

MEDICATION ADMINISTRATION

General.

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

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.

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. 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.

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. A 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.

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 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).

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.

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.

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).

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 an 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.

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
- 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.

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.

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. A doctor's prescription is required for all over the counter medications.

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:

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.

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.

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.

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).

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.

Source: Barbour County Board of Education Minutes

**Legal References: WV State Board of Education Policy 2422.8
WV Codes 81-5-22a; 18-5-22b**

Authority: WV Constitution, Article XII, 2 and WV 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

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