

Policy 430 – Student Health Services

Revised policy effective July 1, 2021

<i>1st reading</i>	<i>May 27, 2021</i>
<i>2nd reading</i>	<i>June 10, 2021 (tentative)</i>
<i>3rd reading and Adoption</i>	<i>June 21, 2021 (tentative)</i>

Statutory authority West Virginia Board of Education Policies 2422.7 and 2423

Administrative Guidelines
(none)

The Board may provide certain health services to students as permitted by state law and policy. These are not intended to supplant private health care services, but instead to provide appropriate care in the event that such is needed while students are at school or school-related activities.

Periodic Health Examinations

The Board may require students of the County School System to submit to periodic health examinations to:

- A. protect the school community from the spread of communicable disease;
- B. verify that each student's participation in health, safety, and physical education courses meets his/her individual needs;
- C. verify that the learning potential of each child is not lessened by a remediable physical disability.

The County Board may request parents to provide:

- A. general physical examinations for athletics;
- B. dental examinations;
- C. tests for communicable disease;
- D. vision and/or audiometric screening;
- E. scoliosis tests.

The Board shall directly notify the parents of students, at least annually at the beginning of the school year, of the specific or approximate dates during the school year when any nonemergency, invasive physical examination or screening is scheduled or expected to be scheduled for students if the examination or screening is: (1) required as a condition of attendance; (2) administered by the school and scheduled by the school in advance; and (3) not necessary to protect the immediate health and safety of a specific student, or other students.

The term "invasive physical examination" means any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, or scoliosis screening.

Use of Medications

The Board shall not be responsible for the diagnosis and treatment of student illness, except as provided by this policy. The administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or if the child is disabled and requires medication to benefit from his/her educational program.

For purposes of this policy, "medication" shall include all medicines including those prescribed by a licensed prescriber and any 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. "Treatment" refers both to the manner in which a medication is administered and to health-care procedures that require special training, such as catheterization.

Before any medication or treatment may be administered to any student during school hours, the Board shall require the written statement from a licensed prescriber accompanied by the written authorization of the This document shall be kept on file in the office of the principal or another area designated by the principal, and made available to the persons designated by this policy as authorized to administer medication or treatment. No student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered violations of the Student Code of Conduct.

Only medication, if it is a prescription medication in its original container from the pharmacy; labeled with the date; the student's name; name of the medication; reason(s) for the medication (if to be given only for specific symptoms); exact dosage, time and route; reconstitution directions, if applicable; and the date the prescription and/or medication expires will be administered. The school administrator/principal shall determine a location in the building where the medications to store student medication, at the correct temperature in a secure, locked, clean cabinet or refrigerator as required. Schools shall maintain epinephrine auto injectors in a secure, unlocked location that is only accessible to school nurses, health care providers and authorized non-medical personnel and not by students.

Students may self-administer prescribed medication in an emergency or acute situation, such as but not limited to: epinephrine, insulin, asthma inhaler or ibuprofen when the prescription indicates that said student may maintain possession of the medication.

Only employees of the Board who are licensed health professionals or who have completed a drug administration training program conducted by a licensed health professional and are designated by the Board may administer prescription drugs to students in school.

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

- A. Medication authorization form is provided from the parent/guardian.
- B. The medication(s) is kept in the original manufacturer's container with the student's name and dosage instructions affixed to the container.
- C. The school administrator/principal has the authority to determine if the administration of the non-prescribed OTC medication may be safely delegated to the administrator's designee.
- D. The school administrator/principal has the authority to contact the parent/guardian or a licensed health care provider to clarify any questions about the medication being administered.

A special education employee hired on or after July 1, 1989 may be required to administer medications after receiving required training. Other school employees may elect to administer medications after receiving the required training.

The following staff members are designated as being authorized to administer medication and treatment to students, provided each receives the appropriate training as required by West Virginia Board of Education Policy 2422.7:

- A. principal
- B. teacher
- C. school nurse (RN or LPN)
- D. building secretary
- E. aide
- F. bus operator

Additionally the Board shall permit the administration by a licensed nurse or other authorized staff member of any medication requiring intravenous or intramuscular injection or the insertion of a device into the body when both the medication and the procedure are prescribed by a physician and the nurse/staff member has completed any and all necessary training.

Students who may require administration of an emergency medication may have such medication, identified as aforementioned, stored in a secure location and administered in accord with this policy.

All dental disease prevention programs, sponsored by the West Virginia Department of Health and administered by school employees, parents, volunteers, employees of local health counties, or employees of the West Virginia Department of Health, which utilize prescription drugs for the prevention of dental disease and which are conducted in accordance with the rules and regulations of the West Virginia Department of Health are exempt from all requirements of this policy.

Emergency Medication

Medication administration must be as outlined in West Virginia Board of Education Policy 2422.7.

Parents/guardians must provide all medication for students with previous medical diagnoses along with a medication authorization form.

To meet qualifications for administering medications whether prescribed or non-prescribed OTC medication the school administrator/principal shall provide scheduled time for designated school personnel to become CPR with AED certified through an approved program that requires return demonstration to an instructor as well as trained in first aid according to West Virginia Board of Education Policy 2422.7.

The Board will provide for the inclusion of all students especially those with specialized health care needs to the ability to participate in curricular or co-curricular activities. If a student with specialized health care needs is participating in curricular or co-curricular activities advance notification to the certified school nurse and/or county school health services director to require out-of-state field trip destinations allow reciprocity and delegation of certain health care procedures by their state board of nursing laws and practice acts since the certified school nurse is only licensed to practice nursing in West Virginia.

The school administrator/principal will coordinate development of procedures for the administration of medication during curricular or co-curricular events with classroom teachers, school nurses, parents/guardians, designated qualified personnel and administrator's designees. Designated qualified personnel who are providing medication administration for a one-time curricular or co-curricular event/field trip are exempt from the requirements of CPR with AED certification through an approved program that requires return demonstration to an instructor and first aid training.

Confidentiality Documentation and Reporting

Student information related to diagnosis, medications ordered and medications given must be maintained according to The Family Educational Rights and Privacy Act (FERPA) 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.

Documentation of medication administration shall include the following information:

- A. student name;
- B. medication(s) name;
- C. dosage, time and route of medication(s) administration;
- D. reaction(s) or untoward effects;
- E. reason(s) the medication was not administered; and
- F. date and signature of person administering medication.

- G. Receiving and documenting of verbal orders from a licensed prescriber is allowable by the school nurse or the licensed health care provider. The verbal order shall be confirmed with a new written medication authorization form within a reasonable timeframe.
- H. Report medication incidents (e.g., wrong dose, incorrect medication administered, other medication errors, etc.) and medication overdoses to the West Virginia Poison Center at 1-800-222-1222.

If a student violates the policy regarding medication administration, action will be based upon West Virginia Board of Education Policy 4373.

Failure of school personnel to comply with this policy and West Virginia Board of Education Policy 2422.7 may result in disciplinary action or identified as a deficiency in accordance with West Virginia Board of Education Policy 5310.

Self-Administered Medication and Epinephrine Use

A student may carry and self-administer a metered dose inhaler, epinephrine auto injector, prescribed pancreatic enzyme supplement and/or may carry diabetic supplies and equipment to manage and care for their diabetes provided the student's parent or guardian provides the documentation for medication administration as described above.

The student must demonstrate the ability and understanding to self-administer medication by passing an assessment by the school nurse evaluating the student's technique of self-administration and level of understanding of the appropriate use of the medication.

The parents or guardians of the student must acknowledge in writing that they have read and understand a notice provided by the Board that:

- A. the school, Board and its employees and agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student; and
- B. the parents or guardians indemnify and hold harmless the school, the Board and its employees or guardians and agents against any claims arising out of the self-administration of the medication by the student.

Emergency Allergy Treatment Educational Training Programs

Educational training programs in the County pertaining to emergency allergy treatment required by State law must be conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or an entity or individual approved by the Department of Health and Human Resources. The curriculum must include at a minimum:

- A. recognition of the symptoms of systemic reactions to food, insect stings, and other allergens; and
- B. the proper administration of a subcutaneous injection of epinephrine auto-injector.

Epinephrine Use and Supply

School principals may request and be granted permission by the Superintendent to maintain a supply of epinephrine auto-injectors for use in emergency medical care or treatment of a student or school personnel for an anaphylactic reaction. The epinephrine auto-injectors shall be stored in accordance with the epinephrine auto-injector's instructions. The school shall designate employees or agents who are trained by the certified school RN to be responsible for the storage, maintenance and general oversight of epinephrine auto-injectors. Epinephrine auto-injectors shall be maintained by the school in a secure unlocked location that is only accessible to school nurses, health care providers and designated, trained, and authorized nonmedical personnel and not by students.

A school nurse or individual designated, trained, and authorized, pursuant to State law may, on the premises of or in connection with the school, use epinephrine auto-injectors to:

- A. provide an epinephrine auto-injector to a person who the designated, trained and authorized individual in good faith believes is experiencing a severe allergic reaction for that person's immediate self-administration, regardless of whether the person has a prescription for an epinephrine auto-injector or has previously been diagnosed with an allergy; or
- B. administer an epinephrine auto-injector to a person who the designated, trained and authorized individual in good faith believes is experiencing a severe allergic reaction, regardless of whether the person has a prescription for an epinephrine auto-injector or has previously been diagnosed with an allergy.

Prior notice to the parents of a student of the administration of the epinephrine auto-injector is not required.

Immediately following the administration of the epinephrine auto-injector, the school shall provide a comprehensive notification to the parent of a student who received an auto-injection. The comprehensive notification should include date and the approximate time the incident occurred, symptoms observed, who administered the injection, the rationale for administering the injection, the response to the epinephrine administration, the dose of epinephrine administered, the current location of the student and other necessary elements to make the student's parents fully aware of the circumstances surrounding the administration of the injection.

All schools are required to report each reaction resulting in the administration of epinephrine injections in their county. The incident will be reported to the West Virginia Poison Center by calling 800 222-1222 after emergency medical services have transported the student or staff member to acute care. The notification should include:

- A. the name of the student;
- B. the student's age and gender;
- C. date and the approximate time the incident occurred;
- D. symptoms observed;
- E. who administered the injection;
- F. the name of the school the student attends;
- G. a contact telephone number;
- H. the rationale for administering the injection;
- I. the response to the epinephrine administration;
- J. the dose of epinephrine administered; and
- K. any other necessary elements to provide a complete report for the individual situation.

A designated, trained, and authorized employee of the Board who administers or provides an epinephrine auto-injection to a person is immune from liability for any civil action arising out of an act or omission resulting from the administration of the epinephrine auto-injection unless the act or omission was the result of the individual's gross negligence or willful misconduct.

The Board may participate in free or discounted drug programs from pharmaceutical manufacturers to provide epinephrine auto-injectors to its schools.

The documents related to the self-administration of medication provided to the school shall be kept on file in the office of the school nurse or, in the absence of a school nurse, in the office of the school administrator and shall become part of the student's health record.

Permission for a student to self-administer medication is effective for the school year for which it is granted and shall be renewed each subsequent school year if the requirements of this section are met.

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

A student with who has met the requirements of this policy may possess and use medication:

- A. in school;
- B. at a school-sponsored activity;
- C. under the supervision of school personnel; or
- D. before or after normal school activities, such as before school or after school care on school operated property.

Care of Students with Chronic Health Conditions

Students with chronic health conditions will be provided with a free appropriate public education. If their impairment does not require specially designed instruction for them to benefit educationally, they will be eligible for accommodations/modifications/interventions of the regular classroom, curriculum, or activity (i.e. the school setting) so that they have the same access to an education as students without disabilities. Such accommodations/modifications/interventions may be provided pursuant to a Section 504 Plan, as needed.

Chronic health conditions, for the purposes of this policy, shall include:

- A. "peanut" and other food allergies;
- B. allergies;
- C. asthma;
- D. diabetes.

All information regarding student identification, health care management, and emergency care shall be safeguarded as personally identifiable information in accordance with Policy 330.

The County will coordinate school health practices for management of a chronic health condition and shall provide for:

- A. identification of individuals with chronic health conditions;
- B. development of individual health care action plans;
- C. coordination of health care management activities by school staff;
- D. communication among school staff who interact with children with chronic health conditions;
- E. development of protocols to prevent exposure/episodic reactions;
- F. awareness and training of school staff regarding Board policy on acute and routine management of chronic health conditions, information on signs and treatment of chronic health conditions, medication and administration, and emergency protocols for dealing with reactions in "unusual" situations such as field trips;

School health practices shall provide students with chronic health conditions the opportunity for:

- A. full participation in physical activities when students are well;
- B. modified activities as indicated by the student's health care action plan, 504 plan, or Individualized Education Plan (IEP);
- C. access to preventative medications before activity (as prescribed by their medical providers) and immediate access to emergency medications during activity;
- D. communication regarding student health status between parents, physicians, teachers (particularly physical education teachers), and coaches.

Healthcare management activities shall include:

- A. procedures to obtain, maintain, and utilize written health care action plans, signed by the child's parents and physician, for each student with a chronic health condition;
- B. a standard emergency protocol in place for students experiencing a distress reaction if they do not have a written health care action plan on site;
- C. established communication strategies for students to use to tell an adult they may be having a health-related problem;

- D. procedures for students to have immediate access to medications that allow students to self-care and self-administer medications, inhalers, and Epi-pens, as prescribed by a medical professional and approved by parents/guardians;
- E. prevention strategies to avoid causal elements;
- F. case management for students with frequent school absences, school health office visits, emergency department visits, or hospitalizations due to chronic health conditions;
- G. management and care of the student's chronic health condition in the classroom, in any area of the school or school grounds, or at any school related activity or event.

Staff will be trained about chronic health conditions and their control in each school in which there is a student with a chronic health condition.

Designated staff who have responsibility for specialized services such as giving inhaler treatments or injections, or conducting glucose and/or ketone tests shall be provided training specific to the procedures, by a licensed health professional.

The A certified school nurse RN shall provide or coordinate all such training and shall maintain a copy of the training program and the records of training completed by school employees.

Student Accidents

The Board believes that school personnel have certain responsibilities in case of accidents which occur in school. Those responsibilities extend to the administration of first aid by trained personnel, summoning of medical assistance, notification of administrative personnel, notification of parents, and the filing of accident reports.

Employees should administer first aid within the limits of their knowledge of recommended practices. All employees should make an effort to increase their understanding of the proper steps to be taken in the event of an accident.

It should be noted that in West Virginia, no person, including a person licensed to practice medicine or dentistry, who in good faith renders emergency care at the scene of an accident or to a victim at the scene of a crime, without remuneration, shall be liable for any civil damages as the result of any act or omission in rendering such emergency care.

The Superintendent shall develop administrative guidelines to include the reporting of accidents, when appropriate.

Emergency Medical Authorization

The County will distribute annually to parents or guardians of all students the Student Health Information Form. In the event emergency medical treatment for a student is necessary, the County will adhere to the instructions on the authorization form.

The Student Health Information Form will be kept in a separate, easily accessible file in each school building during the school year.

Any time a student or a group of students is taken out of the County to participate in a school event, the staff in charge of the event must take the Student Health Information Forms for those students that are medically fragile. This includes, and is not limited to, students involved in music trips, athletic trips, field trips, and academic contests. This does not include student spectators at events.

Whenever it is necessary for staff members to use emergency procedures in order to care properly for a student, they are to follow the procedures described in the Superintendent's administrative guidelines and are not to abide by any "Do Not Resuscitate" (DNR) agreement that may exist for a student, unless ordered to do so by a court of law.

Student Suicide

The Board recognizes that depression and self-destruction are problems of increasing severity among children and adolescents.

All school personnel should be alert to a student who exhibits signs of unusual depression or who threatens or attempts suicide. Any such signs or the report of such signs from another student or staff member should be taken with the utmost seriousness.

All middle and high school administrator shall annually disseminate and provide opportunities to discuss suicide prevention awareness information to all middle and high school students. The information may be obtained from the Bureau for Behavioral Health and Health Facilities or from a commercially developed suicide prevention training program approved by the West Virginia Board of Education in consultation with the bureau to assure the accuracy and appropriateness of the information.

County staff shall receive professional development training regarding the risk factors, warning signs for suicide and depression and about the protective factors that help prevent suicide, as well as the available resources regarding youth suicide awareness and prevention. Such training shall include the warnings signs of non-suicidal self-injurious behaviors.

Additional professional development training in suicide risk assessment and intervention shall be provided to counselors, psychologists, and school nurses.

Coaches and Other Extracurricular Assignments

All coaches, managers, trainers, and other extracurricular assignments that support student athletic, co-curricular, and other programs that involve travel to or from a school campus and/or physical activity in the course of competition shall be required to complete a training program on CPR and AED usage. A course(s) in CPR and AED usage offered by the Board or the West Virginia Department of Education shall be considered as satisfactory to complete this requirement for the purposes of this Board.