

5.10 Health Regulations, Procedures and Personnel

Established: 06/05/45

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(01/24/06)

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.

5.10.1 Application.

5.10.1.1 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.

5.10.1.2 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.

5.10.1.3 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.

5.10.1.4 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.

5.10.2 Definitions.

5.10.2.1 "Administration of medication" means a health care procedure, which may be performed by school personnel who are designated, qualified, trained and authorized to administer medication to students.

5.10.2.2 "Contracted licensed health care provider" means a licensed health care provider, providing health care services under a contract with county boards of education. Health care service may be contracted after the ratio of one nurse for every 1,500 students, kindergarten through seventh grade, is provided to county schools.

- 5.10.2.3** “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.
- 5.10.2.4** “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.
- 5.10.2.5** “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.
- 5.10.2.6** “Licensed prescriber” means licensed health care providers with the authority to prescribe medication.
- 5.10.2.7** “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.
- 5.10.2.8** “Medication document” means the individual medication record or medicine log used to record the administration of medication to a student.
- 5.10.2.9** “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 medications(s) taken by student; and parent/guardian signature.
- 5.10.2.10** “Prescribed Medication” means medication with a written order signed by a licensed prescriber.
- 5.10.2.11** “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 student who are enrolled in the health center; and

3) follow state and federal laws, policies, procedures, and professional standards for provision of medical care.

5.10.2.12 “Certified 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 certified 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.

5.10.2.13 “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.

5.10.2.14. “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).

5.10.3 Authorization

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.

5.10.4 Roles of the School Administrator(s).

- 1) Provide for appropriate, secure, and safe storage and access of medications.
- 2) Provide a clean, safe environment for medication administration.
- 3) Provide a mechanism for safely receiving, counting and storing medications, in the absence of the school nurse.
- 4) Provide a mechanism for receiving and storing appropriate medication authorization forms, in the absence of the school nurse.
- 5) Select potential candidates for prescribed medication administration.
- 6) Assign qualified employees, who meet a satisfactory level of competence for prescribed medication administration.

5.10.4.1 Cooperation

If each nurse is to perform his/her duties well, she/he must have full cooperation of the teachers and principals in the schools she serves.

5.10.5 Role of the Certified School Nurse and Contracted Licensed Registered Nurses.

- 1) Determine if the administration of prescribed medication may be safely delegated to designated qualified personnel, as defined in Section 5.10.3.
- 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.
- 3) Manage health-related problems and decisions. In the role of manager, the nurse is responsible for standards of school nursing 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.

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. The certified school nurse has the final,

decision making authority with respect to delegating administration of medication.

- i. Provide and/or coordinate training, as defined in Policy 2422.7, for all school employees designated to administer prescribed medication.
 - ii. Follow Standards for basic and specialized health care procedures policy 2422.7 Title 126 Legislative Rule Board of Education Series 25A. Refer to Basic and Specialized Health care procedure Manual for West Virginia public schools Utilize the National Association of School Nurses, Inc. "Scope and Standards of Professional School Nursing Practice.
 - iii. Validate and document student knowledge and skills related to self-administration of prescribed medication.
- 4) Discard of unused or outdated medication not retrieved by parent/guardian no later than thirty days after the authorization to give the medication or on the last day of school. Two personnel shall witness the disposal of medication.

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

- 1) Successfully complete the Cardiopulmonary Resuscitation (CPR), First Aid, and the medication administration portion of training and confidentiality as defined in Policy 2422.7
- 2) Store and administer medication, complete the medication document and report medication incidents.

5.10.7 Role of the parent/guardian.

- 1) Administer the initial dose of any medication at home, except for emergency medications and unless otherwise directed by the licensed prescriber and/or court order. Student should stay at home for 24 hours after initial dose of medication to watch for adverse reactions.
- 2) Complete and sign a parent/guardian authorization form 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.
- 3) Provide school with completed licensed prescriber authorization form for prescribed medication(s).
- 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.

- 5) Replenish long-term and emergency prescribed medication as needed.
- 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.

5.10.8 Role of the student.

- 1) Consume the medication in the specified manner, in as much as his/her age, development and maturity permit.
- 2) No student shall carry prescribed or over the counter medication unless there is a licensed prescriber's order to do so.
- 3) Self-administer prescribed emergency or acute medications, such as but not limited to an Epi-pen, or inhaler, 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. Student may not give medication to another student.

5.10.9 Prescribed Medication Administration Policy (Adopted 9/23/86)

Every effort is to be made to have medication given at times **other** than during school hours.

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

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

5.10.9.3 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.

5.10.9.4 Prescribed Over the Counter Medication (s)

Prescribed over the counter medication (OTC) shall be administered after written authorization from a licensed prescriber and parent/guardian form are received.

5.10.9.5 Prescribed OTC medication shall be in originally labeled container which shall include the following:

- 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.

5.10.9.6 Medication administration steps must be followed exactly as outlined in policy 2422.8 Also refer to standards for Basic and specialized health care procedures (Policy 2422.7)

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

5.10.9.8 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.

5.10.9.9 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.

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

5.10.9.11 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:

- 1) Contact the physician and parent/guardian, if necessary.
- 2) Implement the school nurse or administrator recommendation/licensed prescriber order in response to a medication incident.
- 3) Document all circumstances, orders received, actions taken and student's status.
- 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.

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

- 1) a written authorization is received from the parent/guardian for self-administration of asthma medication. (See appendix N “Medication Order for West Virginia Public Schools”)
- 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.
- 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. (See appendix N “Is the Asthma Action Plan Working?; A Tool for School Nurse Assessment”)
- 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. (See appendix N “School Medication Procedures”)
- 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.

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

5.9.10 Medication, Storage, Inventory, Access and Disposal.

- 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.
- 2) All medication shall be entered on a medication inventory and routinely monitored for expiration and disposal.
- 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.
- 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.
- 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.
- 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.

5.10.11 Exclusion for Communicable Disease

Subject to the rules of the state board of education, the school nurse, or the principal of a school, shall exclude from the school any pupil or pupils known to have, or suspected of having any infectious diseases, or any pupil or pupils who have been exposed to such disease, and shall immediately notify the proper health officer, or medical inspector, of such exclusion. (West Virginia Code, Chapter 18A, Article 5, Section 1.)

Also see Sections 5.1.2.3 and 5.1.4.10 and appendix H. (adopted 10/25/88)

5.10.12 Readmittance Following Exclusion for Communicable Disease

Any pupil so excluded (Section 5.10.2) shall not be readmitted to the school by the school nurse, or principal thereof until such pupil has complied with all the requirements of the rules governing such cases, or has presented a certificate of health signed by the medical inspector or other proper health officer. (West Virginia Code, Chapter 18A, Article 5, Section 1.)

5.10.13 School Health Records

A health record of each child is maintained in the school where the child is in attendance.

The school nurse should be informed when a child moves from or into the school attendance area, and when a pupil is absent due to serious disease or illness.

Information on each pupil should be kept by the certified school nurse. All records are confidential and shall not be released except under existing law and West Virginia Board of Education policies

An individual record will be maintained for each student needing a specialized health care procedure. It will include date and time procedure was performed, any notes on events and/or interactions and signature of person performing/supervising procedure.

5.10.14 Work Schedules and Methods

To accomplish nursing tasks, each nurse must plan his/her work completely and schedule his/her time carefully.

Each nurse will make a schedule for regular visits to his/her schools in order that teachers and principals may plan for this work in the school. In cases when the nurse cannot adhere to his/her schedule, he/she should advise the principal concerned.

Nurses should interrupt classwork as little as possible in carrying out their duties. Tests and conferences with pupils should be conducted outside the classroom.

5.10.15 Speech Therapist

The speech therapist will work in the areas of identification and therapeutic treatment of the speech problems of the pupils in Marshall County Schools.

5.10.15.1 Cooperation, Responsibility, and Working Procedures

The cooperative relationships, responsibilities, and working procedures for the speech therapist will follow patterns similar to those of the school nurse, but adapted to a therapy program.

Also see Sections 5.10.5.1, 5.10.5.2, 5.10.5.3, and 3.22.

5.10.16 Injury at School

In case of injury to a pupil during school hours, the teacher may administer first aid under the direction of the principal.

In cases of more serious injury, the certified school nurse may be called, a doctor may be consulted, or the child may be taken to the nearest hospital, or action may be taken in any other manner as directed by the principal and/or certified school nurse.

In such cases as those described in the preceding paragraph, every effort must be made to contact the parent or guardian and, if possible, the parent or guardian should accompany the child to the hospital or to the doctor. The purpose here is to exercise care so as not to incur financial liability.

Student injuries that occur during the school day should be reported, whenever possible, to the school nurse for appropriate health care. When the school nurse is not available, attempts to render medical assistance to students should be given by qualified personnel under the direction of the principal.

In the event the parent or guardian cannot be consulted, appropriate actions must be taken in accordance with the best interests of the child.

All injuries requiring medical attention **must** be reported to the superintendent, by the principal, immediately following occurrence.*

All accidents and/or injuries, major or minor, should be reported to the parent or guardian, and a record of all such accidents shall be filed in the school's office at which the child is enrolled.*

It is recommended that at least two staff members in each building be trained in basic first aid and CPR.

* See Appendix G: Accident Report form

5.10.17 Child Abuse and Neglect (Adopted 2/9/88)

In order to protect the best interests of the children in Marshall County and to conform with West Virginia State Law, prompt action for students suspected of being abused or neglected must occur. Every attempt shall be made to deal effectively with the problem by implementation of a systematic, county-wide referral procedure that will immediately notify appropriate local officials of suspected abuse or neglect.

5.10.17.1 Definition - Abused Child

The term "abused child" means a child whose health or welfare is harmed or threatened by:

1. A parent, guardian or custodian who knowingly or intentionally inflicts, attempts to inflict or knowingly allows another person to inflict, physical injury or mental or emotional injury, upon the child or another child in the home; or
2. Sexual abuse or sexual exploitation; or
3. The sale or attempted sale of a child by a parent, guardian or custodian in violation of W.Va. Code 16-4-48.

5.10.17.2 Definition - Neglected Child

The term "neglected child" means a child;

1. whose physical or mental condition is harmed or threatened by a parent refusal, failure or inability of the child's parent, guardian or custodian to supply the child with necessary food, clothing, shelter, supervision, medical care or education, when such refusal, failure or inability is not due primarily to the lack of financial means of the parent, guardian or custodian; or
2. who is presently without necessary food clothing, shelter, medical care, education or supervision because of the disappearance or absence of the child's parent, guardian or custodian.

5.10.17.3 Requirements for Reporting

Every child has a right to be protected from abuse and neglect as defined above. It is only through the intervention of responsible adults that such protection can be effected. School teachers and other school personnel who have reasonable cause to suspect that a child is neglected or abused or observe the child being subjected to

conditions that are likely to result in abuse or neglect are required by law to report immediately the circumstances or cause a report to be made to the State Department of Human Services, Division of Protective Family Services. (W. VA.. Code 49-6A-2) Such persons shall immediately, and not more than forty-eight hours after suspecting this abuse, report the circumstances or cause a report to be made to the state department of human services. In any case where the reporter believes that the child suffered serious physical abuse or sexual abuse or sexual assault, the reporter shall also immediately report, or cause a report to be made, to the division of public safety and any law-enforcement agency having jurisdiction to investigate the complaint. Any person who is a member of the staff of a public school shall immediately notify the person in charge of the school. Who shall report or cause a report to be made. (W. VA.. Code 49-6A-5) Persons required to report cases of children suspected of being abused and neglected may take or cause to be taken, at public expense, photographs of the areas of trauma visible on the child and, if medically indicated, cause to be performed radiological examinations of the child. Any photographs or x-rays taken shall be sent to the appropriate Child Protective Service Agency as soon as possible.(W.Va. Code 49-6A-4)

5.10.17.4 Immunity from Civil or Criminal Liability

School personnel participating in good faith in any act required or permitted by the law relating to the reporting of abused or neglected children shall be immune from any civil or criminal liability that otherwise might result by reason of their actions. (W. VA.. Code 49-6A-6)

5.10.17.5 Penalty for Failure to Report

School personnel who knowingly fail to report a case involving a child known or suspected to be abused or neglected, or who knowingly prevents another acting reasonably from doing so, shall be guilty of a misdemeanor and, upon conviction thereof, may be confined in the county jail for not more than ten days or fined not more than \$100, or both. (W. VA. Code 49-6A-8)

5.10.17.6 Procedures

The following procedure shall be required to be utilized by school personnel when reporting suspected cases of child abuse or neglect:

1. The person suspecting child abuse or neglect shall report directly to the building administrator. The building administrator shall

contact the Protective Family Services Unit of the Department of Human Services (845-4833) immediately. The building administrator is also encouraged to involve the school nurse and counselor as support personnel for the child.

2. The building administrator shall complete the "Suspected Child Abuse and Neglect Reporting Form" within 48 hours of initial contact and forward it to the Protective Family Services Unit of the Department of Human Services. Whenever possible, the form should be signed by a witness having viewed the condition of the child. Copies of the form should be filed in the school and with the Director of Pupil Personnel Services.
3. Take pictures of the child when appropriate. In the event that a picture cannot be taken, a detailed description of the physical condition of the child will be acceptable.

In all cases, the Director of Pupil Personnel Services shall be informed of any suspected child abuse or neglect.

After a report is made to the Protective Family Services Unit, it will be the responsibility of the West Virginia Department of Human Services to investigate the report and take further action. The Protective Family Services Unit will be responsible for providing formalized feedback to the personnel reporting the incident and the involved school with respect to the status of the case following an investigation.

5.10.18 Aids Education (Adopted 8/15/91)

The goal of this policy is to assist in the protection of students by providing them with the knowledge and skills necessary to avoid behavior that will put them at risk of infection with the human immunodeficiency virus (HIV). The county instructional program shall include the following components:

5.10.18.1 Instructional Program (Adopted 8/15/91)

1. AIDS prevention education shall be integrated into current programs of study such as health, science, developmental guidance, and social studies at all appropriate grade levels.
2. Program shall be comprehensive to provide not only knowledge about the disease AIDS, but also have a focus on the behaviors and skills necessary to prevent exposure to the virus.

3. All high school students will, upon completion of course requirements for graduation, have received appropriate AIDS prevention education. Such instruction shall normally be delivered within the health course requirements for graduation.
4. Guidelines, such as those published by the Centers for Disease Control and the January 29, 1988 MMWR shall be used in the curriculum development.

5.10.18.2 Staff Development (Adopted 8/15/91)

1. Provisions shall be made for all school staff to receive in-service training about the nature of the AIDS epidemic and means of controlling its spread and the role of the school in providing education to prevent transmission.
2. Educational personnel responsible for classroom instruction shall receive staff development that will enable them to implement effective AIDS education programs.
3. Educational personnel responsible for delivering instruction shall periodically participate in staff development activities that will provide current information related to AIDS education.

5.10.18.3 Parent Involvement (Adopted 8/15/91)

1. As new curricular materials are developed and/or adopted, parents or guardians shall be made aware of these materials. The Marshall County AIDS curriculum and materials shall be available for parental examination.
3. Parents must provide written notice to the school principal to exempt their children from AIDS instruction.

5.10.18.4 Curriculum Development (Adopted 8/15/91)

1. Marshall County shall provide a comprehensive AIDS education program.
2. The West Virginia Department of Education AIDS/HIV education curriculum will be adopted and utilized in Grades 5-12. This curriculum will supplement the regular Health curriculum.
3. An AIDS prevention education curriculum improvement plan shall be developed with the assistance of professional personnel, parents, and community representatives.

4. Inclusion of AIDS education in curricular areas such as science, social studies and developmental guidance is warranted to assure total understanding of the disease and its consequences.

Legal References: Legislative Rule, West Virginia Board of Education, Chapter 18-2-5, Series 50 (2422.4) West Virginia Codes:18-2-5,18-2-9, 18-5-15d, 18-5-34

5.10.19 Confidentiality and Documentation

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). (See Appendix N “Authorization for the Release of Health Information”).

Documentation of medication administration shall include the following information:

- 1) student name
- 2) medication(s) name
- 3) dosage, time and route of medication(‘s) administration
- 4) reaction(s) or untoward effects
- 5) reason(s) the medication was not administered
- 6) date and signature of person administering medication

5.10.19.1 Consequences of Policy Violation

If a student violates the policy regarding their role in medication and/or its administration, (section 5.10.8) action will be based upon West Virginia Board of Education Policy 4373 – Marshall County Schools Student Code of Conduct Policy 5.3 and/or West Virginia Board of Education Policy 2422.5 – Substance Abuse (126CSR23).

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).

5.10.20 Severability

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.