (304) 420-9554

FAX Number: (304) 420-9507

FAX COVER SHEET

Personal Business

School Business

PLEASE DELIVER FAX IMMEDIATELY-THANK YOU

TO: Rebecca King, WV DOE

FAX NUMBER: 304-558-3787

FROM: Ed Alfred, Principal

DATE: April 8, 2004

NUMBER OF PAGES: (including this page) 2

MESSAGE:

If you did not receive all the indicated pages, please call (304) 420-9554. This is the telephone number of the office where the FAX machine is located. This information may only be used by the person(s) to whom it is sent unless the sender gives express permission.

.....

1103 Plum Street  
Parkersburg, WV 26101  
Telephone: 304-420-9554  
Fax: 302-420-9507

# Jefferson Elementary Center

April 8, 2004

Rebecca J. King, Coordinator  
W. Va. Department of Education  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
Fax: (304) 558-3787

Dear Rebecca King:

I would like to thank you for your consideration of my comments regarding the proposed medication policy.

There is sufficient documentation to support the administration of over the counter medication by a school nurse, et al with standing orders (treatment protocol) from a physician. It is imperative that we support this measure in order to provide the best care for our students while they are under the supervision of the school. Existing law provides for "in loco parentis" to professional educators. With the appropriate guidelines for administering of OTC medications "in loco parentis" is the appropriate avenue to consider in providing this service. School nurses may operate under rules from the Board of Pharmacy and the State Board of Nursing Examiners in providing the same service. **Anything less than what is best for our students is not good enough.**

**I urge you to support over the counter medications to be administered by professional personnel, including school nurses. We need to respect a parents' written request for OTC medicines with a physicians treatment protocol**

Sincerely,



Ed Alfred  
Principal, Jefferson Elementary Center

.....

*Berkeley Heights Elementary**726 Hank Wilson Way  
Martinsburg WV 25401**James Holland  
Principal**Phn. 267-3520  
Fax 263-3798***Administration of Non-Prescription Meds.**

**As the administrator of Berkeley Heights, I have not seen a need to change the current state Meds. Policy to include non-prescription drugs except for cough drops. I do not want to be responsible for my self or a designee giving aspirin or Neosporin. Jim Holland**

*Jim Holland***ENTERED**

**Policy 2422.8: Medication Administration  
Comment Response Form**

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APR 20 2004  
WV Department of Education  
Office of Healthy Schools

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Ann Simmons - Raleigh County BOE

Title: School Nurse Coordinator

Street Address: 105 Adair Street City/State/Zip Becky, WV 25801

**Comments/Suggestions**

**§126-27-1. General.**

**§126-27-2. Purpose.**

**§126-27-3. Application.**

**§126-27-4. Definitions.**

*Refer to Attachment*

**§126-27-5. Authorization.**

**§126-27-6. Roles and Responsibilities.**

*Refer to Attachment*

**Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two**

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

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

*Refer to Attachment*

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

*Refer to Attachment*

**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

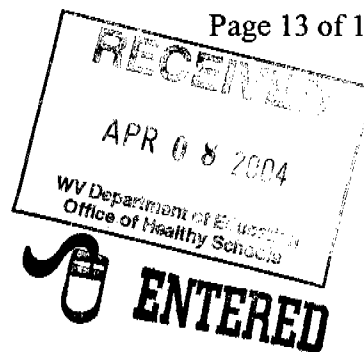
**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787**

## Comments on Policy 2422.8: Medication Administration

- 126-27-4      Definitions  
    4.3      I am concerned this definition will not allow the nurses I contract with through a home health agency to give insulin.
- 126-27-5      Roles and Responsibilities  
    6.2.3     I am concerned with the nurse being able to develop a care plan for every student receiving medication. This is an impossible mandate for counties without enough nurses to serve their student population!
- 6.4.2     Needs to be clarified to reflect the parent is responsible for taking the form to the doctor!
- 6.5.2     I do not agree with students to be able to carry medications without an order from a doctor.
- 126-27-8.1    Administration of Non-Prescribed Medication  
    8.4.3     I am concerned with non-medical personnel having this responsibility.
- 126-27-8.2    Medication Storage, Inventory, Access and Disposal  
    9.2      What is meant by medication inventory?

- 1. date and signature of person administering medication.



**'126-27-11. Consequences of Policy Violation.**

- 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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).
- 1. 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).

**Â§126-27-12. Severability.**

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

**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: KCS

Title: School Nurse

Street Address: 200 Elizabeth St. City/State/Zip Chas., WV

25311

Comments/Suggestions

Â§126-27-1. General.

Â§126-27-2. Purpose.

Â§126-27-3. Application.

Â§126-27-4. Definitions.

Â§126-27-5. Authorization.

6.5.2 Self-administration of OTC's in H.S. is also a concern in that many capsules can be easily emptied and filled with illegal recreational drugs. Student can freely pass out or sell these as "Advil." Many generic OTC's look very different. Who would know what's what?

Â§126-27-6. Roles and Responsibilities. Nurses, who by law, can not administer non-prescription meds. Should not be involved with any choosing or training of "designated qualified personnel." They have no authority or responsibility, by law, to be involved in any way with (administration of non-prescribed OTC's)

Â§126-27-7. Administration of Prescribed Medication. I also have safety concerns here on OTC's being brought to school by students. Who knows if that Advil or Tylenol is really legit? There should be a rule that the tamper-proof packaging is intact upon arrival.

Â§126-27-8. Administration of Non-Prescribed Medication. \*All meds should be secured on site. 8.3.5 1. - Administration according to Policy 2422.7. involves training by a nurse, does it not? 8.5.1 How will anyone know when both prescribed + OTC's have been authorized. Nurses are not, by law, responsible for OTC's. Administrators, by law, are not

responsible for prescribed meds. There seems to be a great potential for drug interactions. Who keeps track of allergies? There are many OTC allergies out there too. This whole idea seems very dangerous when there are 8 hr. analgesics out there now and Prilosec that can be given before school. Any other OTC's seem to be mostly for the placebo effect of saying, "we did something." This is a high price to gamble with these children.

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

Obviously separate storage would be required for prescription + OTC meds.

**Â§126-27-10. Confidentiality and Documentation.**

**Â§126-27-11. Consequences of Policy Violation.**

**Â§126-27-12. Severability.**

Return comments by APRIL 12, 2004 to:

**Rebecca J. King**

**Coordinator**

**West Virginia Department of Education**

**Building 6, Room 309**

**1900 Kanawha Boulevard, East**

**Charleston, WV 25305-0330**

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APR 08 2004

West Virginia Department of Education  
Center for Healthy Schools

# Policy 2422.8: Medication Administration Comment Response Form

ENTERED

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: RESA VIII School Nurses

Title: Submitted by Nancy Starck, RN Mineral Co Sch Nurse

Street Address: 700 Hurley Higgins Drive City/State/Zip Kepler WV 26076

### Comments/Suggestions

#### §126-27-1. General.

§126-27-2. Purpose. We agree with this statement recognizing that good health is essential to learning and that medications are required to allow students to attend school.

#### §126-27-3. Application.

§126-27-4. Definitions. Section 4.2 says that the "administrator's designee" is "trained to administer non-prescribed medication." As nurses we do not want to be responsible for this "training." We have found that it is hard enough to train for prescribed medications and accept the responsibility of

§126-27-5. Authorization. training non-health designees. We will not be responsible for training the designees to give medicine that we as nurses aren't allowed to give under our license i.e. nursing license

§126-27-6. Roles and Responsibilities. We agree with the safe storage, access of medication, etc. We appreciate the recognition of the safety standards that must be maintained to give medications in the school setting.

Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two

§126-27-7. Administration of Prescribed Medication. *Again, we appreciate the recognition of the safety standards that need to be maintained in order to give medicine in schools.*

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

*We do not feel that non-prescribed medication should be administered in schools. We also feel that an administrator should not have to accept the responsibility of determining whether a non-prescribed medicine is safely delegated to a designee.*

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

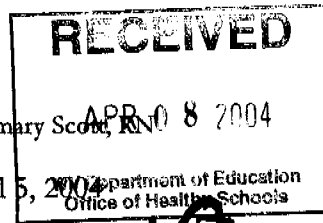
§126-27-10. Confidentiality and Documentation.

§126-27-11. Consequences of Policy Violation.

§126-27-12. Severability.

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787



ENTERED

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0330

Dear Ms. King,

I appreciate this opportunity to comment on the medication policy posted on the WVDE website. I am very concerned about several points of this policy, and since I am a school nurse, a medication policy has the potential of affecting my ability to do my work with the children in my school.

Parts of this policy are good. It's obvious that the people who worked on this policy had a very difficult job to do and they have accomplished quite a bit. I hope there will be a way to make a policy that can encompass the entire state in spite of the variations in the number of students per nurse and the differences in the ways the medical needs of the children are met throughout the school day.

I believe that there are some adjustments that should be made in the medication policy as it is written.

Section 4.2 of this policy specifically excludes the school nurse from administration of over the counter medication. Nurses are not licensed to give *any* medication without a doctor's order and *every* employee who administers medication ought to have a written order from a physician for this procedure. To avoid the need for a specific order for each child, a recognized and licensed prescriber can write and sign "standing orders" for all the children in a certain population. Standing orders are used to guide us in the procedures we already do. They are legal and standard in many nursing settings. **I believe that the phrase that excludes the school nurse from administration of medications ought to be deleted. Also, the phrase "non-prescribed medications" should be removed.**

Section 6.1.5. I believe that the administrator ought to work with the school nurse to select potential candidates for medication administration. Once a nurse trains someone that person will be working under the license of that nurse. She ought to be able to have some consideration in selecting the people to be trained. This section should state: **"With the advice and approval of the school nurse, select potential candidates for medication administration"**.

In addition, I am not sure I can train someone to make a nursing assessment who is not a nurse. Once a nurse trains someone, she asserts that that person is qualified to safely perform the procedure, if there is a problem, it comes back to the nurse who trained the individual. I don't believe that this responsibility can be handed off to anyone, not even a school administrator.

Section 6.1.6. This section should add: **A licensed prescriber must prescribe all medication administered in the schools.** A standing order for all the children in a school district is legal and safe and appropriate. In some cases, it will not be appropriate for a non-licensed person to administer medication without the supervision of a school nurse.

Section 6.2.5 **Remove the phrase "non-prescribed medication".** Nurses will not be licensed to provide training to anyone to administer medications without an order or a prescription.

Section 6.4.2 This section states that the parent should provide the medication with the dose, time, route and intended effect of the medication. I believe that any medication ought to be given according to the instructions on the label. I worry that a parent may instruct school personnel to give different doses or to give it more frequently than indicated on the label. I suggest the following wording: **"Complete and sign a parent/guardian authorization form as designed by each county. This form will include student name, date, allergies, name of medication (s), and signature. Medication will be given according to the label instructions or according to the written order of the prescribing professional."**

Section 6.5.2. This section allows high school students to carry and administer their own non-prescribed medication. **This should not be necessary** in a school with a nurse. Where a nurse is available on a regular schedule or at a school full time, it would be safer for the student who isn't feeling well to see a nurse who can then assess them for potentially serious or chronic conditions that might require medical attention. The nurse who sees the high school student for over the counter medication has a wonderful opportunity to teach the student about appropriate and safe ways to use over the counter medications. The high school nurse will be able to catch students who may be using the wrong medicine, the wrong dose or using medication too frequently. I believe that with a standing order and stock medications in the office of the high school nurse, we would be much more safe and effective in meeting the needs of these students.

Section 7.2.2. This section says prescribed over the counter medications must be provided by the student's family. I would recommend that some frequently used medications be available in stock containers for multiple student use. The board of pharmacy has told me that this is not dispensing (*dispensing* is what pharmacists do, nurses *administer* medications) because the laws that define dispensing only apply to prescription medications.

Section 7.2.3. Add this: **Medication prescribed by standing orders may be provided from a stock container for administration to all students identified by the standing orders and who have written parent/guardian permission to take the medication for conditions and symptoms described in the standing orders.**

April 5, 2004

Section 8 should not include non-prescribed medication. I think it would be safer to administer over the counter medications with standing orders. I do not believe the state board of nursing will condone training anyone to give medications without an order.

Section 9.4. I think it may be impractical to insist that medication only be provided for one month at a time. For example, if a doctor would prescribe ibuprofen for occasional headache, would you expect the parent to send in only enough for a month, and then take it home and send it back to school for the following month? Could this section be changed to read: **"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 school year."**

Please consider that the school nurses in West Virginia are well educated. In order to be certified by this state as school nurses, we are required to have a bachelor's degree, and many of us have master's degrees. That is a standard higher than the one met by most hospital nurses or even nurses in industry or other clinical settings. Our specialty is the care of children. We hope that we can assist them to not only stay in school, but to be comfortable and effective learners while they are there. It would be a shame to ignore the resource that is available to many schools in the state because there are some school systems that cannot provide this care.

SINCERELY,

Rosemary Scott, RN, BSN, MS  
Nationally Certified School Nurse  
Jefferson Elementary Center  
Wood County

1103 PLUM STREET PARKERSBURG WEST VIRGINIA  
FAX: 304-420-9507  
PHONE: 304-420-9554

 ENTERED

*Cennie Harper*

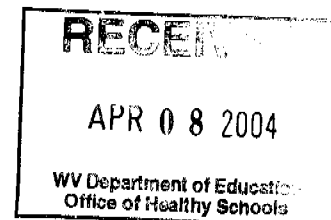
POLICY 2422.8 MEDICATION ADMINISTRATION  
COMMENT RESPONSE FORM

Please use this form when commenting on proposed policy 2422.8. You may attach additional sheets if necessary.

Individual/organization: Individual

Title: School Nurse

Street Address: P.O. Box 135 Procious, WV 25164



126-27-6 Roles and Responsibilities.

These roles and responsibility place the administrator at great risk. Their educational training does not include administration of medication or of delegating such as duty.

126-27-7 Administration of Non-Prescribed Medication

Administrators will not take the time to even oversee the medication administration, certainly they will not take the time to determine if it is being administered safely. Principals just do not have time to pick up another duty. This policy does not indicate that the principal will need trained – how ill he/she determine if it is safely delegated when he/she has no training to determine safety of medication issues.

126-27-11 Consequences of Policy Violation

Who will determine if school personnel is complying with the non-prescription administration policy? Certainly not the principal. Monitoring is another time consumer.

Example of medication incidents observed by a school nurse.

Darvocet (Schedule IV Narcotic) was being given at a Middle school by the principal as a OTC drug. The school nurse saw the error and brought it to the attention of the principal. The principal stated he/she did not know it was a narcotic. He/she said the child brought it the medicine for a headache. No doctor's order was in place. In reality, the principal was assisting a drug abuser.

Another incident:

A mother sent in Tylenol for her son who had migraine headaches. She sent the necessary form for an OTC, which indicated to give her son (4<sup>th</sup> grade) 4 regular Tylenols for his headache when necessary. The Tylenols was 500mg each. The designee called the school nurse to ask if this was safe to administer.



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APR 08 2004

WV Department of Education  
Office of Healthy Schools

**Policy 2422.8: Medication Administration  
Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Ronda Webb, RN

Title: School Nurse

Street Address: 1 Raider Way City/State/Zip: Spencer, WV 25776

**Comments/Suggestions**

**§126-27-1. General.**

**§126-27-2. Purpose.**

**§126-27-3. Application.**

**§126-27-4. Definitions.**

**§126-27-5. Authorization.**

**§126-27-6. Roles and Responsibilities.**

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
**Page two**

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

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

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

**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

*\* This policy is much more appropriate for the safety of the children, personnel, & school nurse. Thank you for revising the policy.*

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King**  
**Coordinator**  
**West Virginia Department of Education**  
**Building 6, Room 309**  
**1900 Kanawha Boulevard, East**  
**Charleston, WV 25305-0330**  
**E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)**  
**FAX: (304) 558-3787**



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WV Department of Education  
Office of Healthy Schools

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Jennifer Cole RN BSN

Title: R.N. School nurse

Street Address: Rt. 3 Box 3074 City/State/Zip Keyser, WV 26726

### Comments/Suggestions

#### §126-27-1. General.

#### §126-27-2. Purpose.

I agree with this statement. I feel medication should be given to promote healthiness during school, as needed.

#### §126-27-3. Application.

#### §126-27-4. Definitions.

It is against the law for a nurse to administer medication without written doctor's orders. Therefore, it is unlawful to train persons to administer medication without written doctor's orders.

#### §126-27-5. Authorization.

#### §126-27-6. Roles and Responsibilities.

I agree with this completely - except no student should be permitted to self-administer or carry their own non-prescription medication. This allows students to place any drug legal or ~~illegal~~ in a container & carry/ingest it.

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
**Page two**

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

*This is the safest way I agree!*

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

*It is out of scope of expertise for any administrator to determine the safety of administering OTCs. It is against the law for ~~anyone~~ any licensed person to administer any drug without written doctor's orders.*

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

**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [riking@access.k12.wv.us](mailto:riking@access.k12.wv.us)  
FAX: (304) 558-3787



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WV Department of Education  
Office of Healthy Schools**Policy 2422.8: Medication Administration  
Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Nancy Starcher, RNTitle: Mineral County School NurseStreet Address: Rt 5 Box 485 City/State/Zip Keyser WV 26726**Comments/Suggestions****§126-27-1. General.****§126-27-2. Purpose.****§126-27-3. Application.**

**§126-27-4. Definitions.** WV registered nurses cannot give medications without a written order from a physician therefore ~~when~~ nurses cannot train others to give non-prescribed medications.

**§126-27-5. Authorization.**

**§126-27-6. Roles and Responsibilities.** I agree with the safety

standards that you propose.

6.5.2 I do not feel that high school students should be able to self administer OTC during the school day. We would not have any control over what students have in so

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
**Page two**

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

*Good safety standards.*

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

*Non-prescribed medication should not be administered by untrained, non-health professionals.*

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

*Meet safety standards.*

**§126-27-10. Confidentiality and Documentation.**

*These are great standards but who will document students taking medication on their own? (High school students self-administering)*

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King**  
**Coordinator**  
**West Virginia Department of Education**  
**Building 6, Room 309**  
**1900 Kanawha Boulevard, East**  
**Charleston, WV 25305-0330**  
**E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)**  
**FAX: (304) 558-3787**



### Policy 2422.8: Medication Administration Comment Response Form

**REC**  
APR 08 2004  
WV Department of Education  
Your copy attach

Please use this form when commenting on proposed Policy 2422.8. additional sheets if necessary.

Individual/Organization: Trina L Melody

Title: School Nurse

Street Address: 375 Hilltop Ave City/State/Zip Keyser, W.Va 26726

#### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

*Nice statement!*

§126-27-3. Application.

§126-27-4. Definitions.

*4.2 - Unless a perscription has been written by a physician, a nurse is unable to administer medication herself. therefore it is Unwise to train another individual, with less experience, to*

§126-27-5. Authorization.

*6.2.3 -*

*determine the ~~adequacy~~ safety of over-the-counter medications. Many drug allergies are occurring with severe repercussions.*

§126-27-6. Roles and Responsibilities.

*6.3.1 - Please remove CPR requirement very few staff have this. To be certified one must take the class every other year.*

*6.5.2 - Drug free schools - recommend students have no meds. kids hide meds in candy - some look like candy and are meds. With all the problems with drugs, no medication should be allowed unless necessary.*

**Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two**

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

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

*Asking a person to decide about administration of meds is beyond their expertise. Non-prescription medication is administered in our county with the physician's signature and parental signature.*

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

**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

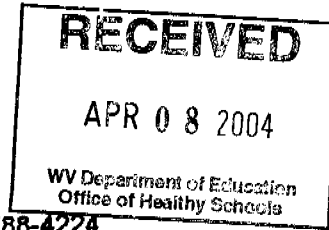
**§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [riking@access.k12.wv.us](mailto:riking@access.k12.wv.us)  
FAX: (304) 558-3787**



KEYSER PRIMARY MIDDLE SCHOOL  
700 HARLEY O. STAGGERS, SR. DRIVE  
KEYSER, WEST VIRGINIA 26726



Phone: (304) 788-4220 Fax: (304) 788-4225 Hot Line: (304) 788-4224

### FACSIMILE TRANSMITTAL

To: Rebecca King Fax: 304-558-5787  
From: Mineral Co. Sch Nurses Date: 4/8/04  
Re: Medication Policy Pages: 8 plus cover

Notes: How are the comments on the medication  
policy!

Thank You !!

Ed Jordan, Principal  
John Campbell, Assistant Principal  
Robin McDowell, Assistant Principal

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Sharon Clark RN, BSN

Title: Mineral Co. School Nurse

Street Address: RT #3 Box 442 City/State/Zip 26753

### Comments/Suggestions

#### §126-27-1. General.

#### §126-27-2. Purpose.

*Agree!*

#### §126-27-3. Application.

#### §126-27-4. Definitions.

*Unless a prescription is written we, as nurses can't legally train anyone to give these medications -*

#### §126-27-5. Authorization.

#### §126-27-6. Roles and Responsibilities.

*Agree - we need to be able to store medications in a safe manner - and to be sure we have qualified employees to give medications - we can't allow student to carry OTC medications - Emergency Meds - OK - OTC they could put any thing on those bottles! Drug Free Standards*

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
**Page two**

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

*Good Safety Standards -*

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

*Non prescribed medications should not be administered by - untrained non - health professionals -*

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

*We closely follow this standards -*

**§126-27-10. Confidentiality and Documentation.**

*A question who will document when medications are taken by these students.*

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King**  
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APR 08 2004  
WV Department of Education  
Office of Healthy Schools

# FAX

JEFFERSON ELEMENTARY CENTER

1103 Plum Street

Parkersburg, West Virginia 26101

Telephone: (304) 420-9554

FAX Number: (304) 420-9507

.....  
FAX COVER SHEET

Personal Business

School Business

PLEASE DELIVER FAX IMMEDIATELY-THANK YOU

TO:

Rebecca J. King

FAX NUMBER:

304-558-3787

FROM:

Rosemary B. Scott, RN, BSN, MS NCSN

DATE:

April 8, 2004

NUMBER OF PAGES: (including this page)

6

MESSAGE:

If you did not receive all the indicated pages, please call (304) 420-9554. This is the telephone number of the office where the FAX machine is located. This information may only be used by the person(s) to whom it is sent unless the sender gives express permission.

Rosemary Scott, RN

April 7, 2004

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, West Virginia 25305-0330

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April 7, 2004

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- 4 -

April 7, 2004

**Section 7.2.3. Add this: Medication prescribed by standing orders or treatment protocols may be provided from a properly labeled stock container for administration to all students identified by the standing orders. Written parent/guardian permission to take the medication for conditions and symptoms described in the standing orders will also be needed.**

**Section 8 should not include non-prescribed medication. I think it would be safer to administer over the counter medications with standing orders or treatment protocols signed by a licensed prescriber. I do not believe the state board of nursing will condone training anyone to give medications without an order.**

**Section 9.4. I think it may be impractical to insist that medication only be provided for one month at a time. For example, if a doctor would prescribe ibuprofen for occasional headache, would you expect the parent to send in only enough for a month, and then take it home and send it back to school for the following month? Could this section be changed to read: "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 school year."**

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- 5 -


April 7, 2004

SINCERELY,

*Rosemary Scott, RN*

Rosemary Scott, RN, BSN, MS  
Nationally Certified School  
Nurse  
Jefferson Elementary Center  
Wood County

1103 PLUM STREET PARKERSBURG WEST  
VIRGINIA

  
**WOOD COUNTY SCHOOLS**

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 APR 09 2004  
 WV Department of Education  
 Office of Healthy Schools

**BOARD OF EDUCATION**  
*County of Wood*  
**Department of Special Education**  
 1210 THIRTEENTH STREET  
 PARKERSBURG, WEST VIRGINIA 26101  
 Telephone 304/420-9655  
 FAX # (304) 420-9689

<b>FAX TO:</b> (Name and Fax #)	Rebecca King, Coordinator (304) 558-3787
<b>FAX FROM:</b>	Janis McGinnis / Yvonne Santin
<b>REGARDING:</b>	Comments on WVBOE Policy 2422.8
<b>DATE:</b>	4-9-04
<b>TIME:</b>	1:25 pm
<b>NUMBER OF PAGES (including the cover sheet):</b>	7

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## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Janis McGinnis / Yvonne Santin (Wood County)

Title: Coordinator of Health Services / Director of Special Education

Street Address: 1210 Thirteen Street City/State/Zip Parkersburg, WV 26101

\* \* \* \* \* SEE ATTACHED \* \* \* \* \*

### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities.

**Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two**

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

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

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

**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787**

**WV BOE Policy 2422.8: Medication Administration  
(Comment periods ends April 12, 2004)**

**126-27-2. Purpose.**

- 2.1. Sentence beginning "The administrator of medication . . . unless absolutely necessary" and the third sentence "Administration of medication . . . is essential": These underlined terms need to be defined as they are contradictory.
- 2.2. Where is the "education" component of this policy in reference to "educating the students and their families" for responsible medication administration.

**126-27-4. Definitions.**

- 4.2. "Administrator's designee" - The exclusion of the school nurse or any licensed nurse (RN/LPN) is due to a decision made by the Board of Examiners for Registered Professional Nurses (RN Board). The RN Board has determined that a nurse cannot administer any medication (long term and/or over the counter) without a written order from a licensed prescriber. This needs to be referenced in this policy somewhere.
- 4.3. "Contracted licensed health care provider" need not be restricted to an employee of a public health department only.
- 4.7. There needs to be a definition on "Short-term Prescribed Medication" i.e. antibiotics.

**126-27-5. Authorization.**

- 5.1. The use of word "trained" before school nurses is misleading and reads as if only school nurses need to be trained. Should be written as "Authorized trained personnel include school nurses, other. . .".

**126-27-6. Roles and Responsibilities.**

- 6.1.3. Does "medications" refer to long-term, short-term, and OTC (over the counter) for counting? If so, this will have major implications for time-management for administrators as medications are received every day throughout the entire school year.
- 6.1.4. "Appropriate medication authorization forms." This is confusing; does this mean parent/guardian authorization forms? Does this mean doctor orders form?
- 6.1.5. Should state: Select administrator's designee for non-prescribed medication. Select designated qualified personnel for prescribed medication.

- 6.1.6. Not all of Phase I and Phase II training need to be completed to be able to administer prescription medication. Who is qualified to provide training of the non-prescription medication administration? Who will have the expertise and knowledge to evaluate successful completion of Phase I and Phase II training in regard to over the counter medication when a school nurse is not authorized to do so? "Assigned qualified employee" - how and where is this defined? Is this "administrator's designee", "designated qualified personnel", neither, or both?
- 6.2.2. Should state about prescribed medication that is to be administered. School nurses are prohibited from monitoring over the counter medication without a doctor's order.
- 6.2.5. See comments for Section 6.1.6.
- 6.3. Can the designated qualified personnel/administrator's designee be the same person? If so, will the administrator's designee be paid to provide over the counter medication? Will the counties be reimbursed for payment of these employees as they are for designated qualified personnel? How will the pay scale be determined? If one person does each job, will they be eligible for an increase of two (2) pay scale increments?
- 6.3.1. Why is CPR and First Aid necessary to give non-prescribed medication? Why is First Aid training necessary to give prescribed medication? The Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools does not have a procedure that specifically addresses non-prescribed medications.
- 6.4.2. Will the parent/guardian authorization form be valid for the entire school year, especially if the parent sends non-prescribed medications in large quantities? Is there no limit to the quantity or variety of non-prescribed medications that a parent/guardian can send for one child? (i.e. vitamins, food supplements, cough drops, sinus medication, etc.) Storage will be a tremendous burden in order to accommodate all of the non-prescribed medications throughout the school year.
- 6.4.5. Again, there needs to be a time limit regarding the length of the parent/guardian authorization. Who has the responsibility of monitoring the expiration of parent authorized over the counter medications at the school level?
- 6.5.2. This is not a safe practice for students. Again, who will monitor students carrying and self-administering over the counter medications? There needs to be a limit to the amount and variety of over the counter medications a student can carry at one time on their person. The widespread abuse of over the counter medications as recreational drugs is well documented and this policy should provide an opportunity for this to be addressed. Students must give the school nurse the prescription and must demonstrate the appropriate use and knowledge of prescribed medication.

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

- 7.4. "Medication administration incidents" needs to be defined under Definitions, Section 4.
- 7.3.4. The new medication cannot be given without the new doctor's order and current labeled container from the pharmacy that match. This is clearly stated in Phase II training of long-term medication administration.
- 7.4.2. Poorly written and confusing. Do not understand the intent. Administrator recommendation/physician order is not synonymous. This implies that an administrator can practice medicine in order to correct a medication error.
- 7.4.4. School nurse needs to be included in the submission of a medication incident. Only the school nurse has the expertise at the school level to assess the significance and impact of the medication incident.

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

- 8.1.1. This statement should read Parent/Guardian authorization form is provided and properly completed.
- 8.1.2. What criteria has been used to determine that a school administrator has the authority and expertise to determine and delegate the appropriateness of the over the counter medication to a student? The school administrator is an educator, not a medical professional.
- 8.3. Refer to comments for Section 6.4.2.
- 8.4. Refer to comments for Section 6.3.1.
- 8.4.2. This is practicing medicine. This takes assessment and only a school nurse is trained in the area; that is why he/she is a licensed medical professional. Where is "appropriate steps" defined and outlined?
- 8.4.3. Refer to comments for Section 8.4.2.
- 8.5. Refer to comments for Section 8.4.2.
- 8.5.2. "Orders received" from who? "Student's status" and "action taken" are a result of assessment - this is the practice of nursing.
- 8.5.3. Who will have the expertise to determine "what remedial actions were taken"? This appears to leave county school districts liable for non-medical personnel to make medical assessments/determinations.

- 8.5.4. Refer to comments for Section 8.4.2. This validation process must require a doctor's order for over the counter and prescribed medication to be given for the student's health and safety.

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

- 9.1. Refer to comments for Sections 6.1.3. and 6.4.2.
- 9.2. Refer to comments for Sections 6.1.3. and 6.4.2.
- 9.3. Should read (in second sentence), "If there is . . . the school nurse shall have authority over the access to prescribed medications. Where is OTC medications addressed? Does this mean all medications?"
- 9.4. Where are the limits (if any) to OTC medication amounts?
- 9.5. Refer to comments for Section 6.4.2.
- 9.6. Who determines who the two (2) individuals will be? Who trains these individuals in the proper medication disposal? What is the "appropriate form related to the specific student"?

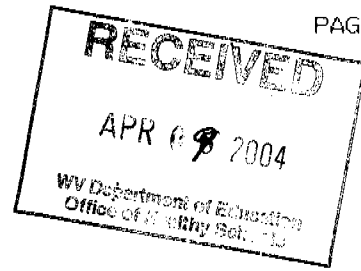
**126-27-10. Confidentiality and Documentation.**

- 10.1. For records/documentation related to over the counter medications, where are these records to be kept since they are difference from prescribed medical records and will be monitored by someone other than the school nurse?

**126-27-11. Consequences of Policy Violation.**

- 11.2. Provisions/consequence also need to be referenced with regard to school nurses as per the RN Board.

McKinley Elementary School  
1130 19<sup>th</sup> Street  
Parkersburg, WV 26101



Principal: Fredrick B. Shreve  
Secretary: Shawn R. Ferguson

Phone: (304)420-9581  
Fax: (304)420-9582

**FAX COVER SHEET**



Please deliver fax immediately - Thank You

TO: Rebecca J. King - Coordinator

FAX NUMBER: 304-558-3787

PHONE NUMBER: 304-558-8830

FROM: Dawn Hewitt RN

DATE: 4-9-04

NUMBER OF PAGES (Including cover page): 3

Message or Comment:

Thank you!

Dear Ms. King,

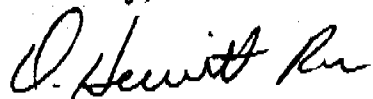
I am a certified school nurse and parent of five children. My thoughts on the medication policy presently under scrutiny:

1. The certified school nurse should be permitted to administer oral OTC treatments per treatment protocol signed by a physician.
2. We presently have treatment protocol for other OTC treatments such as Hydrocortisone, Bacitracin, and Visine but OTC treatments for headache, stomachache, etc. are forbidden. A physician order or protocol order is required for these treatments in an acute care setting; there is no reason an RN in the school setting with a BSN should not be permitted to do the same with treatment protocols and written parental permission as in the past.
3. The RN with the training and assessment skills should be the one to administer OTC medications; we are the logical choice. I believe we nurses realize a pill doesn't fix everything and other methods would be employed before handing pills out to every student with a complaint. Many teachers will not send a student to see the nurse because "we can't do anything for them any way," so we miss many one-on-one educational opportunities with our students. A visit to the nurse doesn't mean a pill is provided, but an opportunity for health education and reinforcement of the therapeutic relationship between nurse and student.

4. I feel the schools can provide all stock supplies for treatment protocols signed by a physician. The school provides for much more expensive and elaborate "needs" for some of our students; this isn't too much to ask.

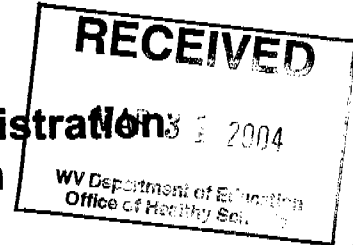
Thank you for the opportunity to express these thoughts and for the consideration you may give them.

Sincerely,

A handwritten signature in cursive script, appearing to read "D. Hewitt RN".

Dawn Hewitt RN, BSN

ENTERED



# Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Nurse / KCS

Title: RN

Street Address: Elizabeth St City/State/Zip Char, 25302

### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

4.2. who will train designee?  
nurses delegate health procedures - medication administration is a health procedure.  
Administrators only designate who they think can

§126-27-5. Authorization. do the job.

§126-27-6. Roles and Responsibilities.

over

The policy should follow  
the Board of Nurses recommendations.  
No OTC medications should be  
allowed without Dr's order.  
Administrators should not take  
that responsibility of OTC  
medications.

The nurse can not train  
& follow the progress of  
this procedure if the policy  
does not follow Board of Nurses  
recommendations.

The School seems to be  
open to many legal problems  
if they take this responsibility  
without the nurse.

OTC Medications are just  
as dangerous as prescribed  
meds. Even parents do not  
administer these correctly

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

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

8.1.2 Nurses delegate health procedures. Medication administration is a health procedure. Administrators simply designate who they think can do the procedure. The nurse evaluates that person's ability before she/he delegates.

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

§126-27-10. Confidentiality and Documentation.

§126-27-11. Consequences of Policy Violation.

§126-27-12. Severability.

8.1.3 The nurse should be the only one that communicates with health care provider.

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787

~~Handwritten scribbles and signatures~~

Over

8.5.4 The administrator can not validate safety of multiple medications.

**Policy 2422.8: Medication Administration  
Comment Response Form**

 **ENTERED**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Vicki Bundgarner

Title: R.N., B.S.N., M.A.

Street Address: 1407 30th Street City/State/Zip Vienna, WV 26105

**Comments/Suggestions**

**§126-27-1. General.**

**§126-27-2. Purpose.**

I have a problem with "individual" responsibility. Perhaps wording could be

**§126-27-3. Application.**

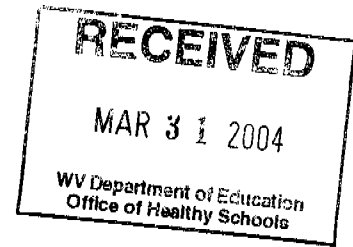
good

**§126-27-4. Definitions.** Administrator's designed this person is only trained to do non prescribed medication. Why would you have this if you had a nurse in the building full time? The nurse trains someone for medication administration in her absence - does this mean one for prescribed and one for non prescribed meds.

**§126-27-5. Authorization.** Who pays these people? A standing order from a local physician would cover a nurse to give over the counter drugs, brought in by a parent. Local school boards must work with local physicians. Besides, asking the nurse to train

**§126-27-6. Roles and Responsibilities.** the person to give over the counter medications without DRs orders puts us in violation of the State nursing board. When we do training, those we train are operating under our license.

**Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two**



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

*ok*

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

*8.4.2. The designee shall take appropriate steps to assure the medication is safe to administer. If the designee is a teacher - how can they leave class to give, or an aide? Safe to administer regarding steps 8.3.1-4? 8.4.3 -*

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

*What is to guarantee that prescription and n-prescription are kept in the same place? Access to medications - authority given to school nurse*

*A nurse should be making this decision.*

**§126-27-10. Confidentiality and Documentation.**

*ok*

**§126-27-11. Consequences of Policy Violation.**

*ok*

**§126-27-12. Severability.**

*ok*

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787**

McDowell County Career and Technology Center  
1 Stadium Drive - PO Box Drawer V  
Welch, WV 24801

Phone - 304-436-5075

Fax - 304-436-6735

**McDowell County  
Schools  
Janet Sparks, RN  
Serena Cline, RN  
School Nurses**

*Entered  
4/12/04*

# Fax

<b>To:</b> Rebecca J. King	<b>From:</b> Janet Sparks, RN and Serena Cline, RN
<b>Fax:</b>	<b>Pages:</b> 5
<b>Phone:</b>	<b>Date:</b> 4/6/04
<b>Re:</b>	<b>CC:</b> File

**Urgent**    
 **For Review**    
 **Please Comment**    
 **Please Reply**    
 **Please Recycle**

Medication Administration comment response form.



**Policy 2422.8: Medication Administration  
Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8.  
You may attach additional sheets if necessary.

Individual/Organization: McDowell Co.

Title: Serena Cline, R.N. School Nurse

Street Address: 30 Central Avenue City/State/Zip Welch, WV 24801

**Comments/Suggestions**

**126-27-4. Definitions.**

**4.3** No definition for contracted LPN or RN who is not employed by the health department.

**4.4** The way this is worded everyone designated to give medication will have to attend Phase I and Phase II. This would include Principal, secretaries, teachers, and aids. This would be difficult, if not impossible for county with limited numbers or no school nurses.

**4.10** Is this a separate form from the physician's form, if so who is responsible to create this new form and dispensing to parents.

**126-27-6. Roles and Responsibilities.**

**6.1.6** Administrators will be asking for more information about making arrangements for their staff to attend Phase I and Phase II training. This is not a responsibility that they will want to accept.

**6.2.6 Physician** and parent should jointly make the ultimate decision concerning the student's abilities to self-administer their medication. Physician and parents are more familiar with student. How are counties with no nurse or limited nurse going to accomplish this task?

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response form**  
**Page two**

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

**7.2.2** Who is responsible for the label affixed to over the counter medication? Can the parent label the container?

**7.3** Who is responsible for Phase I and Phase II training?

**7.3.3** Who makes this decision and who is responsible to contact the school nurse?

**7.3.4** What is an appropriate time frame?

**126-27-8. Administration of Non-Prescribed Medication**

**8.1.1** Who designs this form? Is it separate from the physicians form?

**8.3** Who is responsible for applying this label? Can a parent?

**8.4** Who is responsible for Phase I and Phase II training?

**8.4.3** Who is to assess the student and make this decision?

**8.5** "If necessary" should be eliminated. A parent has a right to know about any deviation in medication administration.

**8.5.4** Physician should be responsible for validating safety of multiple medication, defiantly not the administrator.

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

**9.2** Who is responsible to monitor for expiration and disposal?

**126-27-10. Confidentiality and Documentation.**

**10.1** Who is responsible to make sure records are not viewed without proper authorization?

**Policy 2422.8: Medication Administration  
Comment Response Form**

ENTERED

Please use this form when commenting on proposed Policy 2422.8.  
You may attach additional sheets if necessary.

Individual/Organization: McDowell Co.

Title: Janet Sparks, R.N. School Nurse

Street Address: 30 Central Avenue City/State/Zip Welch, WV 24801

**Comments/Suggestions**

**126-27-4. Definitions.**

**4.3** No definition for contracted LPN or RN who is not employed by the health department.

**4.4** The way this is worded everyone designated to give medication will have to attend Phase I and Phase II. This would include Principal, secretaries, teachers, and aids. This would be difficult, if not impossible for county with limited numbers or no school nurses.

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**Medication Administration Policy (Policy 2422.8)****Comment Response form****Page two****126-27-7. Administration of Prescribed Medication.**

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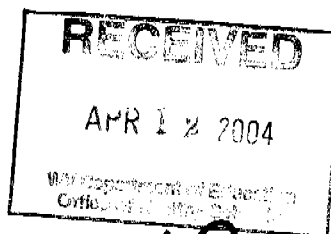
**9.2** Who is responsible to monitor for expiration and disposal?

**126-27-10. Confidentiality and Documentation.**

**10.1** Who is responsible to make sure records are not viewed without proper authorization?

**Renee Hodges**

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Tuesday, April 06, 2004 9:26 AM  
**To:** Renee Hodges  
**Subject:** FW: response to proposed medication policy




**ENTERED**

-----Original Message-----

**From:** cindy stark [mailto:crstark@charter.net]  
**Sent:** Monday, April 05, 2004 11:37 PM  
**To:** rebecca j king  
**Cc:** cindy stark; Brenda Isaac  
**Subject:** response to proposed medication policy

Dear Rebecca,

Please accept the following comments regarding the policy:

**From:** Cindy Stark  
 School Nurse  
 Raleigh County Schools  
 105 Adair Street  
 Beckley, WV 25801

**General.** As a new policy, this will apply to all students. Present WV Code, 18-5-22 states that school nurses will be employed, 1 nurse to each 1,500 students, kindergarten through 7th grade. Also stated is that additional provision is to be made for students requiring special education.

As a school nurse, I am assigned 8 schools, pre-school through grade 12, including students receiving special education services. My present number of students, according to the 2nd month enrollment figures is 4012.

School nurses must serve all grade and educational levels. It will be difficult to implement this policy with my present school assignment.

**Definitions.**

4.4 "Designated qualified personnel" We have need of contracted nurses to provide for the care of our students in the county. I have been given to understand that the legality of this practice is being researched. If contract nurses may not be used for specific purposed of caring for students, many students will not be able to attend school as the county does not employ enough school nurses to provide for their needs at school.

Phase 1 and Phase 11 training appears only in the Basic and Specialized Health Care Procedures Manual for school nurses. The full scope of training is not fully delineated--will all areas need to be taught for medication administration?

4.15. Self-administration of medications by a student as defined may have numerous meanings--took dose orally  
 -took appropriate dose  
 -swallowed med

4/6/2004

-in the presence of  
 --this does not indicate that student chose correct amount from container--  
 --in an acute situation--it may not be in the student's best interest to wait until they have supervision of a nurse, administrator, or other qualified person--ex, after sports practice, but on school property--does this "supervision" mean "with forms completed"

#### Roles and Responsibilities.

6.1.6. School administrators do not typically have ready access to the Health Care Procedure Manual to obtain training in Phase I and Phase II for non-prescription medications--how do they explain to their staff that the school nurse is only going to deal with prescription medications?  
 Further explanation addresses that the RN Board does not allow them to handle medication situations without a health professional in prescriptive authority--and parents are the prescriptive authority with over-the-counter medications. How will school nurses readily respond to the inevitable questions which will arise with OTC meds at school?

6.2.3. At present, the provision of a health care plan for a student attending school is to provide for the safety of the student who happens to have a health condition which may have impact or affect them during the school day--seizure conditions, anaphylaxis to foods or insects, bleeding disorders, diabetes, organ transplantation with attention to potential for infection, or conditions which require special procedures for breathing or eating. If these students have a medication at school, a form is completed by the parent and physician; a plan is in place for the school staff to manage the student's health condition. The plan is sent to EVERY PERSON who has responsibility for the student--information that the student receives medication is provided for the individuals administering, BUT NOT A SEPARATE HEALTH PLAN FOR THE MEDICATION. Some parents will object to this as an invasion of privacy, depending on the type of medication--because our policy is to make available to: teachers, aides, bus drivers, administrators, counselors, lunch room staff, playground staff, cooks--information for the safety of the student. Who will have the need to know? How do we respond to the parent that says, "only the person administering is to be informed?"

**6.2.6 The physician who prescribes the medication needs to determine whether the student may safely self-administer--not a school nurse who covers multiple schools, responds to cell phone, pager, and urgent situations as they arise. The physician has a responsibility to validate and document knowledge and skills before prescribing.**

6.4.2 As the parent must obtain the physician's participation in medication administration at school, the parent should have the physician complete the form and provide the completed form before school staff could administer

6.5.2 This contradicts the Safe and Drug Free Schools approach--how will this be defended when the student, offers ibuprofen or inhaler to a fellow student? Potential harm to another student could occur, especially if an older than 9th grade student decided to take health matters into their hands. In addition, being of high school age does not automatically make students more likely to make responsible decisions--some 5th graders demonstrate better judgment!

7.3 Phase I and Phase II training elements need to be more carefully delineated before implementing in a state-wide policy.

7.3.4 Who will decide the "Appropriate time frame?" Receiving a new container with each new monthly dose is NOT realistic.

7.4.4 Submission of a written report to the county superintendent is not a practical response. Communication of medication incidents need to be handled with the school nurse, unless they involve over-the-counter medications--to whom will these be directed ? How will the school nurse appropriately respond to the situation of a student who has an incident with non-prescribed medication?

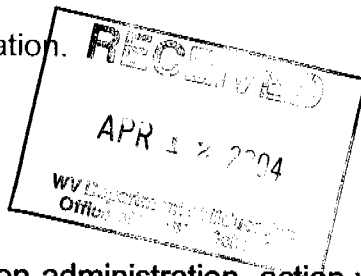
8.1.1 Who is responsible for the development of this form for non-prescriptive medications?

8.4.3 If the principal must decide whether a student should receive a medication, is this an assessment--by a school administrator--on whether an over-the-counter medication should be given?

8.5.4 How will the school nurse VALIDATE the safety of multiple medications--what students ingest may have impact on how combinations of medications react--I remember a specific situation in which a student received a prescription medication AT HOME, unwisely decided to try a "beverage" from a fellow student and had a reaction severe enough to warrant emergency transport to the hospital--at school, we did not know that a combination effect was occurring--we only knew about the "admitted" beverage--the first parent arrived--said NOTHING about prescriptive situation. When the 2nd parent arrived, we were able to communicate to the emergency crew about the additional medications, last dose, etc--I do not believe the school nurse needs to VALIDATE the safety given the present case loads and assignments--even if the present ratio of 1 nurse to 1500 students was a reality.

10.1 To provide a health care plan for each medication administered, including reactions and untoward effects would be prohibitive for students receiving multiple medications at school. With the current approach of "inclusion" for students with special needs, more individuals will need access to more detailed information. Will this necessarily make the student safer or will this volume of information simply serve to distract the teaching professionals, thereby inducing the inability to concentrate on the genuine health needs of the student?

- 1. date and signature of person administering medication.



**\*126-27-11. Consequences of Policy Violation.**

- 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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).
- 1. 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).

**Â§126-27-12. Severability.**

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



**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: \_\_\_\_\_

Title: Kelli Kirk RN, MSN, C-FNP, NCSN School Nurse

Street Address: 3708 Washington Ave. City/State/Zip: Charleston, Wv 25304

Comments/Suggestions

Â§126-27-1. General.

I am in agreement with these sections. I feel they are very well written.

Â§126-27-2. Purpose.

Â§126-27-3. Application.

Â§126-27-4. Definitions.

Â§126-27-5. Authorization.

Under 6.5.2, it states it is the role of the student (grade 9 or above) to self administer if appropriate & keep in their possession. This is very dangerous. Students may over medicate themselves &/or their friends. They may switch products in the medication bottle & we would not be aware.

Â§126-27-6. Roles and Responsibilities.

Under 6.1.2, it is stated that the administrator is responsible to assign qualified employees to administer prescribed & OTC meds. This totally leaves out the school nurse. I disagree with this & I feel it is unsafe.

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

I am in agreement with this section.

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

The state board of nursing has determined that a physician's order is necessary for the school nurse to administer any OTC medication.

The school nurse is placed in a very vulnerable position if students use OTC meds at school without a valid physician's order. The state board of nursing has determined that WV school nurses can not conduct training in the new policy. A school nurse who conducts training of unlicensed employees is still responsible if that individual administers OTC meds without a doctor's order. Studies have shown no improvement in student attendance when OTC meds are used.

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

Â§126-27-10. Confidentiality and Documentation.

Â§126-27-11. Consequences of Policy Violation.

Â§126-27-12. Severability.

I am  
in  
agreement  
with these  
sections.

Return comments by APRIL 12, 2004 to:

**Rebecca J. King**

**Coordinator**

**West Virginia Department of Education**

**Building 6, Room 309**

**1900 Kanawha Boulevard, East**

**Charleston, WV 25305-0330**

E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)

FAX: (304) 558-3787

126CSR27

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**West Virginia Department of Education**

**1900 Kanawha Boulevard East**

**Charleston, WV 25305**

([Phone List by Topics](#)) ([Staff Phone and Email by Name](#)) ([School Directory](#))

For suggestions, questions, problems contact the [webmaster](#)  
Please read our [disclaimers](#)

# Herbert Hoover High School

275 ELK RIVER ROAD SOUTH, CLENDENIN, WV 25045

TELEPHONE 304-965-3394

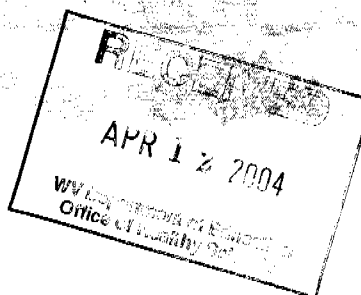
FAX 304-965-1871

PRINCIPAL  
ROY G. JONES

VICE PRINCIPALS  
PHILLIP CALVERT  
DANA G. HUMPHREYS

COUNSELORS  
MICHAEL CHANDLER  
KAREN FISH  
DENNIS SHAMBLIN, JR.

SECRETARY  
BETTY NICHOLS



April 2, 2004  
Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 304  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330

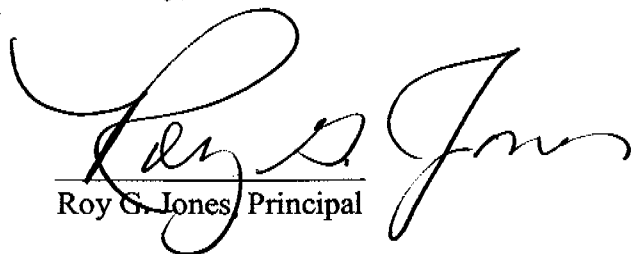
RE: Medication Administration Policy 2422.8

Ms. King,

I am writing in response to the proposed Medication Administration Policy 2422.8. As a high school principal I am opposed to line item number 6.5.2 which states that high school students may be allowed to carry and self-administer non-prescribed medication. There are incidents of teens abusing over-the-counter medications via inhalation, necessitating emergency medical treatment. Charleston Drug Task Force officers verify that prescription drug abuse is on the rise, as well. Allowing students to carry medication increases the likelihood that prescription medication will be carried in non-prescription containers. It would be impossible to verify what medication is contained in the bottle, as even pharmacists cannot identify every tablet due to new generics being produced daily.

If a medical condition is present that necessitates medication administration our school nurse needs to be involved. Requiring a physician's order would allow our school nurse to evaluate the student and establish a plan of care. Therefore, I recommend that all medication allowed in school be accompanied by a physician's order.

Sincerely,

  
Roy G. Jones, Principal

Laura S. Rhodes, M.S.N., R.N.  
Executive Director

email:westvirginiarn@ncsbn.org  
web address:www.state.wv.us/nurses/rn



TELEPHONE:  
(304) 558-3596  
(304) 558-3728  
FAX (304) 558-3666

STATE OF WEST VIRGINIA  
**BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES**  
101 Dee Drive, Suite 102  
Charleston, WV 25311-1620

April 5, 2004

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330



Dear Ms. King:

The West Virginia Board of Examiners for Registered Professional Nurses, during the March 18-19, 2004 Board meeting, reviewed the Department of Education's new Medication Administration Policy. Enclosed is a copy of the letter dated March 25, 2004 to Melanie B. Purkey, Executive Director of the Office of Student Services and Health Promotion in response to questions presented at this meeting by staff of the Department of Education. The Board requests that the Board's response to the Department of Education be entered as comments related to the new policy.

If you have questions or wish to speak with me contact this office.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes by Cyndy R. Hayes".

Laura Skidmore Rhodes, MSN, RN  
Executive Director

xc: file

**§126-27-12. Severability.**

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

**Policy 2422.8: Medication Administration  
Comment Response Form**

*Please refer to  
copy of letter  
attached.*

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Comments/Suggestions**

**§126-27-1. General.**

**§126-27-2. Purpose.**

**§126-27-3. Application.**

**§126-27-4. Definitions.**

**§126-27-5. Authorization.**

**126CSR27**

**§126-27-6. Roles and Responsibilities.**

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

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

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

**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

Laura S. Rhodes, M.S.N., R.N.  
Executive Director

email:westvirginiarn@ncsbn.org  
web address:www.state.wv.us/nurses/rn



COPY

TELEPHONE:  
(304) 558-3596  
(304) 558-3728  
FAX (304) 558-3666

STATE OF WEST VIRGINIA  
**BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES**  
101 Dee Drive, Suite 102  
Charleston, WV 25311-1620

March 25, 2004

Melanie B. Purkey, Executive Director  
Office of Student Services and Health Promotion  
West Virginia Department of Education  
Building 6, 1900 Kanawha Blvd., E.  
Charleston, WV 26305-0330

Re: Proposed Policy for Medication Administration (2422.8)

Dear Ms. Purkey:

You were present when the West Virginia Board of Examiners for Registered Professional Nurses (Board) considered the questions you presented at its Board meeting on March 18 and 19, 2004. As you know, the Board reviewed all information relative to this issue, which included, speaking with a number of school nurses who will be affected by the Department of Education's new Medication Administration Policy (Policy). It was after a careful and thorough review of all information that the Board reached its decision.

You state, "The members of the West Virginia Board of Education and staff of the Department of Education request clarification as to whether a registered nurse employed by a county school district may provide generalized training in medication administration for over-the-counter medications. This training is not specific to any student; it includes basic medication label reading, proper administration checklists (medication, dosage, time, route), etc. Does this duty fall within the scope of practice of a registered nurse?"

It is the opinion of the Board that registered professional nurses, who are also certified school nurses in the state of West Virginia **cannot conduct the "training" required in the new Medication Administration Policy.** You were present when the Board voiced its concerns regarding this "training" in the context of the Policy and the referenced rule. The Board finds that a school nurse who conducts the "training" of the unlicensed, designated individual to administer the over-the-counter medications, in accordance with the policy and rule, would be placed in the position of assigning, delegating and monitoring the unlicensed, designated individual who administers the over-the-counter medications without an order from an individual licensed to prescribe medications. This would make the nurse responsible for any acts she/he

delegates and/or assigns to this individual and places their license in a vulnerable state. As confirmed by the all school nurses contacted by the Board, the situation verbally presented by the representatives of the Department of Education describing the training, is unrealistic.

In addition, it is important to note that the proposed policy references a current rule which does not contain the information it says it will contain. Therefore, not providing the detail necessary to fully evaluate or understand the scope of the proposed policy. And, you referenced a training program which has not yet been developed by the Department of Education. This makes it impossible for a regulatory body and probably school nurses, to determine the full scope of the policy.

As to the issue of whether training individuals in the "task" (e.g. basic medication label reading, proper administration checklists, medication, dosage, time, route of medication) of medication administration falls within the scope of practice of a registered professional nurse, yes, a licensed registered professional nurse can perform such training, however, again, this is not the circumstance of the proposed rule.

As you are aware, the Board is generally opposed to the over-the-counter portion of the policy, and feels that it presents an unsafe and confusing environment for our students. As your counsel stated, the bottom line is that the Department of Education will pass a policy which includes some language regarding the administration of the over-counter-medications, most likely by the unlicensed, designated individuals. The Board does not believe that "mediocre standards" also stated by your counsel are acceptable, and that the highest standards are attainable and workable.

The school nurse, the health care professional actually working in this area, having the most knowledge in this area and noted in your own rule as "serving as the manager for health related problems and decisions" in the schools have expressed concern about this portion of the policy. As you are aware, after Dr. Stewart's letter last fall, many counties adopted the policy requiring a physician's order for over-the-counter medications. Although the phase in of this policy encountered some resistance, the final outcome is considered to be best practice by most counties. Nurses have found that most people have gotten used to the requirement and that the number of over-the-counter medications administered at school have decreased. One school nurse reported that research does not support that the administration of over-the-counter medications in the elementary schools makes a difference in attendance.

The Board is hopeful that the Department of Education will give serious consideration to the concerns expressed by this agency as well as school nurses across the state in finalizing a policy that will provide for the safety of our children in the school setting.

For the Board,



Pamela Alderman  
Board President

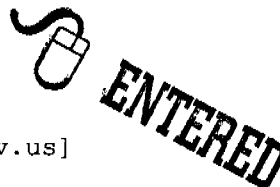
cc: school nurses

**Renee Hodges**

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**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 05, 2004 1:13 PM  
**To:** Renee Hodges  
**Subject:** FW: response to medication policy

Another comment



-----Original Message-----

**From:** pbmccoy@access.k12.wv.us [mailto:pbmccoy@access.k12.wv.us]  
**Sent:** Monday, April 05, 2004 7:44 AM  
**To:** rjking@access.k12.wv.us  
**Subject:** response to medication policy

Dear Rebecca:

I would like to make a few comments about the currently proposed medication policy.

Under "Purpose", it is well said that medication use during the school day is "discouraged unless absolutely necessary". Also, under "Application" I'm pleased to see it noted that School Based Health Centers are exempt from the policy.

7.3.1 in regard to Administration of Prescribed Medication, it cannot be stressed enough that a quiet environment that ensures privacy for the students

is essential. I'm pleased to see that mentioned.

8.1.1 in regard to Administration of Non-Prescribed Medication: currently our

county is following the directive from Dr. Stewart and only gives medication (prescription and non-prescription) with a signed doctor's order. This has worked out well for parents, teachers, and administrators at the schools I serve. In conversations with the administrators of the five elementary schools

that I serve it is apparent that they do not want to manage the administration of non-prescription medications.

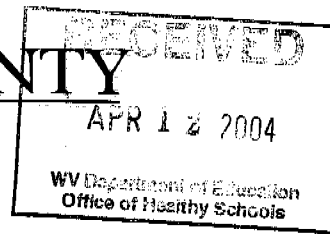
10.1 Confidentiality and Documentation: It is good to include this reference

to FERPA and its impact on medication records.

thank you, Paula McCoy, RN, Greenbrier County Schools.

WOOD COUNTY SCHOOLS

April 7, 2004



Melanie B. Purkey, Executive Director
Office of Student Services and Health Promotion
West Virginia Department of Education
Building 6, 1900 Kanawha Blvd., E.
Charleston, West Virginia 26305-0330

Dear Ms. Purkey:

After much discussion at our meeting yesterday evening, the Wood County Board of Education directed me to write a letter concerning the proposed Policy for Medication Administration (2422.8).

The Board would like to express their appreciation to you and the committee who worked on this policy. We understand the importance and complexity of this issue.

Because this policy has a huge impact on the health and welfare of our students, we urge you to extend the comment period on this policy. The Wood County Board of Education has many reservations about this policy and is not comfortable with the policy as it now stands.

Wood County Board Members are going to comment individually on specific concerns they have about this policy. Our Board felt strongly, however, that this policy needs major revisions and encourages the State Board of Education to extend the comment period and delay approval of this policy until the many questions and concerns about this issue are addressed.

Sincerely,

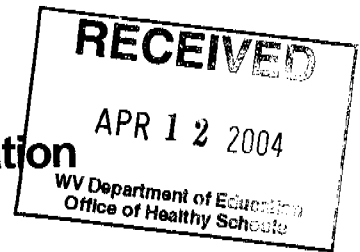
Handwritten signature of William A. Niday

William A. Niday, Supt.
Wood County Schools

WAN:sjb

cc: Wood County Board of Education Members

 ENTERED



**Policy 2422.8: Medication Administration  
Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Jane D. Ishman, RN, MS, CHES

Berkeley County Board of Education Title: Certified School Nurse

Street Address: 4960 Engle Moler's Road City/State/Zip: Shepherdstown, WV 25443

**Comments/Suggestions**

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

4.2: who will train administrator's designee? What are the parameters for training. A recent letter dated March 25, 2004 from the WV Board of Nursing stated school nurses cannot train those not giving medications without a physician's order.

4.10: be more specific in "intended use of medication" i.e., reason for administration: headache, joint pain, post dental care. Effect of medication would be to decrease pain, inflammation, relieve headache.

**4.15: add epi-pen after inhaler.**

**§126-27-5. Authorization.**

**§126-27-6. Roles and Responsibilities.**

**6.1.1: add "locked" to safe storage. Will the state board of ed. supply guidelines for safe storage to the administrator?**

**6.1.3: ..."safely counting," add :documenting"**

**6.1.5: candidates who will administer prescription medications must be approved by the certified school nurse.**

**6.1.6: Certified school nurses cannot train the administrator's designee per WVRN Board letter of March 25, 2004**

**6.2.3: add "school" to nurse in the second line.**

**6.2.5: school nurses cannot train those who will administer OTC's without a physician's order per WVRN board letter dated March 25, 2004.**

**6.2.6: Will there be a state BOE standardized form?**

**6.3.1: The administrator's designee cannot be trained by the certified school nurse per WVRN Board letter dated March 25, 2004.**

**6.4.3: "Give the medication to the person authorized by the administrator ..." There will need to be one person for the administrator's designee and one for the one trained by the school nurse for prescription medications.**

**6.5.2: Where will the authorizations be kept? Unless there is a prescription, the administrator will need to keep track of the OTC paperwork.**

**Medication Administration Policy (Policy 2422.8) Comment  
Response Form Page two**

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

**7.2.1: after c: add side effects or untoward actions**

**7.2.2: add after c: side effects or untoward actions**

**7.4.4: School nurses are not responsible for the OTC's without a physician's order. I feel unnecessary problems will arise and the school nurse put in a position that should not be, as well at the boards of education. If the school nurse is not responsible for the administration of OTC's they should not be in the chain of contacts if there are problems with the medication. I am not saying that the school nurse does not care or does not want to help. However, they are being put in the position of fixing the problem after it has already occurred. Where if all medications required an order, they would be aware of**

all medications a student was taking.

#### **§126-27-8. Administration of Non-Prescribed Medication.**

**8.1.2: A concern arises if a student comes to the office complaining of a headache and request OTC Tylenol their parents have authorized. Perhaps the student neglects to mention he/she just suffered a head trauma (hit in the head by a baseball, ran into a pole, slipped in the bathroom). What if the student suffers a concussion or worse needs hospitalization as a result. Could this not have been avoided if a prescription was required with specific parameters. Part of the training for medications administered by the school nurse's designee is asking questions to go along with the administration of medication.**

**8.1.3: What training will the administrator have to know what questions to ask? Evaluation for side effects or untoward effects, etc.?**

**8.3.4: add possible untoward effects**

**8.4: The school nurse cannot train the administrator's designee per WVRN Board letter dated March 25, 2004**

**8.4.2: What are these steps/guidelines?**

**8.5.4: If the school nurse cannot administer OTC's without an order, how can it be safe/reasonable to put the school nurse in a position to be responsible**

when a student receives both OTC and prescription medication?

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

**9.4 Many prescriptions are now supplied by insurance companies in 3 month supplies. Original prescription bottles may not be available in one month quantities. Also, at times it is difficult to get a parent to bring in the required medication. Having more than one month on hand ensures the student has the medication available and it takes no more storage space than a one month supply.**

**9.6: Does this include the disposer?**

**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

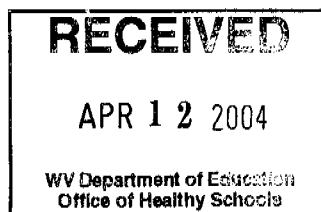
**Thank you for allowing me to comment.**

Return comments by APRIL 12.2004 to:

Rebecca J. King  
Coordinator West Virginia Department of  
Education  
Building 6, Room 309 1900 Kanawha Boulevard,  
East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787

## Medication Policy Comments

Candace Berry, RN, BSN  
Supervisor/School Nurse  
Monongalia County Schools  
475 Baird Street  
Morgantown, WV 2605



### **GENERAL:**

Nothing to note.

### **PURPOSE:**

I agree with the administration of medication being discouraged unless absolutely necessary. However, there are those that will need medication to enhance or promote a healthier, yet beneficial education. However, school related events (after school hours) are not an easy task for anyone and this should be left to the discretion and responsibilities of the parent(s).

Who is to educate students and families? The prescribing physician and/or the physician's nurse should do this initial task. However, he school nurse can assist parents and students with a knowledge base on over the counters as well as prescription. Time is a factor in this area. School nurses can't achieve the tasks assigned to them now adding the sole responsibility of medication education to the parents is unrealistic.

It is necessary to set standards that must be followed. These standards must be safe for not only the students but also the school nurse and administrators.

### **APPLICATION**

I agree with this section. It is always nice to know that we can go above the policy. This is a great safety net for all involved.

### **DEFINITIONS:**

**4.2** I would like to see a combination of "School Nurse and Administrator's designee" used here. A non-medical person should never have control over assigning someone from their staff to give medications and/or first aid to the students.

### **AUTHORIZATION:**

Nothing to note.

### **ROLES AND RESPONSIBILITIES:**

**6.1.5** This is stated appropriately with the "potential" in the sentence. A building administrator should have a say in the staff, but it needs to be a consensus between the administrator and school nurse. Especially if this person will be working under that school nurse's license.

- 6.2 I agree with all. This county already practices a majority of these standards. However, care-plans on student's receiving daily medication or an over-the-counter (except for inhalers and EPI-Pens) are not in practice here and are not realistic for multiple reasons (time constraints on nurse's schedules and parent involvement). Care plans are utilized for a multitude of medical conditions and special needs students, which actually most of them are our daily and prn meds.

**Role of the student:**

NO student should be allowed to carry any medication unless absolutely necessary (i.e. EPI-Pen and inhalers only) and this is only allowed with both parental and prescribed licensure consent and then only after the school nurse has assessed and/or trained the student to it's use and guidelines. This is how we operate in Mon Co. and has proven to work well without incident (ever!). Also, a student carrying any medication without the above consent is against our Safe Schools Policy and disciplinary action is warranted.

**Administration of Prescribed Medication:**

This section is appropriate and well written. Mon Co. already practices above this.

- 7.3.1. I like seeing this and maybe this will assist the school nurses to have an area that is solely used for them. Several nurses in this county share quarters with others such as parent volunteers or community class employees. This is a problem regarding the environment, not just for cleanliness, etc., but also for confidentiality.

**ADMINISTRATION OF NON-PRESCRIPTION MEDICATION:**

- 8.1.2. A non-medical person determining a safe scope of practice for medical needs of the students. The school nurse needs to be incorporated in this section.

This county already has an established medication policy that has most of these standards. The school nurse is in charge of all medication needs in this county, and this works very well. The administrators do not want this responsibility. Our policy is both administrator and school nurse friendly. The school nurse's and administrators work cohesively here.

**MEDICATION STORAGE, INVENTORY, ACCESS and DISPOSAL:**

Excellent section. This is our operating procedure here in Mon Co. These are standards that need implemented statewide.

**CONFIDENTIALITY AND DOCUMENTATION:**

Excellent section. This too is already practiced here in Mon. Co.

**CONSEQUENCES OF POLICY VIOLATION:**

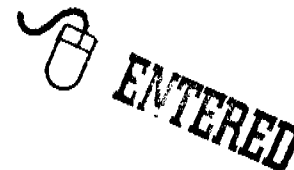
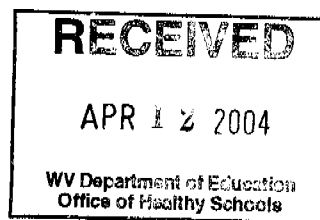
Excellent section. Already practiced here in Mon. Co.

MY COMMENTS:

Mon Co. has worked very hard to write and implement a medication policy that not only protects the students, but also protects the school nurse and other staff. I feel that we are above the standards already and will continue to enhance and grow with changes as needed. However, my only complaint is that a non-medical person should never have authority to delegate medical judgment unless the school nurse has been consulted first. Teamwork is the key to a successful, yet, safe educational experience for our kids.

**Renee Hodges**

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 12, 2004 8:29 AM  
**To:** Renee Hodges  
**Subject:** FW: Medication policy



-----Original Message-----

**From:** Kathy Lloyd [mailto:sweens1205@adelphia.net]  
**Sent:** Sunday, April 11, 2004 8:41 PM  
**To:** rjking@access.k12.wv.us  
**Subject:** Medication policy

Individual/Organization: Kathleen S. Lloyd, RN, NCSN Jefferson County School Nurse  
 Title: Nationally Certified School Nurse  
 Street Address: Rt. 1 Box 899 City: Harpers Ferry, WV 25425

First I want to express my disappointment that so much time has been spent on this policy and NO compromise was reached between Dept of Education and Board of Nursing.

**ESSENTIAL POINT:** RN are not allowed to give meds without physician's order. Why would DOE hire RN's and then circumvent the RNs' professional judgments. You have nurses in the schools. Why aren't you using them in a safe, legal manner? Why would you want to give medication responsibility to the principal, who does not have time or expertise to review parent orders for over-the-counter meds? You would be increasing liability in an increasingly risky world!

In Jefferson County we require physician's order for all non-prescription meds. The physician is the only person who has any possibility of knowing what other meds the child is taking. Parents do not tell the school all meds the child takes (they forget, don't think it is important, or do not want their child "labeled" BD, or simply don't realize the necessity). We have no trouble obtaining orders by fax from MD's. And occasionally we have an MD change the med originally requested by parent to a safer or more suitable medication. Student safety must always come first.

**S126-27-3 Application**

Non prescription administration can NOT apply to the RN

**126-27-4 Definitions:**

No where could I find reference to following the manufacturers label for dosage!!! Parents have asked me to administer TWICE the recommended dosage...!

**126.27.6 Roles and Responsibilities**

6.2 Nurse can not be involved in determining if non-prescription meds can be safely delegated. WE CAN NOT DELEGATE THAT WHICH WE CAN NOT LEGALLY DO, as RN's.

6.3.1 Are you requiring this for administrator or their designee, you will find counties non-compliant, Currently, only nurses are CPR trained in our county. I am under the impression that even coaches have let their CPR certification lapse due to concerns about liability.

6.4.3 What is safe? What meds can be brought in by student and which must be delivered by parent? Ibuprofen/Ritalin?

**126-27-8 Administration of Non-Prescription Medication**

4/12/2004

8.1.2

How does the school administrator determine if administration of non-prescribed med may be safely delegated? There is no medical knowledge here..I have seen parents send in aspirin which is clearly contra-indicated for many conditions, G6PD, fevers due to virus, etc.....do you really believe the principal has the knowledge to make this determination safely?

8.4.1 Will the secretary's office meet this requirement? I assure you this is where non-prescription meds will be given- in the busiest, least private area in the school!

8.4.2 What would make you question a medication dosage or appearance? This again is best done by a health care professional...

8.4.3 What would make the designee decide the med is inappropriate to administer? Their knowledge about G6PD, Reyes syndrome secondary to aspirin administration, their understanding that Advil and Motrin are the same med and shouldn't be given if one was taken less than 4 hours earlier?

8.5 Now a med error has occurred, you are asking principal or secretary to make contact with parent, instead of contacting the health care professional in the school, the RN. This is not in the interest of the child

8.5.4 Now you want to involve the nurse....I hope your administrator realizes the child is on multiple meds... you have compartmentalized the non-prescription meds and have set a procedure that can easily lead to more med errors and further decreases the child's safety.

### **126-27-9 Medication Storage, Inventory, Access and Disposal**

9.2 Do you believe the busy secretary who is inevitably going to be designated has time to monitor expiration dates or necessarily realizes the importance of dating? Remember the principal, not a health care professional, has done her training..

9.3 I can not legally control access to non-prescription medication if I can not legally give it.

### **126-27-10 Confidentiality and Documentation**

10.2 I rarely see a physician complete all the listed reactions or untoward effects. Do you believe parents will? Yet the State is liable if policy is not followed and med is given anyway.....for non-prescriptions, it is important untoward effects be understood since they are going to be given by lay person!

Please do not pass this policy as written. Stand up for student safety. Keep the school nurse involved in all school medications!

Sincerely,

Kathleen S. Lloyd RN, NCSN

 ENTERED

## Policy 2422.8: Medication Administration

### Comment Response Form

Individual/Organization: Janet Allio, RN

Title: School Nurse

Address: 4 Lowell Drive

City/State/Zip Elkview, WV 25071-9494

RECEIVED

APR 12 2004

WV Department of Education  
Office of Healthy Schools

### Comments/Suggestions

§126-27-1. General.      **No Comments**

§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 and or to function at the best of their ability. 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 and to provide for emergency medication administration, when necessary.

§126-27-3. Application.      **No Comments**

§126-27-4. Definitions.      4.15 – If "Self-administration" is to include medication that is taken by the student at the student's discretion, e.g. rescue inhalers, the medication would not be under the supervision of the school nurse, or other personnel. The definition should reflect delineation as such and the school nurse is only responsible for determining that the student is capable of carrying the medication and understands when to use it, and is not responsible for the student actions thereafter.

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities.

6.3.1 – Phase I and Phase II Training are being redefined per the School Nurse Council – should those changes be reflected here?

6.4.3 – Supply the medication and **deliver** the medication safely to school. The parent/guardian needs to bring the medication to the school – "ensuring that

medication arrives safely" leaves an opening for the parent/guardian to send the medication to school with the student and just call to see if it arrived there.

**6.5.2** - If high school students are granted permission to carry and self-administer OTC's, this will provide an avenue for hiding illicit drugs in OTC containers. Also, generic medications are nearly impossible to identify thus the student could have prescription medication such as Xanax in an OTC bottle. Even though individual counties have the option of establishing a more stringent policy, this leaves an open window for increasing illicit drugs as some counties have no one to oversee individual policies or even a school nurse to monitor medication administration.

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

**7.2.2.c** – Reason should be for a specific symptom or reason, not possibly to be given for specific symptoms. Otherwise, every student could have an OTC available "just in case".

**7.4** - Medication incident may also include missing medication.

#### **§126-27-8. Administration of Non-Prescribed Medication.**

**8.1.2** – The school administrator lacks the professional training and knowledge to determine if the medication can be safely administered in the school setting as well as if it can be safely delegated to a designee. The administrator cannot determine if the designee has an accurate understanding of the medication when he/she lacks the knowledge as well.

**8.1.3** - Lacking the professional knowledge about OTC's, the administrator will be unable to even know what questions to ask or clarify – as this would involve a thorough knowledge of the medication actions, expected results and possible side-effects as well as interactions with other medications.

**8.4.2** – Neither the administrator or designee will have the professional knowledge to know when a medication's appearance or dosage is to be questioned, as this would involve a thorough knowledge of the medication actions, expected results and possible side-effects as well as interactions with other medications.

**8.4.3** - Neither the administrator or designee will have the professional knowledge to know when a student's health condition suggests that it may not be appropriate to administer the medication, as this would involve a thorough knowledge of the reason for the medication, the medication actions, expected results and possible side-effects as well as interactions with other medications.

**8.5.1** – A medication incident may require physician intervention which would require a medical professional to make that determination.

**8.5.2** – There would be no orders as this is referring to directives from a parent/guardian – orders are from a physician. A nonprofessional designee is leaving the county and state open for liability when they put the student's health at risk by blindly following directives from parents.

**8.5.4** – The administrator lacks the medical knowledge to validate the safety of multiple medications as this involves a thorough knowledge of the reason for the medication, the medication actions, expected results and possible side-effects as well as interactions with other medications. The school nurse has no responsibility in administration of OTC as this policy reads and should not be expected to be responsible for this validation of multiple medications.

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

**9.3** – If OTC's are to be given under the supervision of the administrator, these medications need to be separate from those the school nurse has responsibility for.

**§126-27-10. Confidentiality and Documentation.**

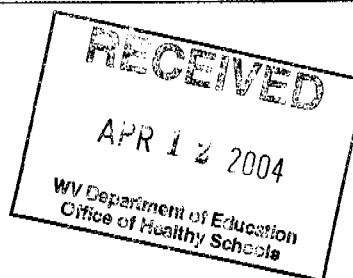
**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

**Personal Comment:** This policy will increase the liability of the county and the state by placing authority related to medication administration in the hands of non-medical personnel. This in turn, puts our children at greater risk from both the standpoint of inappropriate use of OTC's as well as greater accessibility to illicit drugs being camouflaged in OTC containers. Let's continue to protect the safety of the student, as well as the integrity of the school administration by keeping OTC's to a minimum.

**Renee Hodges**

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 12, 2004 8:34 AM  
**To:** Renee Hodges  
**Subject:** FW: policy 2422.8 comment



-----Original Message-----

**From:** Kathy Whitlock [mailto:klwhitlock@charter.net]  
**Sent:** Sunday, April 11, 2004 11:05 PM  
**To:** rjking@access.k12.wv.us  
**Subject:** policy 2422.8 comment



**Policy 2422.8: Medication Administration  
 Comment Response Form**

Kathy Whitlock, RN, BSN  
 Certified School Nurse  
 106 Pinnacle Way, Charleston, WV 25311



**'126-27-2. Purpose**

This section begins with the statement "Good health and safety are essential to student learning." It is for this very reason that I comment on this policy and share my concerns about certain aspects of it.

**'126-27-4. Definitions.**

**4.2** Regarding the definition of "Administrator's designee," it should be stipulated that the employee be "... designated by the building administrator **and the school nurse...**" The school nurse should participate in the selection of the employee who will be trained to administer medications. Because the nurse will be the one delegating the nursing task to the unlicensed personnel, she must be comfortable with the choice of employee, and must herself decide if that employee is capable of safely and competently carrying out the nursing task.

**4.4** Regarding the definition "Designated qualified personnel," for the same reasons stated above, it should be added that the employee who agrees to administer medications be "...authorized by the administrator **and school nurse...**" Also, the wording at the end of this definition is invalid. The designated qualified personnel are **not** qualified for the "delegation" of the administration of prescribed medications. Only a registered nurse can delegate a nursing task to unlicensed personnel. It would be illegal for any other individual to do so. Perhaps the intent of this definition was to indicate "...and is qualified for the administration of prescribed medications by the school nurse."

**4.15** Regarding the definition of "Self-administration," it should read "...medication administered by the student under the supervision of the school nurse or designated qualified personnel." "Administrator or administrator's designee" should be stricken from this definition. Administrators or their designee cannot legally supervise the administration of medication by a student, unless the school nurse has trained them to do so and delegated that task to them. They would then fall under the already defined "designated qualified personnel."

4/12/2004

## 126-27-6. Roles and Responsibilities.

6.1 Regarding the "Role of the school administrator(s)," specifically 6.1.6, "Assign qualified employees," it is inferred that the school administrator's role is to delegate medication administration to their employees. It should be clearly indicated that the school nurse be involved with the selection of these "qualified employees" and that the school nurse is the delegator of medication administration.

6.2 Regarding the "Role of the school nurse..." thank you for stipulating that it is the role of the school nurse to determine if the administration of prescribed medication may be safely delegated to designated qualified personnel. Please make this concept as clear throughout the policy. Also, thank you for referring to the "West Virginia Board of Examiners for Registered Nurses Guidelines for Determining Acts That May be Delegated or Assigned by Licensed Nurses." Please continue to use the Board of Examiners as your reference with regard to the practice of nursing, delegated nursing, and the role of the nurse with regard to implementation of this policy.

6.4 Regarding the "Role of the parent/guardian," 6.4.3 should begin with the word "**deliver**" instead of "supply." It should be made very clear that medications must be delivered to the school by a parent or guardian. In order to decrease the incidence of misuse of medications, and to safeguard the security and integrity of the student's medication, medications should never be transported by the student. The only exception should be prescribed emergency medications.

6.5 Regarding the "Role of the student," item 6.5.2. Self administration should be limited to emergency medications and should not include "acute" medications. Regarding the issue of high school students carrying and self-administering over-the-counter medications, thank you for stipulating this be done "at the discretion of county boards of education." Clearly, many county boards of education will have great concerns about students carrying and self-administering medications. It is unfortunate, however, that individual county boards would find it necessary to create policy with higher standards than this one.

Please be aware that non-medical use of prescription drugs has become a serious public health concern. In response, the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, and the U.S. Department of Health and Human Services, launched an initiative on prescription drug abuse, misuse, and addiction in 2001. Data collected by NIDA and its partners reveal that prescription drug abuse is increasing among teens at an alarming rate. NIDA director, Dr. Alan I. Leshner, indicates the most dramatic increases in new non-medical use of prescription drugs are among 12 to 25 year olds. One survey indicated that 12 to 14 year olds listed psychotherapeutics, such as painkillers, sedatives, and stimulants, as some of the drugs they most often used. When used non-medically, these drugs can be dangerous, addicting, and even deadly.

Teens are misusing over-the-counter medications as well. In order to attain a psychoactive result, teens are overdosing on a variety of over-the-counter cold remedies, cough syrups, pain relievers, etc. Though Sudafed and Corcidin are over-the-counter cold remedies, they are now kept under lock and key in most grocery and drug stores. Why then, would we allow teens in West Virginia schools to carry and self-administer these same drug preparations?

The National Institute on Drug Abuse is encouraging parents, grandparents, and others to safeguard their children's environment by checking their medicine cabinets, monitoring their medications regularly, and discarding any prescription drugs that are no longer required to treat a medical condition so that these medications are not available to be misused. Consequently, allowing students to carry and self-administer medications goes against the recommendations of the National Institutes of Health.

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

8.1.2. The school administrator **should not** be given the "...authority to determine if the administration of non-prescribed medication may be safely delegated to the administrator's designee..." It has already been established in section 126-27-4, 4.1, that "administration of medication means a health care procedure," and in section 126-27-6, 6.2.3, that it is the role of the school nurse to "manage health related problems and decisions," and in section 6.2.4 that the school nurse is to "...utilize the West Virginia Board of Examiners for Registered Nurses Guidelines for Determining Acts that may be Delegated..." Why then, does this policy propose that non-medical personnel be allowed

to make decisions related to medication administration?

There seems to be some misconception about the significance of administering over-the-counter (OTC), non-prescription medications. OTC medications, like prescription medications, have the potential to cause adverse and allergic reactions, some severe enough to illicit life threatening anaphylaxis (an acute whole body allergic reaction). Also, administering OTC medications should be done only after serious consideration of several factors: whether the student is on other prescription and non-prescription medications that may interact with the OTC medication, whether there is an existing health issue that would make administration of the OTC medication contraindicated, has the nursing assessment confirmed the need for administration of an OTC medication, are there interventions that would alleviate the symptoms without medication (always the best alternative), etc. Additionally, non-medical personnel do not have the knowledge base to make decisions regarding medications. For example, most people are aware that the National Ryes Syndrome Foundation recommends that no aspirin products be given to children suffering from the flu. There are almost 50 OTC medications on the market that contain aspirin. Clearly, non-medical personnel do not have the knowledge base to determine if an OTC medication can be administered safely.

**8.1.3** The suggestion that the school administrator has the authority to contact a licensed health care provider to clarify any questions about the medication being administered is confusing, and illegal. Because this section pertains to non-prescription medication, there will be no licensed health care provider's prescription or authorization. Therefore, there would be no health care provider to contact. Additionally, HIPAA laws prevent most individuals from accessing health related information from health care providers, particularly individuals that are not health care providers themselves. Finally, the West Virginia Board of Examiners for Registered Professional Nurses has taken an official stand against the practice of school nurses administering non-prescription medications to students. The school nurse cannot, therefore, be associated with administration of non-prescription medication in any form including training, delegation, or consultation. For a school nurse to do so would be unethical and illegal.

It is recommended that a state medication administration policy be developed in order to standardize safety procedures and to develop protocols that are consistent with Nurse Practice Standards set forth by the West Virginia Board of Examiners for Registered Professional Nurses. Why then, does this policy contradict current law, and disregard recommendation from the West Virginia Board of Examiners for Registered Professional Nurses? Make West Virginia schools as safe as possible, for students and staff, by relegating health related issues to a licensed health care provider - a certified school nurse. Clearly, there should be an effort to ensure that every school has access to a school nurse, not to lower the standards of practice of nurses and educators.

Thank you for considering these comments.

Sincerely,

Kathy Whitlock, RN



# CHEAT LAKE MIDDLE SCHOOL

160 Crosby Road • Morgantown • West Virginia • 26508

*Kenneth P. Wolfe*  
PRINCIPAL

*Robert L. DeSantis*  
ASST. PRINCIPAL

**RECEIVED**  
APR 12 2004  
WV Department of Education  
Office of Healthy Schools

**ENTERED**

## FAX COVER SHEET

DATE: 4-12-04 TIME: 8:40  
 TO: Rebecca J King PHONE: \_\_\_\_\_  
 FROM: Susan Hasebacher Rn PHONE: 1-(304) 594-1165  
 FAX: 558-3787  
 PHONE: 1-(304) 594-1165  
 FAX: 1-(304) 594-1677  
 RE: Med Adm. Policy Comments

NUMBER OF PAGES INCLUDING COVER SHEET: 3

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### Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Susan Haslebacher R.N. Mon County

Title: RN

Street Address: 13 Triune Lane City/State/Zip Morg. WV 26508

#### Comments/Suggestions

**§126-27-1. General.**

none

**§126-27-2. Purpose.**

School related events needs to be defined  
Does this include sports events after school?  
Does this include trips like-band? what about over-  
nites?

**§126-27-3. Application.**

Mon County has exceeded the proposed med policy  
in several areas.

**§126-27-4. Definitions.**

4.2 - School nurse must also agree on "designee"  
4.10 - mon county does this already  
4.14 - who is responsible for seeing there is a medication  
designee at these events and does this include  
after school child care held at schools. How would  
we secure meds for these events.

**§126-27-5. Authorization.**

**§126-27-6. Roles and Responsibilities.**

6.1.6 - nurse should have say in who is selected  
6.1.7 - How would this be reinforced?  
6.2.3 - will every student who has a daily med then be required to  
have a care plan - is this necessary on every student?  
example - child receiving antibiotics?  
6.2.5 mon Co does this already.  
6.5.2 This violates "Safe Schools" as Emergency meds such as inhalers  
and Epi pens are ok but over the counter and RT's in the hands of  
students. how can you assure they are dosing accurately and at  
prescribed times.

S Haslebacher BA

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
 Page two

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

7.1 - Mon County already does this.  
 7.3.2 - Who contacts school nurse?

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

8.1.2 - School administrators are too busy to ~~add~~ add this responsibility to their work load.  
 How would an administrator know about meds - Nurses know meds -  
 Nurses should be making this decision.

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

Physicians orders should be obtained for OTC meds and dispensed by the nurse or her designee

If you allow administrators to dispense or assign a designee you are allowing non-medical people to make health and medication assessments.  
 Is this within their scope?

**§126-27-10. Confidentiality and Documentation.**

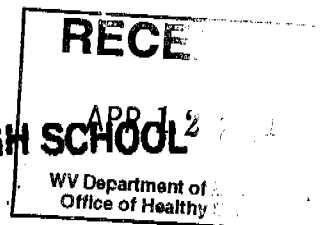
**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
 Coordinator  
 West Virginia Department of Education  
 Building 6, Room 309  
 1900 Kanawha Boulevard, East  
 Charleston, WV 25305-0330  
 E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
 FAX: (304) 558-3787

# CLAY-BATTELLE MIDDLE/SENIOR HIGH SCHOOL



DRAWER A  
BLACKSVILLE, WV 26521

PHONE: (304) 432-8208

FAX: (304) 432-8189

KAREN STILES  
PRINCIPAL

DAVID COTTRELL  
ASSISTANT PRINCIPAL

 ENTERED

## FAX COVER SHEET

DATE: 4-12-04

TIME: 9:00

TO: Rebecca King

PHONE: \_\_\_\_\_

FAX: 304-558-3787

FROM: B Mavgo RN

PHONE: (304) 432-8208

FAX: (304) 432-8189

RE: Med Policy Comments

NUMBER OF PAGES INCLUDING COVER SHEET: 3

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# BUILDING EDUCATIONAL EXCELLENCE

## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Beth Masuga

Title: School Nurse - Monongalia

Street Address: (Home) 110 Valley Farm Dr. City/State/Zip: Waynesburg Pa  
15370

### Comments/Suggestions

§126-27-1. General.

"see attached" paper

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities.

## Medication Policy Comments

Beth Masuga

April 6, 2004

1. Policy allows principals to make medically-related decisions-should be the nurse. Gives way too much delegation power to administrators. They have no medical training or background and should definitely not be given authority to make medical decisions over the school nurse.
2. Policy does not define the training needed that would enable the State Licensing Board for RN's to back nurses.
3. Is very vague on how medication is to be transported to and from school.
4. How in the world can we keep medication counts? (see #9)
5. If students are to be able to self administer medication after the nurse determines they are capable of doing so, shouldn't there be a standardized form for nurse and student to sign off on? Different forms for different meds?
6. The idea of allowing high school students to carry and self-administer OTC's is a nightmare waiting to happen. It does not at all abide by the Safe Schools Act(sorry I don't know the technical name).
7. How can anyone but an RN or LPN reconstitute medication? Is that ok with the state board of pharmacy? I highly doubt it because we(school nurses) were told that we cannot put a pill in a different container(ie. for field trips) because that would be considered dispensing medication.
8. A medication incident form should be included in the policy that can be used throughout the state.
9. How can a medication count be facilitated in a school setting? That would mean that EVERY time a different person administered a medication they would have to count out the drawer with the person who was last in it. How would it be possible to do that? There are too many people that can have access to medications(ie. school nurse, principal, vice principal, health aide/designee, secretary) to make the idea of counting meds a feasible idea. It would also be very time consuming.

**Comments/Suggestions**

**Â§126-27-1. General.**

[http://wvde.state.wv.us/policies/p2422.8\\_co.html](http://wvde.state.wv.us/policies/p2422.8_co.html)

3/29/2004

1 EAGLE WAY  
SOUTH CHARLESTON, WV 25309  
304-768-0352  
FAX: 304-768-4663

**RECEIVED**  
APR 12 2004  
WV Department of Education  
Office of Healthy Schools

**South Charleston  
High School**

**Fax**

 **ENTERED**

To: Rebecca King From: Pat [unclear] [unclear]  
Fax: 304-558-3787 Pages: Including this page 5  
Phone: 766-0353 Date: 3/17/04  
Re: Medication please cc:

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

• Comments: Sorry, I didn't get to you sooner

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APR 12 2004  
WV Department of Education  
Office of Healthy Schools

# Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: KANAWHA Co. SCHOOLS

Title: SCHOOL NURSE

Street Address: 902 OVERLOOK WAY  
SOUTH CHARLESTON, WV City/State/Zip: 25309

**Comments/Suggestions**  
I strongly disagree with this new policy!!

**§126-27-1. General.**

I PRAY MY COUNTY BD. HAS ENOUGH BRAINS NOT TO ADOPT NEW POLICY. I AM TOTALLY AGAINST O.T.C. MEDICATIONS BEING GIVEN IN THE SCHOOLS WITHOUT DR'S ORDER - OF COURSE - DR'S DON'T WANT THE LIABILITY AS WE (PA'S) SHOULD HAVE THE LIABILITY. OF COURSE, IT IS SAID THE PRINCIPALS WILL - BUT WHEN DID THEY HAVE MEDICAL TRAINING TO ACCESS, ETC.

**§126-27-2. Purpose.**

MY PRINCIPALS WON'T GIVE OR KEEP THE PAPER WORK AT SCHOOL, GOING IN BLIND. I'LL FIND OUT WHEN CALLED TO RESUSITATE STUDENT AT THIS POLICY IS UNSAFE. IF NEED OTC - PARENTS CAN

**§126-27-3. Application.**

WE NEED TO SAY NO TO O.T.C. WHO EDUCATES STUDENTS & FAMILIES TO DR'S ORDERS - AS PRINCIPALS ARE NOT THE PRINCIPAL? WE NEED TO TRAIN & WE MAN... RESPONSIBILITY - JUST PARENTS ARE RESPONSIBLE FOR CHILDREN'S HEALTH. HIGH SCHOOL STUDENTS ARE NOT ACCOUNTABLE OF TAKING SHARPS, AND STATE... PARENTS WILL THEIR MEDS.

**§126-27-4. Definitions.**

4.2 - The principal will have to train CHILD IS OKAY - UNTIL THEIR kept track of - forgot - we don't have a trained person to give medications. No one wants to give meds. and medication. 4.4 PA can't write prescriptions. 4.5 School Nurse is not an assistant ed.

**§126-27-6. Roles and Responsibilities.**

I'm sure Principal will be aware of children's allergies. I'm sure of medications as ASA in Pepto Bismol. NOT!! Nurse is responsible for ordering medication. 6.1.5 - We have no potential candidates for med. admin. 6.2.2 - This won't be done by principal etc. with parents about O.T.C. Medication. 6.2.1 This can't be safely delegated at High School (1200's student)

6.2.5 Who does the training for O.T.C.?  
 6.2.6 Who validate documentation, student knowledge?  
 6.3.2 who does incident reports for OTC? Law suits, med. from  
 6.4.3 - (OTC) prescribed med. or  
 6.4.5 who retrieves unexpired  
 outdated med?

Medication Administration Policy (Policy 2422.8)  
 Comment Response Form  
 Page two

6.5.1 (6.5.2) I think some students should have prescribed emergency drugs

§126-27-7. Administration of Prescribed Medication.  
 However, Grades 9 thru 12 - same rules should apply - they are not responsible for a lot of parents aren't also. We don't know what takes in the pockets until sick, or overdose or have an action.

§126-27-8. Administration of Non-Prescribed Medication. Please do not  
 She had a recent hearing with a high school student that had prescribed Zyrtec & POT in a baggie at school. Of course the parents of look up for child and said she had read from the newspaper dose of Prednisone. That's why she attacked the principal & police officer.

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

8.4.2, 8.4.3 who does this?  
 8.5.4 This is a joke - the dr. doesn't want to validate the safety of O.T.C. NOT ME!! What are we getting into?

§126-27-10. Confidentiality and Documentation.

The parents would have to give up for release of confidential info as per HIPAA allow only OK's certain health info. for nurse / pharmacist (prednisone, pot, etc)

§126-27-11. Consequences of Policy Violation

1. The student that violated they need admin policy had also violated several rules before with friend.

§126-27-12. Severability.

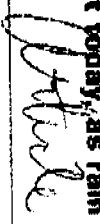
? I don't understand  
 Please see 2 articles from paper - there are too many O.T.C. Meds for adults in our society - not to mention our children. There are children, not adults (9th -> 12th).  
 Wake out -  
 Hives when saw Article I

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
 Coordinator  
 West Virginia Department of Education  
 Building 6, Room 309  
 1900 Kanawha Boulevard, East  
 Charleston, WV 25305-0330  
 E-mail: [rlking@access.k12.wv.us](mailto:rlking@access.k12.wv.us)  
 FAX: (304) 558-3787

9.4.3  
 O.T.C.  
 note from child  
 says I did  
 then die an  
 are  
 verified. Just  
 want for lawsuit

It keep Roger Medford and his 5-year-old grandson, Chris Medford, from enjoying the sun as they by on U.S. 60 in the Witcher Creek area. They may not want to go out today, as rain and snow are to the region.



Graphic photo by F. SHAW FERLUSON

# Id hurt actions montas Schools chief to stay for two more years



By Eric Eyre  
ereyre@wvgazette.com

State schools Superintendent David Stewart pledged Wednesday to stay on the job for another two years.

**A month ago, Dave Stewart said he would resign as state schools superintendent. He decided to stay after legislators and educators across the state pleaded with him to stay.**

State Board of Education members unanimously approved Stewart's request to postpone his retirement until June 2006. "Hoory," said Priscilla Haden, a state board member.

"It's a great day for West Virginia," added board member Lowell Johnson. "Two thumbs up."

A month ago, Stewart announced plans to resign this summer, citing personal reasons. He changed his mind after legislators and educators across the state pleaded with him to stay.

Stewart, 59, said he reversed his decision after "a lot of reflection and reconsideration."

"There was an outpouring of support I didn't anticipate," Stewart said at Wednesday's state school board meeting in Charleston.

In recent days, Stewart also had contemplated staying on the job for just one more year, until June 2005.

State board members said he could stay as long as he wanted.

"It's a great relief for me that you're going to be with us for two more years," said board member Paul Morris. "But I'd be more happy if you had not put a date on the end."

Teachers, Department of Education employees and legislators have credited Stewart with helping West Virginia schools meet new standards under the federal No Child Left Behind Act.

"He's brought stability and integrity to the department," said Judy Hale, president of the West Virginia Federation of Teachers. "He's someone who's levelheaded and respectable."

Stewart has helped ease tensions between the state school board and legislators. Last month lawmakers gave Stewart a standing ovation after urging him to reconsider retirement.

School board critics have said Stewart and top Department of Education administrators have become frustrated with some school board members who "mismanage" the department.

Tom Lange, president of the West Virginia Education Assoc-

tion, urged the state board Wednesday not to interfere with Stewart's work.

"Hopefully, the state school board will give Dr. Stewart the latitude to be the state's chief school officer," Lange said. "He's done a fine job."

During the next two years, Stewart plans to push for new initiatives that would provide help to county school boards struggling to meet No Child Left Behind standards. Only 11 of the state's 55 counties now meet the requirements.

"He's very committed to bringing all counties into compliance," said Howard O'Call, executive director of the West Virginia School Boards Association. "Dr. Stewart has broad support from superintendents and county school board members. Their reaction to his decision to stay for two years will be very positive."

Stewart's decision to stay for two years will be very positive.

Stewart's decision to stay for two years will be very positive.

which residents would be able to call or access through an Internet site to determine their eligibility for free or discount drugs. The companies would operate the Clearinghouse through Oct. 15, before turning it over to the state, but would fund it through

Please see **NEDBANK, 5C**

many things... board members... responsibility... During the next two years, Stewart plans to push for new initiatives that would provide help to county school boards struggling to meet No Child Left Behind standards. Only 11 of the state's 55 counties now meet the requirements. "He's very committed to bringing all counties into compliance," said Howard O'Call, executive director of the West Virginia School Boards Association. "Dr. Stewart has broad support from superintendents and county school board members. Their reaction to his decision to stay for two years will be very positive." Stewart's decision to stay for two years will be very positive.

# Nitro man indicted on obscene-video charges

cleans up some prob- vent. Opponents say it would pave the way or a new convention enter at Sycamore — and could weaken safe- made to prevent con- lists of interest with politicians. If the bill passes and the district is formed around Snowshoe, Pocahontas County could lose a huge chunk of its property tax income, said Dolan Irvine, the county's assessor. The convention center could draw more visitors and even residents, which will require more county services.

*Artwell II*

# Chaperones say drug incident not prevental

## Police say 11 took prescription pills at church youth event

By GEORGE GANNON  
ANY MAIL STAFF

In the wake of 11 teens taking prescription medication during church function, a youth pastor at Mount Pleasant Baptist church said he is going to focus next sermon on the power of voices.

Eric Haney, who was presiding over the Wednesday night service when a young girl became dizzy after she took a prescription seizure medication, quoted the book of Joshua to illustrate his point.

"Choose you the state whom you will serve," he said, adding that the youths he preaches to will be presented with choices the rest of their lives.

He said the 11 kids who chose to take a Topamax pill made the wrong choice.

State Police investigating the incident said 19-year-old Jonathan Truman gave out the pills, which belonged to his father, some time before the service. The event is held weekly at Pleasant Island Youth camp in Elkhart.

Trooper M.M. Link of the South Charleston State Police detachment said the pills would not have any kind of intoxicating effect.

The suspect did not know what it was, Link said.

When paramedics arrived at the camp about 7 p.m. to treat the girl for dizziness, she told them she and others had taken the pill. The 10 other kids who took the pill then stepped forward and told para-

medics they also had taken the drug.

They were taken to area hospitals for precautionary reasons, Haney said. He was unsure if any had adverse reactions to the drug.

Link said he would consult with the prosecuting attorney's office today about the incident.

The Rev. Lee Swor, the church's pastor, said there were 15 adults watching over about 60 kids Wednesday night and no one saw anything out of the ordinary.

"I don't think there was anything we could have done to prevent this," he said.

Swor said the 11 teens who took the pills knew each other and he did not think any regularly attended the 500-member church.

Neil Meadows, whose son was at the service, also said the incident could not have been prevented.

"This could have happened on a school bus or at a ballgame," he said.

He said the church was doing the right thing by trying to minister to kids who might not be "outstanding citizens."

"That's why we need to get them in there," Meadows said.

"They need to get right with the Lord."

Writer George Gannon can be reached at 348-4843 or by e-mail at [georgegannon@dfjmail.com](mailto:georgegannon@dfjmail.com).



*Handwritten note:* And give 11

Writer George Gannon can be reached at 348-4843 or by e-mail at [georgegannon@dfjmail.com](mailto:georgegannon@dfjmail.com).

**RECEIVED**  
 APR 12 2004  
 WV Department of Education  
 Office of Healthy Schools

**ENTERED**

**FAYETTE COUNTY SCHOOL HEALTH SERVICES  
 NUTTALL HEALTH CENTER  
 P. O. BOX 130, ROUTE 60  
 LOOKOUT, WV 25868**

**TO:** REBECCA KING, COORDINATOR WEST VIRGINIA DEPT OF EDUCATION

**DATE:** 04-12-04

**RE:** COMMENTS ON POLICY 2422.8 MEDICATION ADMINISTRATION

**FAX NO.** \_\_\_\_\_

**TOTAL NUMBER OF PAGES (INCLUDING COVER SHEET)** 3

**FROM:** **JANE COOPER, R. N., SCHOOL NURSE**

**FAX NO.:** **(304) 574-1144**

**TELEPHONE NO.:** **(304) 574-1144**

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF YOU DO NOT RECEIVE ALL PAGES OR IF YOU HAVE ANY QUESTIONS  
 PLEASE CALL OUR NUMBER LISTED ABOVE.**

## Policy 2422.8: Medication Administration

### Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: JANE COOPER, RN

Title: SCHOOL NURSE

Street Address: NUTTALL HEALTH CENTER P O BOX 130 City/State/Zip LOOKOUT WV 25868

#### Comments/Suggestions

Â§126-27-1. General.

Â§126-27-2. Purpose.

Â§126-27-3. Application.

Â§126-27-4. Definitions. "ADMINISTRATOR'S DESIGNEE" MAY NOT ALWAYS BE A TRAINABLE PERSON  
DELEGATION IS SUBJECT TO SCHOOL NURSE'S APPROVAL

"NONPRESCRIBED MEDICATION" MEANS FOOD SUPPLEMENTS; WOULD THIS INCLUDE VITAMINS @ SCHOOL??  
I'VE HAD PARENTS WANT PRENATAL VITAMINS GIVEN DURING SCHOOL HOURS..

Â§126-27-5. Authorization.

**Â§126-27-6. Roles and Responsibilities. "SUCCESSFUL COMPLETION OF CPR/FIRST AID" SHOULD NOT BE A REQUIREMENT FOR MED ADMINISTRATION; THERE ARE TOO FEW TRAINED PERSONNEL AND TOO FEW RESOURCES AVAILABLE FOR THIS TRAINING. THE SCHOOL NURSE CANNOT SEPARATE HERSELF/HIMSELF FROM THE INDIVIDUAL TRAINED; IF PERSONNEL TRAINED TO GIVE OTC MEDS ARE UNDER THE SCHOOL ADMINISTRATOR'S AUTHORITY BUT WERE TRAINED BY THE SCHOOL NURSE THEN ISN'T THE SCHOOL NURSE STILL RESPONSIBLE FOR SAID PERSONNEL AND THEIR**

ACTIONS

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

**Â§126-27-8. Administration of Non-Prescribed Medication. THIS GIVES THE SCHOOL ADMINIS- AN INVALID LICENSE TO PRACTICE MEDICINE DOESN'T IT? YES, MOST PARENTS ARE WELL EDUCATED IN OTC MEDS; BUT SOME OVERMEDICATE, SEND WRONG MEDS, WRONG DOSAGE, (I'VE HAD ERRORS EVEN WITH A PHYSICIAN'S ORDER FOR OTC'S) NEITHER THE SCHOOL ADMINISTRATOR NOR THE SCHOOL NURSE MAY HAVE THE KNOWLEDGE TO VALIDATE THE SAFETY OF MULTIPLE MEDS..@ LEAST THE SN HAS RESOURCES AND CAN RESEARCH THE MEDS IN QUESTION.**

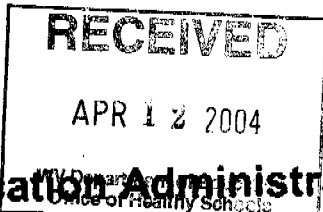
**Â§126-27-9. Medication Storage, Inventory, Access and Disposal.**

THE SCHOOL NURSE SHOULD BE ACTIVELY INVOLVED IN THE DISPOSAL OF MEDICATIONS.

**Â§126-27-10. Confidentiality and Documentation.**

**Â§126-27-11. Consequences of Policy Violation.**

**Â§126-27-12. Severability.**



# Policy 2422.8: Medication Administration Comment Response Form

**ENTERED**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Judith N. Boehm

Title: School Nurse - Putnam County

Street Address: Rt. 62 Box 640 City/State/Zip: Eleanor, NC 25070

### Comments/Suggestions

§126-27-1. General.

§126-27-2. Purpose.

§126-27-3. Application.

§126-27-4. Definitions.

§126-27-5. Authorization.

§126-27-6. Roles and Responsibilities.

6.5.2 Based on nursing assessment, parent permission and written physician's order, any student in any grade should be allowed to self-administer medication. In this policy it recommends "not below grade 9."

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
**Page two**

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

7.4 - "The school nurse or administrator shall do the following: 1. Contact the physicians and parent/guardian"  
 The Registered Nurse should be the only individual contacting the licensed prescriber to obtain orders.

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

The Registered Nurse should oversee/monitor the prescribed and OTC medications. OTC medications as well as, prescribed medications should require a licensed prescribers signature. Non-medical personnel should NEVER be responsible for this

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

9.6. "Two individuals will witness" One of the two individuals should be the designated school personnel trained by the school nurse.

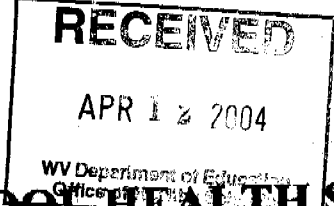
**§126-27-10. Confidentiality and Documentation.**

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
 Coordinator  
 West Virginia Department of Education  
 Building 6, Room 309  
 1900 Kanawha Boulevard, East  
 Charleston, WV 25305-0330  
 E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
 FAX: (304) 558-3787



**FAYETTE COUNTY SCHOOL HEALTH SERVICES  
FAYETTEVILLE HIGH HEALTH CENTER  
515 WEST MAPLE AVENUE  
FAYETTEVILLE, WV 25840**



**TO:** WV Department of Education

**DATE:** April 12, 2004

**RE:** Medication Administration / Policy 2422.8

**FAX NO.** (304) 558-3787

**TOTAL NUMBER OF PAGES (INCLUDING COVER SHEET)** 6

**FROM:** Kembra Crist, R.N. / Connie Gallaher, R.N.  
**School Health Nurses**

**FAX NO.:** (304) 574-0239

**TELEPHONE NO.:** (304) 574-0239

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU DO NOT RECEIVE ALL PAGES OR IF YOU HAVE ANY QUESTIONS  
PLEASE CALL OUR NUMBER LISTED ABOVE.**

Policy 2422.8 -- Medication Administration

- 1. date and signature of person administering medication.

**'126-27-11. Consequences of Policy Violation.**

- 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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).
- 1. 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. Severability.**

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

**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Kembra Cust

Title: School Nurse Fayette County

Street Address: HC 65 Box 29 City/State/Zip: Martinsburg, W.Va. 25812

Policy 2422.8 -- Medication Administration

Comments/Suggestions

As126-27-1. General.

As126-27-2. Purpose.

*Excellent.*

As126-27-3. Application.

*I'm glad to see counties have a choice to equal standards set forth in this policy.*

As126-27-4. Definitions.

As126-27-5. Authorization.

As126-27-6. Roles and Responsibilities.

*All of my school administrators state they have no medical background and cannot educate students or any other personnel re: medications. This is not their area of expertise; therefore they do not want to be responsible for any area of medication administration without assistance from the school nurse. (all attached)*

As126-27-7. Administration of Prescribed Medication.

*Administrators do not like to call physicians on the phone and information shared would be a violation of HIPAA.*

*Again, documentation of medication incidents should be completed by "experts" in the area. The school nurse should receive and implement orders from physician.*

As126-27-8. Administration of Non-Prescribed Medication.

*A medication is a medication is a medication whether it be prescribed, long-term, short-term or emergency. Parents separate will only cause confusion. Only way you know what you are putting into a chemical into the body which may alter gene.*

## 126-27-6 Roles and Responsibilities

Who will provide training for personnel administering non-prescribed medication?

### 6.2 Role of school nurse

6.2.3 - The school nurse should also be actively involved with students using over-the-counter medications. If a student requires Tylenol every day, then a further health assessment of the cause is needed. We are teaching our children that a pill is a "cure all."

6.2.6 - A team of persons including the administrator, parent, physician, school nurse, and teacher should be the deciding factor as to whether or not a student can safely self-administer medication.

### 6.5 Role of the student

6.5.2 Being on the front line and dealing with high school students every day is a real eye opener. Many high school students are abusing over the counter medications, thus we will just be promoting this behavior. What will define substance abuse and appropriate behavior?

6.5.2 There are many safety issues to be considered here. Our county currently requires a medication form to be completed by a physician for OTC. This policy works because it places responsibility back on the parent. In some larger schools, on any given day we had 20 twenty OTC to be given. Being more structured with OTC had limited their use, increased student safety, and decreased medication errors.

**Policy 2422.8 -- Medication Administration**

*Again, who will provide training?*

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

*Great!*

**Â§126-27-10. Confidentiality and Documentation.**

*Great.*

**Â§126-27-11. Consequences of Policy Violation.**

**Â§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King**

**Coordinator**

**West Virginia Department of Education**

**Building 6, Room 309**

**1900 Kanawha Boulevard, East**

**Charleston, WV 25305-0330**

Policy 2422.8: Medication Administration  
Comment Response Form

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WV Department of Education  
Office of Healthy Schools

ENTERED

Please use this form when commenting on proposed Policy 2422.8. <sup>you may</sup> attach additional sheets if necessary.

Individual/Organization: Kathy J. Willis, B.N., B.S.N., M.S.N.

(6 schools)

Title: School Nurse - Cabell County Board of Education

Home

Street Address: 101 Ridgeway Drive City/State/Zip Huntington  
25702

Comments/Suggestions

§126-27-1. General. *Okay*

§126-27-2. Purpose. *Okay*

§126-27-3. Application. *Okay*

§126-27-4. Definitions. *See attached sheets*

§126-27-5. Authorization. *Okay*

§126-27-6. Roles and Responsibilities. *6.5.2. At least here, a (school) administrator may have a chance to limit self-administering of OTC's according to the last phrase "... unless restricted by the administrator."*

4.2 How can you "train" personnel to administer non-prescribed medication? The doctor / health care provider's signed written order along with a parent / guardian signature ensures that non-licensed personnel are NOT having to do a medical and/or nursing assessment of a student before giving whatever.

Most over-the-counter medications are taken for subjective symptoms that may need evaluated before any medication is taken. At home, parents / guardians can do that for their children. At school, if a student is having health problems and/or needs OTC's during the school day, his/her health care provider needs to be aware of this need. And, a signed specific order even for cough drops for a cough (or is it a sore throat?) or tylenol for a headache (or is it a symptom of a serious medical condition [s]?) will ensure that no unlicensed personnel are second-guessing whether or not the student really needs whatever OTC the parent has signed a note for his/her child to get at school.

## 126-27-4 DEFINITIONS

4.10 Although the parent guardian authorization form defined here appears thorough enough, I still feel that any OTC medication that needs to be given at school should require a licensed health care provider's signed written order. School days are for education and learning. If a child is in need of OTC meds during the school day, then any health care provider who evaluates the student having that need, will write an order for that particular OTC med. If not, then parents can give before and after school, or come and give during school time if they so desire.

Medication Administration Policy (Policy 2422.8)  
Comment Response Form  
Page two

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

*Okay*

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

*See attached sheets*

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

*Okay*

§126-27-10. Confidentiality and Documentation.

*Okay*

§126-27-11. Consequences of Policy Violation.

*No Comment*

§126-27-12. Severability.

*If the student has an unexpected adverse reaction (side effect) from the OTC, who will be held liable for giving or allowing the self-administration of this OTC med by the student in the school setting? (i.e., OTC inhalers are not for everyone, and etc.)*

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787

126-27-8 ADMINISTRATION OF  
NON-PRESCRIBED MEDICATION

8.4.2 What staff person is going to want to assume this serious responsibility of determining if a non-prescribed med is safe to administer? Isn't there some kind of medical and/or "nursing" judgement and/or assessment needed here?

8.4.3 How does the staff member determine that the student's health condition "is suggesting that it may not be appropriate to administer the non-prescribed med"? Isn't there, again, some kind of "nursing" assessment needed here?

8.5.1 Hopefully this medication incident is not too serious. Nothing relates contacting a (or the) School Nurse or the student's health care provider. Who is going to take the responsibility of accurately assessing an incident to be able to communicate enough of it to the parent for an appropriate response? What if the situation is mis-assessed? Who wants that responsibility?

- 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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).
  
- 1. 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).

**Â§126-27-12. Severability.**

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

**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Rhonda Tabert RN

Title: School Nurse

Street Address: 100 Goddard Ave City/State/Zip: Fayetteville, WV  
25840

**Comments/Suggestions**

**Â§126-27-1. General.**

126-27-8 ADMINISTRATION OF  
NON-PRESCRIBED MEDICATION

8.5.4. Now the School Nurse determines if the OTC is okay?

Nothing has been addressed that all medications, prescribed or OTC's, that a student takes at home and school needs to be known before an accurate assessment can be made and/or determined. I do not see how an accurate assessment can occur without a complete med taking history has been secured by the responsible administrator — who, as I understand it, will determine if the OTC med can be given (taken) in the school setting. Again, where is the medical and/or "nursing" assessment?

If we in the educational arena want ALL students to be safe and healthy, how do we maintain this safety and good health without proper authorization?

FAYETTE COUNTY SCHOOL HEALTH SERVICES  
VALLEY HEALTH CENTER  
P.O. BOX 459  
SMITHERS, WEST VIRGINIA 25186

RECEIVED  
APR 12 2004  
WV Department of Education  
Office of Healthy Schools

FAX COVER SHEET

TO: Rebecca King

ENTERED

RE: med. Policy 2422.8

DATE: 4/12/04

FAX NO.: 558-3787

TOTAL NUMBER OF PAGES (INCLUDING COVER SHEET): 5

FROM: VALLEY HEALTH CENTER

FAX NO: (304) 442-5865

TELEPHONE NO.: (304) 442-5062

COMMENTS: Here's the last you'll hear  
from me today! (I hope!!)  
Rhonda

IF YOU DO NOT RECEIVE ALL PAGES, OR IF YOU HAVE ANY QUESTIONS,  
PLEASE CALL OUR NUMBER LISTED ABOVE.

**Â§126-27-2. Purpose.****Â§126-27-3. Application.**

The language to meet or exceed the standards will allow counties the ability to develop policies that will limit OTC medications and students carrying medications to provide a safer learning environment.

**Â§126-27-4. Definitions.**

4.4 Phase I and Phase II training is being given a new title in proposed revision to Policy 2422.4 to clarify what is and is not required training.

**Â§126-27-5. Authorization.****Â§126-27-6. Roles and Responsibilities.**

6.2.2 should indicate prescribed medications since school nurse cannot be responsible for parent authorization  
6.2.3 "Review physician's orders" should be "licensed prescriber's orders"

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

7.2. Very good instructions which provide safety measures. Prevents parents from bring pills in "bags", unlabeled bottles, envelopes, etc.

7.4 Reporting incidents is very important. This clearly outlines a good procedure to follow.

**Â§126-27-8. Administration of Non-Prescribed Medication.**

8.1.2 School administrator lacks the medical training to make such determination.

6.1.3 Licensed prescribers are prohibited by HIPPA laws from discussing any client's information without prior written consent.

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

9.1 This is good - it will require schools to provide adequate storage - not desk drawers file cabinets, etc.

Policy 2422.8 -- Medication Administration

9.6 - Good - protects staff from false accusations from parents. Many parents fail to pick up medications after notified.

Â§126-27-10. Confidentiality and Documentation.

Â§126-27-11. Consequences of Policy Violation.

11.1 This may be confusing to students who get caught abusing OTC'S when a county policy allows them to carry medications

Â§126-27-12. Severability.

Return comments by APRIL 12, 2004 to:

Rebecca J. King

Coordinator

West Virginia Department of Education

Building 6, Room 309

1900 Kanawha Boulevard, East

Charleston, WV 25305-0330

E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)

FAX: (304) 558-3787

126CSR27

## Additional Comments

### Roles + Responsibilities (cont)

- 6.2.5 School nurse cannot provide training for non-prescribed medications per opinion of WVBERN'S.
- 6.3.1 - Same as above
- 6.4.1 Any emergency medications should be prescribed by doctor or other licensed ~~prescriber~~ prescriber - Hence the word emergency.
- 6.4.2 This is a very important safeguard to school staff who will not have the medical knowledge to determine if student may safely take OTC medication in light of pre-existing conditions or other medications taken at home. Parents will consider more carefully if child really needs OTC at school.
- 6.5.2 Students often abuse OTC's for a "high". Many students unaware of precautions about OTC's - they consider them harmless. Frequently repeat dose if don't get immediate results earlier than safe or recommended.

### 126-27-8 (Cont)

8.5. Parents <sup>unlikely to</sup> ~~may not~~ be able to determine recommended response to medication incident. This requires medical assessment & judgment. Relying on parents instructions put administrators and designee at great risk & liability.

8.5.4. School nurses may not be able to perform this function per RW board

 ENTERED

APR 13 2004  
WV Department of Education  
Office of Information Technology

**FAX**

**DUVAL HIGH SCHOOL**  
**Po Box 67**  
**Griffithsville WV 25521**  
**Phone 524-2101 Fax 524-2232**

**To:** Rebecca King

**From:** Teresa Ryan

**Date:** 4-12-04

## **Policy 2422.8: Medication Administration**

### **Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Teresa Ryan

Title: Lincoln County School Nurse

Street Address: 88 Windy Ridge

City/State/Zip Alkol, WV 25501

#### **Comments/Suggestions**

##### **Â§126-27-1. General.**

##### **Â§126-27-2. Purpose.**

This policy fails to accomplish its original intent: To provide a safe uniform policy for medication administration that would be used state-wide. The original policy that required a physician's order for all medications in the school setting would have set up the safest environment possible with regard to this issue. This revision shows a weak stance on medications in the school setting and places unnecessary responsibility and risk on building administrators. It does protect school nurses, for which I am grateful, but it does not go far enough in protecting children.

##### **Â§126-27-3. Application.**

##### **Â§126-27-4. Definitions.**

##### **Â§126-27-5. Authorization.**

**Â§126-27-6. Roles and Responsibilities.**

Allowing high school students to self-administer OTC medications will increase drug-related problems in the schools. Students will be able to sneak more illegal drugs into the school in non-prescription bottles, will be more likely to share medications with classmates, and unintentional abuse of these supposedly safe medications will increase. High school students should have to have a parent note for every specific occasion that they will need to take OTC medications, not a blanket authorization, and be required to check the medication in with a designated individual. This decreased regulation of OTC's sends the message that these medications cannot hurt you.

**Â§126-27-7. Administration of Prescribed Medication.****Â§126-27-8. Administration of Non-Prescribed Medication.****Â§126-27-9. Medication Storage, Inventory, Access and Disposal.****Â§126-27-10. Confidentiality and Documentation.****Â§126-27-11. Consequences of Policy Violation.****Â§126-27-12. Severability.**

Return comments by APRIL 12, 2004 to:

Rebecca J. King Coordinator

West Virginia Department of Education

Building 6, Room 309

1900 Kanawha Boulevard, East

Charleston, WV 25305-0330

E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)

FAX: (304) 558-3787

8785 Winchester Avenue  
Bunker Hill, W.Va. 25413  
Phone 304 - 229 - 4570  
Fax 304 - 229 - 4793

**Mill Creek  
Intermediate School**

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APR 12 2004  
WV Department of Education  
Office of Healthy Schools

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**Fax**

To: Rebecca Kery, RW From: Jane Adman, RW  
Fax: (304) 558-3787 Pages: 2  
Phone: (304) 558 - Date: 4/12/04 12 noon  
Re: Medication Policy CC:

Urgent     For Review     Please Comment     Please Reply     As requested

**Comments:**

Please find attached, one additional comment.  
Thank you!  
Jane Adman, RW

### Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Jan Korman, RN, MS, CHES / Berkeley Co. Schools

Title: Certified School Nurse

Street Address: 4960 Englewood Rd City/State/Zip: Shepherdstown, WV 25443

#### Comments/Suggestions

##### §126-27-1. General.

§126-27-2. Purpose. *- For your information, I have not seen a decrease in attendance since Berkeley Co. adopted a policy of <sup>OTC</sup> ~~OTC~~ ~~over the counter~~ ~~frank~~ meds. I have seen better attendance & a healthier overall population since the institution. Instances of children being sent to school w/ cough drops and congested they are seeing a physician & may find they have strep throat or sinus infection. Not having typhoid or Hepatitis for headaches has gotten some children glasses for vision, been diagnosed for allergies or migraines. I rarely see requiring a physician's order as a positive for*

§126-27-3. Application. *all need vs. school children and their health. Healthy students are happy and are better learners. - Thank you!*

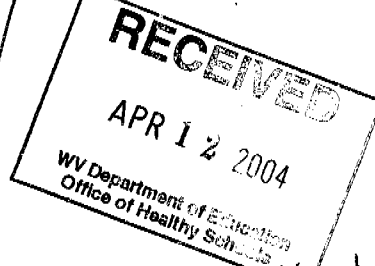
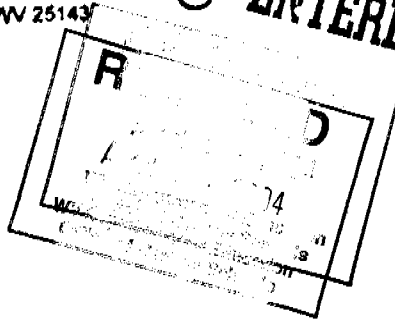
##### §126-27-5. Authorization.

##### §126-27-6. Roles and Responsibilities.

1921 19<sup>th</sup> Street, Nitro, WV 25143  
Phone: 304.755.2451  
Fax: 304.756-9215

 ENTERED

**NITRO  
ELEMENTARY**



# Fax

To: Rebecca King From: Denise Hoster

Fax: 304-558-3787 Pages: 3

Phone: \_\_\_\_\_ Date: 4-12-04

Re: Medication Policy Comment response CC: \_\_\_\_\_

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

I am sorry this is at the last minute. I was thinking we had until 4/15. I hope you can read this OK. Please let me know if you can't read it OK. I don't know if I would have time to mail it. Thanks,

Denise

RECEIVED

Policy 2422.8: Medication Administration  
Comment Response Form

APR 12 2004  
Office of Healthy Schools

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Denise Kester

Title: Kanawha County School Nurse

Street Address: 110 Waterside Circle City/State/Zip Winfield, WV 25213

Comments/Suggestions

§126-27-1 General.

§126-27-2 Purpose.

2.1. It is important to be specific and I agree with the statement concerning medication in school when absolutely necessary for the student's health.

§126-27-3 Application.

3.2 I agree with allowing the local school boards to have a choice to exceed the standards.

3.3 It would be important to have update advisories to provide guidance...

§126-27-4 Definitions.

4.2 and 4.4 The training would have to be provided by the school nurse - the school nurse would make the final decision as to whether or not the designated person is qualified to administer meds.

4.9 We would need a note from the physician in order to administer non prescription meds. Herbal medications would be dangerous to give because it may not be compatible with other medications.

§126-27-5. Authorization. the student may be taking - it is important to have a note from the doctor giving permission to give any meds. 4.10 It would be helpful to have side effects on the form.

§126-27-6. Roles and Responsibilities.

I feel it would be important for the school nurse to be consulted in most of these roles.

6.2 If the school nurse is doing the medication training, then we would need to have a doctor's note stating what medication may be given (time, dosage, reason for med, etc.) The school nurse may be aware of medical information about the student that others may not be aware of due to confidentiality and yet other people would be making the decision that the student may take the medication on their own. We know that students put other medications in the bottles and share them with other students.

**Medication Administration Policy (Policy 2422.8)**  
**Comment Response Form**  
**Page two**

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

7.1 We would also need the authorized parent form

7.3.4 We would need a new written order if there is any change in medication, dosage or time of administration

**126-27-8. Administration of Non-Prescribed Medication.**

8.1.1 We would need a doctor's order to be in compliance with the Nurse Practice Act. It seems that the WV Nursing Board has determined that it is too dangerous for the RN to give meds without a doctor's order. It would seem that it would be very risky for a lay person to administer OTC without an order.

8.1.2 This would seem that the administrator is practicing medicine without a license. The law states that

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

only the school nurse can dispense

8.1-3 I don't feel an admin.

would have the expertise to assess medical issues, side effects, etc. I believe

**126-27-10. Confidentiality and Documentation.**

HIPPA regs say that this information can't be discussed

due to confidentiality. The school nurse would be

able to discuss this info with the doctor if the medication form is ever

**126-27-11. Consequences of Policy Violation.**

completed by the doctor

8.4 School Nurses cannot do in training - we cannot be responsible if there is no order from a person licensed to prescribe meds

**126-27-12. Severability.**

8.4.2 A lay person does not have the medical knowledge to make an accurate assessment

Return comments by APRIL 12, 2004 to:

Rebecca J. King  
 Coordinator

West Virginia Department of Education  
 Building 6, Room 309  
 1900 Kanawha Boulevard, East  
 Charleston, WV 25305-0330  
 E-mail: [riking@access.k12.wv.us](mailto:riking@access.k12.wv.us)  
 FAX: (304) 558-3787

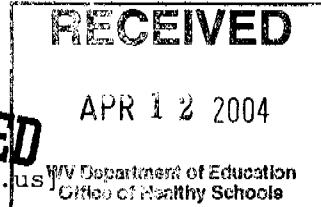
Thank you for the opportunity to make comments on the proposed policy.

Denise Yuster, RN

4-12-04

## Renee Hodges

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 12, 2004 1:33 PM  
**To:** Renee Hodges  
**Subject:** FW: med policy comments



 ENTERED

-----Original Message-----

From: spinto@access.k12.wv.us [mailto:spinto@access.k12.wv.us]  
Sent: Wednesday, April 07, 2004 1:00 PM  
To: rebecca King  
Subject: med policy comments

Policy 2422.8 Medication Administration/ Comment Responses

Susan Pinto, RN, MSN, CFNP / University High School,  
991 Price St. Morgantown, WV 26505

Comments/Suggestions

126-27-3 Application

3.1 Authorized school employee not defined in definition section

126-27-4

Need better clarification between 4.2 and 4.4- in 4.2, administrator's designee can't be eligible for designation until trained by a school nurse so there should be some reference to the fact that the nurse and administrator have collaborated

4.15- "under the supervision" implies that the nurse is aware that student has meds- ie. Made an assessment of appropriateness of self administration, determined to be safe, etc.

126-27-6 Roles and Responsibilities

this should be done by RN and administrator if RN is to train- must have licensed prescriber ordered OTCs as safety mechanism. WVB RN indicates that it is not acceptable practice to train UAP to give OTC without MD orders

6.2.3- change physician to licensed prescriber (may be PA or NP)

6.2.5- there is no standardization of Phase 1 & 2 throughout the state

6.3.1- this section conflicts with 126.25A-4

6.5.2- Ibuprofen, or any other OTC should not be specified as okay to carry- this violates school's Safe and Drug Free School Policy

126-27-7 Administration of Prescribed Medication

7.3.2 dosage, etc should ALWAYS be evaluated by RN when new med is received at school, UAP should never initiate without med first being checked by RN

7.4.1- change physician to licensed prescriber

7.4.2- why would administrator be making

recommendations without RN collaboration? Change  
physician to licensed prescriber

\* does the county superintendent REALLY

126-27-8 Administration of Non-Prescribed Medication

8.1.2 & 8.1.3- not realistic, safe or acceptable  
continued

\* how will administrator or his/her designee know if  
appearance of medication or dosage need to be  
questioned if RN not involved? How will designee  
know appropriate steps to assure that medication is  
safe to give

\* how will UAP know that condition "suggests" that it  
may not be appropriate to administer medication-  
this requires skilled assessment

\* this is NOT an appropriate or safe role for  
administrator to assume

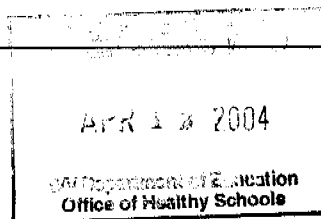
8.5.4- it is NOT appropriate for administrator to validate  
safety of multiple medications

Comments provided for sections in question only. Areas not  
addressed are acceptable practice.

Thanks for the hard work with this policy.

**Renee Hodges**

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 12, 2004 1:32 PM  
**To:** Renee Hodges  
**Subject:** FW: Medication policy



-----Original Message-----

**From:** Mary Jane Renard [mailto:mrinard@access.k12.wv.us]  
**Sent:** Monday, April 12, 2004 4:01 PM  
**To:** rjking@access.k12.wv.us  
**Subject:** Medication policy



Hi Becky. Unfortunately the timing for the closing of this policy is not very good for comments because we had our spring break last week and today is an IS day and not your 'usual' kind of day. Nonetheless, here are my 2 cents worth.

Authorization. In the PDF Format of this policy it is noted at 6.1.6 that the Board of Ed is not clear about wheather or not the Bd of Nursing will allow this. Sending this proposed policy out for comment prior to having that issue clarified seems very unwise. In light of the Bd of RN's response to us, our license would still be in jeopardy so, no, we cannot do that.

The WV Board of Ed seems to be adamant that OTC's will be allowed without being prescribed even in the face of many counties who have taken the more conservative route and had very little problem with it. I have not talked to any administrators (or non-administrators who might be delegated OTC dispensers)who welcome the opportunity to manage the acetaminophen, cough medicines, OTC asthma and GI meds, or various ointments or creams that a parent may want used.

I will be interested to find out in a year or so how many counties actually utilize this recommendation to allow OTC's.

In 6.2.5 phrases involving 'Phase I and Phase II training may need to be altered to align with updates in the health care procedure manual.

6.4.2 I think most clinicians would appreciate one statewide form but I'm not sure what that section really means in saying the county develops a form but out from it states 'Form to be created by WVDE'.

Mary Jane Rinard RN  
 School Nurse/Parent of High School Student  
 Berkeley County Schools  
 Martinsburg, WV

4/12/2004

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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).

1. 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).

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Â§126-27-12. Severability.

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

ENTERED

Policy 2422.8: Medication Administration

Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization:

Title: Lillie J. Bakker, RN, MSN Associate Professor of Nursing

U of Charleston  
Street Address: 2300 Wallace Ave SE City/State/Zip Charleston, WV  
25304

Comments/Suggestions

Â§126-27-1. General.

**Â§126-27-2. Purpose.**

I agree to promote individual responsibility is important. However, this policy, if accepted, involves next to no teaching by nurses or qualified health care professionals teaching that would encourage development of responsibility.

**Â§126-27-3. Application.**

Medication administration is very complex. OTC's are misused and are very dangerous when taken in combination with many other drugs. Nursing and health care professional students study a long time to begin to grasp the importance of drug therapy.

**Â§126-27-4. Definitions.**

A training program is NOT enough education for anyone to safely give out an OTC medication.

**Â§126-27-5. Authorization.**

**Â§126-27-6. Roles and Responsibilities.**

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

7.3.3. Again, a "training program" IS NOT SUFFICIENT education to make a sound decision re: medication administration. There are just too many subtle health status changes that an uninformed but well-meaning individual could miss, thus placing the child's well-being in jeopardy.

**Â§126-27-8. Administration of Non-Prescribed Medication.**

8.1 This places too much authority on school administrator. It takes too much contact parents/health care providers + administrators are too busy. They are no more trained than other lay individuals 3/29/2004  
re: Medications + Safety

**Â§126-27-10. Confidentiality and Documentation.**

**Â§126-27-11. Consequences of Policy Violation.**

**Â§126-27-12. Severability.**

**Return comments by APRIL 12, 2004 to:**

**Rebecca J. King**

**Coordinator**

**West Virginia Department of Education**

**Building 6, Room 309**

**1900 Kanawha Boulevard, East**

**Charleston, WV 25305-0330**

**E-mail: @access.k12.wv.us**

**FAX: (304) 558-3787**

**126CSR27**

[http://wvde.state.wv.us/policies/p2422.8\\_co.html](http://wvde.state.wv.us/policies/p2422.8_co.html)

**3/29/2004**

**Renee Hodges**

---

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 12, 2004 7:16 PM  
**To:** Renee Hodges  
**Subject:** FW: Policy 2422.8 Medication Administration - Comments

 **ENTERED**



Attachment  
information..txt



med admin policy  
comments sent...

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APR 12 2004  
WV Department of Education  
Office of Healthy Schools

Ok! More emails---thanks!

-----Original Message-----

**From:** mweeks@access.k12.wv.us [mailto:mweeks@access.k12.wv.us]  
**Sent:** Monday, April 12, 2004 3:44 PM  
**To:** rjking@access.k12.wv.us  
**Subject:** Policy 2422.8 Medication Administration - Comments

Attached please find our comments regarding Medication Administration Policy 2422.8

Thank you,  
Mercer County School Nurses  
Rebecca Jordan, RN, BSN  
Maria Webster, RN, BSN  
Kim Williams, RN, BSN  
Shelly Weeks, RN, BSN

## Medication Administration Policy (2422.8) School Nurse Comments

§126-27-1. General. No comment.

§126-27-2. Purpose. No comment.

§126-27-3. Application. No comment.

§126-27-4. Definitions.

**4.3.** “Contracted licensed health care provider” is defined specifically as an employee of a public health department. Could this not be amended to include any nursing agency? For example, a number of local hospital nurses are available to act as substitute nurses, which assures continuity in provision of services when one of the regular school nurses is absent. Also, what would happen if there were no available personnel to contract from a public health department?

**4.4.** “Designated qualified personnel” is defined as an employee or contracted provider who . . . successfully completes Phase 1 and Phase 2 training . . .” Who will be responsible for teaching first aid and CPR to those employees who require this training? Essentially anyone who administers medication will need this – at a minimum two people from each school, plus potentially a large number of special education personnel. Where will the funds come from to pay for this training?

**4.14.** “School-related event.” While we are appreciative of the changes made in this definition from the previous draft to differentiate extra-curricular activities from co-curricular activities, this current definition still raises cause for concern. What about band festivals and chorale competitions that occur on weekends? French classes that take an overnight trip to Canada? As we interpret the definition, such activities could be considered “co-curricular”. In Mercer County, each school nurse serves approximately 2500 students. What if different schools have different events in different places and there are participating students who have medical needs that by state law cannot be delegated to a non-licensed person? How do the school nurses know that the students who fall into the category of needing a health-related service are involved in these co-curricular activities?

Under the roles and responsibilities section outlined in this policy, this definition is refined a bit to state that the school nurse shall “coordinate development” of procedures for the administration of medication/health care services. What if there is a child going on a field trip who has an I.E.P. who requires a service that only a licensed health care provider or the child’s parent can provide, and the

parent cannot come due to transportation/child care issues/work, etc.? Who is ultimately responsible for the provision of the needed service?

**4.15. "Self-administration"** is defined as medication administered by the student under the "supervision" of the school nurse, designated qualified personnel, etc. Is this direct or indirect supervision? How does the recently passed asthma bill fit into this?

§126-27-5. Authorization. No comment.

§126-27-6. Roles and responsibilities.

**6.1. Role of the school administrator.** Who is ultimately responsible for the administration of medication/health care procedure if the teacher refuses to do it, the administrator's designee is not there, and the student's parent is not able to come to the school/place the co-curricular activity is occurring?

**6.2.3. Role of the school nurse.** "For students needing long-term and emergency prescription medication to attend school, the school nurse shall . . . **develop a health care plan.**" This provision will increase the number of health care plans to be developed exponentially. While we are not averse to this, please keep in mind that with roughly 2,500 students each, the increased amount of paperwork that this provision stipulates will greatly impact the amount of time we have available to provide "hands on" health services, particularly at the beginning of the school year. There is also the matter of money – please consider the increase in fiscal cost of creating multiple new care plans and the distribution of the care plan to all involved parties (a typical care plan is at least 5 pages and generally must be distributed to at least 10 different people). While there will be some reimbursement to the county's general fund in the form of the school nurses being able to bill Medicaid for the time spent in creating health care plans for those students who have an I.E.P., there will also be a great deal of time lost that could be spent in providing services to the staff and student body as a whole.

**6.2.5. Provide and/or coordinate Phase I and Phase II training.** Please consider the effect this will have on staff development days prior to the first day of school for students. As noted earlier, a large number of personnel will need this training or updated training on a yearly basis.

**6.3.1.** Again, this is something that will have to be included in staff development

**6.4. Role of the parent/guardian.** What are the consequences for the parent/guardian who fails to adhere to this policy? We note in the last section of this draft there are disciplinary actions outlined for students and school personnel, but not for the person who should be ultimately responsible – the

parent or guardian. Is this something that is up to the individual county boards to determine?

**6.4.1. First dose of medication to be given at home.** As it is generally the second dose of medication that causes an allergic reaction, we feel this should be amended to indicate that the first two doses of medication should be taken at home. Another reason we would like this to be amended is often a student needs 24 hours of antibiotics before he/she is considered to be no longer contagious (strep throat is a good example). By changing the requirement to two doses in this section, it might help ensure that students are not returning to school while still in a communicable state.

### **§126.27.7 Administration of Prescribed Medication.**

**7.2.** Who makes the pharmacist accountable/responsible for providing all the information outlined in 7.2.1?

**7.2.2.** Could there be a clarification of exactly what is a “prescribed over the counter medication”? For example, is this meant to include something like ibuprofen, which is supplied over the counter in 200 mg increments but at the 600 mg level is considered to be a prescription drug? Where do drugs like Zantac and Claritin that can be purchased over the counter but are also prescribable (again, depending on the dosage) fit into this section? What would we do if a parent or guardian sent the medication authorization form with an over the counter medication that they wanted given to their student at prescription strength?

**7.4.4. Medication administration incident reports.** We would suggest amending this to “submit a written report to the administrator and county superintendent/designee.”

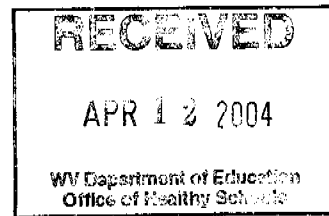
### **§126-27-8. Administration of Non-Prescription Medication.**

**8.5.4. Multiple medications.** How will the administrator know there are potential interactions? We appreciate the committee’s attempt to relieve the state’s school nursing staff of responsibilities that are out of our scope of practice, but what training does the administrator have to determine some of the things outlined in this policy? We are supposedly trained and licensed health care providers, the majority of whom have taken pharmacology courses and been tested about medication information as part of obtaining our licenses. To our knowledge, this is not something that is generally a part of a faculty member’s education, yet administrators are being asked to “validate the safety of multiple medications” and determine who best among their staff is competent to administer medications.

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

- 9.1. We agree with this as a needed measure.
- 9.2. Whose responsibility is it to initiate the medication inventory? Under another section in this policy, pills are to be counted, etc. Is this up to the administrator/designee, or the school nurse? Again, in counties where one nurse provides services to multiple schools, we cannot physically be at each individual school in the mornings when students typically bring in their new medications.
- 9.5. Whose responsibility is it to dispose of medications as outlined in this section? Thirty days after school is out for the summer would be in July.
- 9.6. What about donating unused portions of drugs to charitable institutions that have pharmaceutical staff that can repackage them? For example, in Mercer County we have a clinic called Mercer Health Right that takes drugs that have been donated by individuals (for example, drugs left over after the death of a loved one or a change in prescription), repackages them and lets people obtain much needed medications on a sliding scale based on income.

§126-27-10. Confidentiality and Documentation. No comment.



## Policy 2422.8: Medication Administration

### Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.



Individual/Organization: Teresa Bayer

Title: School Nurse

Street Address: 54 Bethel Place City/State/Zip Washington, WV 26181

#### Comments/Suggestions

##### Â§126-27-1. General.

1.1 Scope- Thank you for your efforts in trying to meet standards of this convoluted issue. By trying to address all medication issues, I believe is the first breakdown in this rule.

##### Â§126-27-2. Purpose.

Good health and safety are essential to student learning and is the backbone and quintessential to school nurse practice. However, other-the-counter (OTC) may help the student feel better during the school day, it is not necessary for good health or safety. As this rule is written, I believe OTC's in the school setting is exactly diametrically in opposition to health and safety of the student. If an OTC is necessary for a known allergic condition not requiring adrenalin i.e., diphenhydramine hydrochloride- Benadryl®, health and safety are involved. However, known condition should be evaluated by a licensed health care provider

and appropriate long term medication orders should be provided with the medication.

In addition, it appears the rule/policy developed here misplaced its purpose. The purpose as noted was for medications required for school attendance. *"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 and to provide for emergency medication administration, when necessary."*

My purpose in responding on comment is not to dismantle this rule, but rather highlight areas of particular concern to me. As an RN, I am first and foremost responsible to my license and the governing board by whom I was licensed in 1983.

**Â§126-27-3. Application.**

**Â§126-27-4. Definitions.**

**Â§126-27-5. Authorization.**

**Â§126-27-6. Roles and Responsibilities.**

6.2.6 In reference to 6.5.2- student self administration of ibuprofen and emergency medication- What is the plan of action and what are the qualifiers if the student does not exhibit knowledge/skills?

6.5.2 Why is ibuprofen singled out? Should this not read non-aspirin pain reliever, or even OTC? Also, how can a pain reliever/OTC be grouped with emergency medication?

6.5.2 If the student is permitted to carry OTC, (which I believe is inappropriate and not in the best interest of the student or the student population's health and safety) a separate section needs to be developed to address OTC's with all the parameters set, as well as medication for whom an order is obtained.

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

7.3.2 This needs to be addressed in a delegation section specific.

7.3.4 This information needs to follow previous outlined information- written authorization from a licensed prescriber and current properly labeled container. – Instead of "within an appropriate time frame", to initiate change.

7.4 This needs to be addressed in a delegation section specific.

7.4.4 *"Submit a written report to the school administrator and appropriate county administrator ~~county superintendent~~ at the time of the incident."*

**Â§126-27-8. Administration of Non-Prescribed Medication.**

8.4 What training and knowledge do administrators or administrator designees have to make these determinations regarding whether medication is safe and/or should be administered? What area could be provided or be available as described. What administrator has a staff member who has the time and is available to be disrupted throughout the day?

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

**Â§126-27-10. Confidentiality and Documentation.**

**Â§126-27-11. Consequences of Policy Violation.**

**Â§126-27-12. Severability.**

**Reree Hodges****RECEIVED**

APR 12 2004

WV Department of Education  
Office of Healthy Schools

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 12, 2004 12:38 PM  
**To:** Renee Hodges  
**Subject:** FW: Medication Policy 2422.8



-----Original Message-----

**From:** John & Kim Marlow [mailto:marlowjk@charter.net]  
**Sent:** Monday, April 12, 2004 11:59 AM  
**To:** rjking@access.k12.wv.us  
**Subject:** Medication Policy 2422.8

## **Policy 2422.8: Medication Administration Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: John E. Marlow

Title: Wood County Board Of Education Member

Street Address: 2620 Cleveland Ave. City/State/Zip: Parkersburg, WV 26104

**Comments/Suggestions**

**Â§126-27-1. General.****Â§126-27-2. Purpose.****Â§126-27-3. Application.****Â§126-27-4. Definitions.**

Section 4.2: I believe this section needs eliminated from this policy. A school nurse hired through the county board should be the person that administers medication. In a letter written by Laura Skidmore Rhodes, dated Sept. 24, 2001, to Janis McGinnis (Coordinator of Health Services Wood County Schools) states: *"The West Virginia Board of Examiners for Registered Professional Nurses **did not** support the suggested policy change which would allow school secretaries to administer medications. The Board's discussion of this issue included concerns about how well the secretary knows the student, the environment in which the secretary works and other job responsibilities of the secretary. The Board **does not** see a secretary's office in which phones are ringing and students are waiting in line to discuss other issues as being the best place to administer medications. It actually provides a good place for*

*' a medication error to occur. The current system policy allows aides to perform this task. Should the secretary also be an aide, the school is in compliance with their own policy however, seriously miss the concern of the Board and therefore the safety of the children. Is this practice acceptable? In relation to the policy, yes. In relation to the Board's concerns, no. Therefore, if a mistake is made, and the secretary/aide was in the environment not conducive to administration of medication, the person delegating that task may be at risk for delegating inappropriately."*

I feel we as County School Boards are setting ourselves up for a lawsuit if we do not use Registered Professional Nurses to administer medications with a Physicians order and a parental consent form signed and dated. I cannot recall being in the hospital when anyone but a Licensed Nurse administered medication with a physicians written order. Why should our schools be any different? I am not sure how one would be trained to assess an illness or injury and then administer proper medication (if needed) without being a Professional Registered Nurse or Physician.

#### **Â§126-27-5. Authorization.**

Section 5.1: The use of the word "trained" before school nurse is misleading. Our nurses would not be employed unless they were "trained" professionals. I have to refer back to my comments on section 4.2 regarding using anyone other than a Registered Professional Nurse.

#### **Â§126-27-6. Roles and Responsibilities.**

I don't believe we should ever ask an employee "specifically nurses" to train other

individuals if it could mean them losing their license if a mistake would be made by the "trained" individual. If we are to use this policy, then the Nurse doing the training should, at the very least, have a say as to who the appointed designee will be. I feel sections 6.1.5 and 6.1.6 should be deleted and 6.1.7 should have "designated qualified personnel and administrator's designees" deleted. Section 6.3 needs to be deleted. Section 6.4.2 is misleading because it states the parent must provide the medication with the dose, time, route and intended effect of the medication. *Medications should always be given according to the label instructions or according to the written order of the prescribing physician.*

#### **Â§126-27-7. Administration of Prescribed Medication.**

This section says that prescribed over the counter medication must be supplied by the student's family. *I would recommend that some of the frequently used medications be available in stock containers for multiple student use.* I have been advised that the State of West Virginia Board of Pharmacy says that nurses only administer, not dispense, medicines because the laws that define dispensing only apply to prescription medications. I would also like to see another section added here that states: *Medication prescribed by standing orders may be provided from a stock container for administration to all students identified by the standing orders who have written parent/guardian permission to take the medication for conditions and symptoms described in the standing orders.*

#### **Â§126-27-8. Administration of Non-Prescribed Medication.**

I believe it would be safer for our schools to provide basic non-prescribed (over the counter) medications in stock bottles rather than having student's parents/guardians be responsible for them. If we do not provide basic over the counter medications it is possible that the following example could become a reality. A school could receive 200 bottles of a non-aspirin pain reliever if the students at the particular school have the proper authorization. Then the school would be responsible for, keep track of, and a registered professional nurse would have to find that specific student's bottle of non-aspirin pain reliever to administer to that student if the need would ever arise. The only employee that is able to assess any illness or injury is the Registered Professional Nurse, therefore I don't see how our State Board of Education can pass a policy stating anything other than that.

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

See comments from the above section with regard to storage of over the counter medications. Section 9.4 needs to have within each calendar month deleted and replaced with *within each school year*.

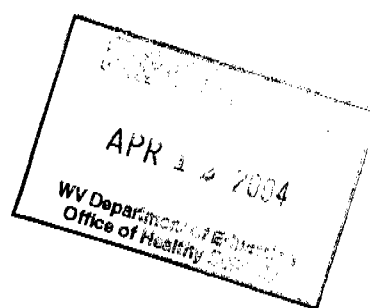
**Â§126-27-10. Confidentiality and Documentation.**

**Â§126-27-11. Consequences of Policy Violation.**

**Â§126-27-12. Severability.**

April 12, 2004

Melanie Purkey  
Office of Student Services and Health Promotion  
WV Department of Education  
Building 6, 1900 Kanawha Blvd., E.  
Charleston, WV 26305-0330



Dear Ms. Purkey,



I would like to thank the West Virginia Department of Education for developing a policy to standardize medication administration procedures across the state. As I read the proposed policy, it appears that it would ensure that safe and legal practices are consistently adhered to. However, we at WVSSPA have some concerns with the proposed policy.

While school service personnel currently administer medication and perform specialized healthcare procedures, this is only done after a decision is made by a certified health care professional, and proper training is provided. It appears to me that this proposed policy would allow school administrators to make healthcare decisions without any input from a certified healthcare professional. The role and responsibility of school administrators should not include making health care related decisions pertaining to students, or to delegating the task of performing health care procedures to school employees without consultation with a medical professional.

It is my understanding that the West Virginia Board of Examiners for Professional Nurses has ruled that school nurses cannot administer medications (including over the counter medication) to students without a physician's order, and cannot train school personnel to administer medications to students who do not have a physician's order. In light of this ruling, it seems strange that the WV BOE would propose allowing school administrators to make decisions regarding healthcare procedures without so much as input from a school nurse.

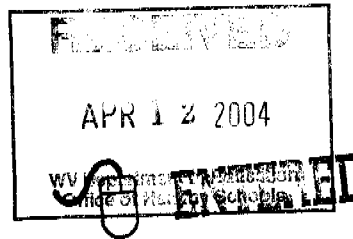
Another issue of concern to WVSSPA is the proposed provisions contained in section 6.5.2 that would allow high school students to carry and self-administer medications, including over-the-counter medications. We feel this practice has the potential to create a dangerous environment for students and school employees. We know that illegal drug use is a problem in even the best schools, and that some teens also abuse prescription and over-the-counter medications. We feel that management of medication administration should be left to qualified health care professionals and/or their designees, and not relegated to the discretion of adolescents. If this policy is adopted in its current form, every high school student would be allowed to carry medications. Under these conditions, it would be virtually impossible to monitor or hinder drug abuse. Please consider eliminating or substantially altering section 6.5.2 from this proposed medication administration policy.

Sincerely,

Bob Brown  
Executive Secretary  
WV School Service Personnel Association

April 3, 2004

West Virginia Board of Education  
c/o Ms. Rebecca King  
West Virginia Department of Education  
Bldg. 6, Room 309  
1900 Kanawha Blvd, East  
Charleston, WV 25305



Dear Board of Education Members:

I am writing with serious concerns about certain sections of the newest version of the Board's proposed administration of medication policy. As a nurse and a legislator, the health and safety of the children of our state is of the utmost importance to me. This policy has some very positive sections, but parts of it are very confusing and difficult to understand. I also take very seriously the concerns that the **Board of Examiners for Registered Professional Nurses** has with this policy. This body is empowered by the legislature to interpret the West Virginia Code as it relates to nursing practice. Their charge is to protect the public. They have determined that it is unsafe for registered nurses to administer "over the counter" medications without input from a physician or other licensed healthcare provider with prescriptive privileges. This reinforces the fact that any medication can be very harmful when not used correctly.

I worked very closely with the legislative subcommittee that drafted the section of West Virginia Code §18-5-22 that reads as follows:

*(d) Specialized health procedures that require the skill, knowledge and judgment of a licensed health professional, may be performed only by school nurses, other licensed health care providers as provided for in this section, or school employees who have been trained and retrained every two years who are subject to the supervision and approval by school nurses. After assessing the health status of the individual student, a school nurse, in collaboration with the student's physician, parents and in some instances an individualized education program team, may delegate certain health care procedures to a school employee who shall be trained pursuant to this section, considered competent, have consultation with, and be monitored or supervised by the school nurse."*

This legislation was introduced to insure that health decisions would not be made by persons who did not have a healthcare background. The intent of this legislation was to make it very clear that in this area the school nurse is the only person in the school setting who understands both the health issues and the educational process, and should be the only person making these decisions. Under no circumstances should school administrators be delegating the administration of any medications. They should not be asked to assume this awesome responsibility. You cannot compare a busy school, with hundreds of students and dozens of medications being administered, to a home with a parent and one or two children. If it is too dangerous for school nurses to administer medications without an order from a physician, then it is definitely too dangerous for the persons to whom this may be delegated. Without the school nurse assuming the training

role, there will be no supervision or monitoring, opening yet another avenue for mistakes to occur.

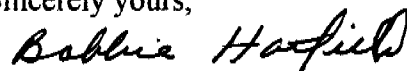
The types and brands of "over the counter" medications changes daily. Some medications that can be bought without a prescription are now being misused and are actually kept under lock and key at the pharmacy. There are over thirty medications that contain aspirin or aspirin like ingredients and should not be used if a child has a fever because of the risk of Reye's syndrome. This list changes constantly. No "over the counter" medication should be given without an assessment to get to the root cause of the complaint. Parents obviously know their children, but those administering the medications to a child in school may know very little about that child and will most probably not be observing that child after the medication is administered.

We owe it to the students in our schools and to their parents to have only the highest of standards in the policies that we follow. While many sections of this proposed medication policy are well written and do have provisions to protect students, the section on non prescribed medications is confusing and lacks necessary safeguards. I also question the very legality of assuming that, because these medications may be bought without a prescription, administering them is not a health care procedure requiring the skill, knowledge and judgment of a school nurse.

I know that we all agree that the health and wellbeing of the students in our schools is our foremost concern. For this reason, I ask that you go back to the drawing board for a stricter policy that truly protects the students and does not put the administrators into roles for which they are not prepared. I believe that no policy would be better than this one.

I thank you for your time and attention to my concerns. I also want to thank you for all that you have done for education and for the children of West Virginia.

Sincerely yours,



Barbara "Bobbie" Hatfield RN  
Delegate, West Virginia House of Delegates

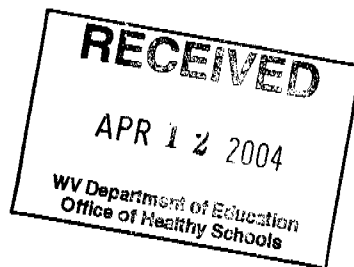
**Renee Hodges**

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**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 12, 2004 8:20 AM  
**To:** Renee Hodges  
**Subject:** FW: Re the Medication Policy



**ENTERED**



-----Original Message-----

**From:** KFlyGuysMom@aol.com [mailto:KFlyGuysMom@aol.com]  
**Sent:** Friday, April 09, 2004 6:41 PM  
**To:** rjking@access.k12.wv.us  
**Subject:** Re: Re the Medication Policy

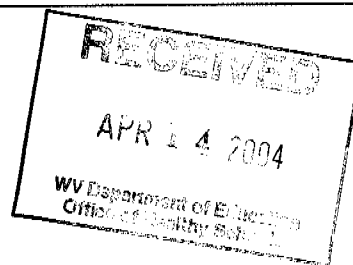
You are so very welcome.

I just think that they should not be carrying around meds to take while @ school. Also that it should be approved by a medical provider and administered as with any other med.

That is the way we do it where we work.

**Renee Hodges**

**From:** Rebecca King [rjking@access.k12.wv.us]  
**Sent:** Monday, April 05, 2004 1:10 PM  
**To:** Renee Hodges  
**Subject:** FW: Comments on Medication Policy from Laura Barber R.N. KCS



-----Original Message-----

**From:** Lora DNthree [mailto:loradn3@yahoo.com]  
**Sent:** Monday, April 05, 2004 12:18 PM  
**To:** rjking@access.k12.wv.us  
**Subject:** Comments on Medication Policy from Laura Barber R.N. KCS

## **Policy 2422.8: Medication Administration**

### **Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Laura Barber R.N., Kanawha County Schools

Title: School Nurse

Street Address: 16 Carriage Rd., Charleston, W.V. 25314

#### **Comments/Suggestions**

**Â§126-27-1. General. N/A**

**A§126-27-2. Purpose.**

The administration of medication should be only allowed at school if it is necessary by a licensed prescriber

**Â§126-27-3. Application. N/A**

**Â§126-27-4. Definitions. N/A**

**Â§126-27-5. Authorization. N/A**

**Â§126-27-6 Roles and Responsibilities.**

#### **6.2 Role of the Nurse**

The WV Board of Nursing has stated explicitly that the school nurse cannot delegate or administer over the counter medications.

#### **6.5 Role of the Student.**

4/6/2004

The student regardless of his age should never be allowed to self-administer over the counter medications. There have been many documented cases of abuse of OTC's by high school students. These abuses have in some cases led to serious impairment and in some incidences in death. Student safety should be the number one concern at all times.

**Â§126-27-8. Administration of Non-Prescribed Medication.**

8.1.2 The school administrator does not have the medical knowledge to determine whether non-prescribed (OTC) medications may be safely delegated.

8.1.1 Many parents/guardians do not always follow directions on the box or do they understand the indications for the medications use. These medications can be just as dangerous as prescribed medications if they are used or taken improperly. There are many documented cases of improper use of "over the medications" that have led to serious injury or death.

**Â§126-27-9. Medication Storage, Inventory, Access and Disposal. N/A** **§126-27-10. Confidentiality and Documentation. N/A.**

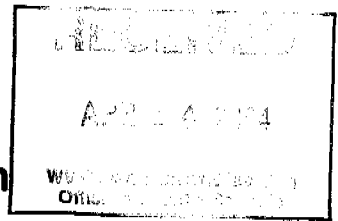
**Â§126-27-11. Consequences of Policy Violation. N/A.**

**Â§126-27-12. Severability.N/A.**

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## Policy 2422.8: Medication Administration Comment Response Form

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Susan Haslebacher R.N. Mon County

Title: RN

Street Address: 13 Triune Lane City/State/Zip Morg. WV 26508

### Comments/Suggestions

#### §126-27-1. General.

none

#### §126-27-2. Purpose.

School related events needs to be defined?  
Does this include sports events after school?  
Does this include trips like-band? what about over-  
nites?

#### §126-27-3. Application.

Mon County has exceeded the proposed med policy  
in several areas.

#### §126-27-4. Definitions.

4.2 - School nurse must also agree on "designee"  
4.10 - Mon County does this already.  
4.14 - who is responsible for seeing there is a medication  
designee at these events and does this include  
after school child care held at schools. How would

#### §126-27-5. Authorization. we score meds. for these events.

#### §126-27-6. Roles and Responsibilities.

6.1.6 - nurse should have say in who is selected  
6.1.7 - How would this be reinforced?  
6.2.3 - will every student who has a daily med then be required to  
have a care plan - is this necessary on every student?  
example - child receiving antibiotics.  
6.2.5 Mon Co does this already.  
6.5.2 This violates "Safe Schools" Emergency meds such as inhalers  
and Epi pens are ok but over the counter and Rx's in the hands of  
students - how can you assure they are dosing accurately and at  
prescribed times as well as not giving to other students

**Medication Administration Policy (Policy 2422.8)**

**Comment Response Form**

Page two

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

7.1 - Mon County already does this.  
7.3.2 - who contacts school nurse?

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

8.1.2 - School administrators are too busy to ~~add~~ add this responsibility to their work load.  
How would an administrator know about meds - Nurses know meds - Nurses should be making this decision.

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

Physicians orders should be obtained for OTC meds and dispensed by the nurse or her designee.

If you allow administrators to dispense or ~~design~~ assign a designee you are allowing non-medical people to make health and medication assessments. Is this within their scope?

**§126-27-10. Confidentiality and Documentation.**

~~21~~

**§126-27-11. Consequences of Policy Violation.**

**§126-27-12. Severability.**

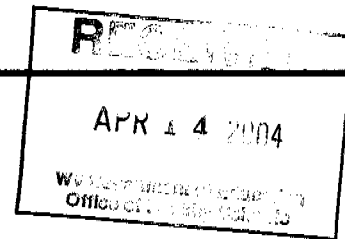
Return comments by APRIL 12, 2004 to:

Rebecca J. King  
Coordinator  
West Virginia Department of Education  
Building 6, Room 309  
1900 Kanawha Boulevard, East  
Charleston, WV 25305-0330  
E-mail: [rjking@access.k12.wv.us](mailto:rjking@access.k12.wv.us)  
FAX: (304) 558-3787

**Rebecca King**

---

**From:** jlsdavis@access.k12.wv.us  
**Sent:** Wednesday, April 14, 2004 6:00 PM  
**To:** rjking@access.k12.wv.us  
**Cc:** julieshawverdavis@hotmail.com  
**Subject:** Medication Policy 2422.8



As a Wood County School Nurse working at Parkersburg High School, I have serious concerns with this new medication policy. How SAFE is it for a non-licensed non-healthcare-oriented individual to blindly hand out non-prescription medication WITHOUT supervision from the RN that is on campus? How realistic is it to think that the RN wouldn't be consulted or even ultimately responsible for adverse reactions/ side effects for medication wrongly given? It is just plain unreasonable to think that the person in the building who is consulted for everything related to health and safety will be totally disconnected from non-prescription medication administration.

This policy doesn't look as if the health and safety of our students were top priority. At first glance it appears to have been written by parents for their own convenience.

A RN's license prevents him/ her from administering medications without a specific physician's order. There are reasons for this system. To circumvent this system, as the newly proposed policy seems to, is to jeopardize the health and safety of our kids.

Julie Davis, RN, BSN  
Wood County School Nurse  
Parkersburg High School

1. date and signature of person administering medication.

RECEIVED  
APR 14 2004

**\*126-27-11. Consequences of Policy Violation.**

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 (126CSR99) and/or WV Board of Education Policy 2422.5 - Substance Abuse (126CSR23).
1. 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).

**Â§126-27-12. Severability.**

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

**Policy 2422.8: Medication Administration**

**Comment Response Form**

Please use this form when commenting on proposed Policy 2422.8. You may attach additional sheets if necessary.

Individual/Organization: Kanawha County School

Title: School Nurse

Street Address: 200 Elizabeth St. City/State/Zip: Charleston, WV 25304

Comments/Suggestions

Â§126-27-1. General.

Â§126-27-2. Purpose.

Â§126-27-3. Application.

Â§126-27-4. Definitions.

Â§126-27-5. Authorization.

Â§126-27-6. Roles and Responsibilities. *6.5.2 Students must have access to emergency meds. at all times. Students carrying their own (high school only) could result in disaster if the student did not act responsibly and chose to share it with someone else. No student, regardless of age, should be allowed to carry and self-administer OTC medications, even w/parent permission.*

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

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

*How can a school administrator, who has no medical training, make the decision or determination if a non-prescribed medication can be safely delegated?*

With the privacy laws, how can a school adm. speak a health care provider to clarify questions about the medication being administered? How would they know the appropriate questions to ask or understand medical terminology if the dr. would even speak to them?

4.4.2 How can a lay person with no medical training determine

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

that a student's health condition warrants not receiving a specific medication? They could not make the medical judgment concerning that issue. It is ridiculous to expect non-medical people to make medical

~~Â§126-27-10. Confidentiality and Documentation.~~

judgments concerning adm. otc medications. The safety issue is extremely high.

Â§126-27-11. Consequences of Policy Violation.

Â§126-27-12. Severability.

Return comments by **APRIL 12, 2004** to:

**Rebecca J. King**

**Coordinator**

**West Virginia Department of Education**

**Building 6, Room 309**

**1900 Kanawha Boulevard, East**

**Charleston, WV 25305-0330**