

## Online, Virtual, and Remote Learning

### BCS VIRTUAL LEARNING PROGRAMS

The Virtual Learning Program provides students with a full-time alternative educational environment through remote, online instruction. This model offers rigorous academic experiences aligned with the district's postsecondary readiness goals.

### PROGRAM ELIGIBILITY AND ENROLLMENT

Participation in the Virtual Learning Program is voluntary. Building principals or their administrative designees will identify students who demonstrate the potential for success in an online learning environment. While individual high schools may establish additional selection criteria, the following minimum requirements must be met:

- Internet Access: Students must have reliable internet access at home.
- Academic and Behavioral Review: A comprehensive review of the student's academic performance, attendance, behavior, and prior success in virtual learning (if applicable) is required.

### PLACEMENT PROCESS

Once a student has been approved for enrollment in the Virtual Learning Program, the following procedures will be implemented:

#### 1. Flagging and Scheduling:

- Add the Virtual Learning Flag in Infinite Campus with the appropriate start date.

#### 2. Course Assignment:

- Assign students to appropriate coursework within the designated online learning platform.
- Course assignments must mirror those the student would take in a traditional, in-person setting.

#### 3. Platform Enrollment:

- Enroll the student in the district's learning management system (LMS) used for virtual instruction.

### INSTRUCTIONAL MODEL

Virtual learning primarily occurs asynchronously through the LMS. Synchronous instruction may be provided as needed. For asynchronous learners, attendance is determined based on successful and timely course completion.

### SPECIAL EDUCATION SERVICES

- Prior to enrollment, an Admissions and Release Committee (ARC) meeting must be held for students receiving special education services to determine if this is an appropriate placement and service delivery.
- The ARC will decide services and delivery methods. This decision will be documented in the conference summary and IEP.
- A designated case manager will oversee the implementation of IEP services for each student enrolled in virtual learning.

**Online, Virtual, and Remote Learning****ONGOING MONITORING AND SUPPORT**

Students enrolled in the Virtual Learning Program are expected to demonstrate consistent academic progress, which will be monitored regularly by their assigned virtual learning teacher. Regular check-ins will ensure students remain on track and are supported appropriately.

**INDIVIDUAL LEARNING PLAN (ILP)**

The ILP must be initiated no later than the first 90 days of a student's sixth-grade year. The plan should emphasize career exploration and postsecondary preparation. It must be updated annually, and all related assignments should be completed to remain in compliance with state and district guidelines.

EXPLANATION: THE KENTUCKY DEPARTMENT OF EDUCATION MEDICATION ADMINISTRATION TRAINING MANUAL FOR NON-LICENSED SCHOOL PERSONNEL (2025) RECOMMENDS OVER THE COUNTER MEDICATIONS NOT BE ADMINISTERED IN THE SCHOOL SETTING WITHOUT BOTH A MEDICAL PRACTITIONER'S ORDER AND SIGNED PARENTAL CONSENT.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.2241 AP.1

## **Medication Administration Procedures**

### **INTRODUCTION**

The goal for the use of medication in school is to assist all students to participate at their fullest independent capacity. Policies and procedures developed to implement the handling, monitoring and assisting with medication will comply with each school's effort to ensure a safe, secure and orderly school environment and with Board policies. Some families have chosen natural and homeopathic remedies, including herbal and dietary supplements, over traditional FDA-approved medications. The use of these prescribed remedies must follow all school policies and procedures for use at school.

### **PROCEDURES**

- ~~1. Parents/guardians and health care providers shall complete a 'Medication Administration Consent Form' before any person administered prescribed medication to a student or before a student self-medicates. Notes and phone calls will not be accepted. Consent Forms are to be kept in the binder in the First Aid Room and scanned immediately into the student's health record. The first dose of any new M~~medication should be given at home when possible. Medication that must be given at school should be brought to school by the parent/guardian whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope with the student's name on the outside and given to designated school personnel immediately upon arrival. The medication should shall be counted, and the number of pills received shall should be noted on the Medication Administration Record.
2. Any change in prescribed medication, dosage, route or frequency requires a new authorization/consent form signed by the doctor and parent and a new prescription bottle/label from the pharmacy indicating the change. The health care provider may fax the requested medication change on letterhead or a prescription pad to the school office and this written change may be attached to the original medication administration consent form until a new authorization/consent form is completed by the doctor/parent. We are unable to accept verbal dosage changes for prescription medicines and prescribed dietary supplements from parents/guardians.
3. Medicines will be stored in a locked cabinet or drawer. Emergency medications will be stored separately in an unlocked drawer or cabinet. Staff must be able to access emergency medication stored in the First Aid Room during and after hours. Students will not have access to this area. Emergency medicines and medications approved for students to carry may be exempted from this requirement based on the individual student's needs as assessed by a school nurse. School staff will accept no more than a one week supply of prescribed medicine unless otherwise approved by the Principal or designee. In accordance with board policy #09.2241 a student may be permitted to carry a medication for individual use only if ordered, in writing, to do so by his or her health care provider. Medication requiring refrigeration shall be kept in a locked container that can be stored with food in a supervised area or a separate refrigerator.



**Medication Administration Procedures****PROCEDURES (CONTINUED)**

4. Aspirin, narcotic pain relievers, (i.e. Percocet, Vicodin, Codeine, Demerol, Morphine, etc.) and benzodiazepine tranquilizers (i.e. Valium, DiaStat, Xanax, Ativan, etc.) will not be routinely accepted by school personnel. Parents/guardians requesting that these medicines be given to their child at school must be referred to the nursing staff for individual evaluation of the student's health condition. Additional documentation from the child's health care provider may be requested. Because of health safety concerns due to the correlation between aspirin administration and Reyes' Syndrome in children and teenagers recovering from chickenpox or flu-like symptoms, if an aspirin-containing medication such as Excedrin, Pepto-Bismol, Alka-Seltzer, Kaopectate, Pamprin, etc. (or their generic forms) is requested to be administered at school, a doctor's order/signature is required in addition to the parent's signature on the Medication Administration Consent form. Additionally, the student's temperature is to be taken and documented prior to administering. Do not administer the medication and notify the parent/guardian if the student has a temp greater than 99 degrees or has any of the health conditions noted above.
5. Parents are to make every effort to give doses of prescribed medication at home if ordered to be given once, twice or three times a day. If a mid-day dose is required this is to be noted on the 'Medication Administration Consent Form' that is completed and signed by the parent/guardian and physician. Medication that must be given at school should be brought to school by the parent/guardian whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope and given to designated school personnel immediately upon arrival. ~~Prescribed oral medications in pill/tablet/capsule form shall be counted and the number recorded under refill medication in the student information system or on the Medication Administration Record.~~
6. Field trip medication administration: Prescribed medications (prescriptions, herbal, and dietary supplements alike) ordered by a Physician ~~and non-prescription over-the-counter medications~~ which are essential for the student to take during and/or after school hours while attending a school-sponsored event/field trip shall be given according to the instructions noted on the Medication Administration Consent form. Medicines administered on field trips are to be documented immediately on the student's Medication Assistance Records (MAR) by the person administering the medication, then documented into the student information system. School personnel accompanying students on field trips who require routine or emergency medication shall be trained in the administration of those medications in the event that the student is unable to self-administer their medications.

**Medication Administration Procedures****PROCEDURES (CONTINUED)**

7. Self-Carry and Self-Administered Medications: Students may self-carry and self-administer emergency medications during the school day and after school hours with permission from the school nurse; their parent/guardian, and their healthcare provider. The provider will indicate consent on the medication form by initialing the self-carry and self-administer boxes and both parents (guardian) and provider sign permission. Students who are given permission to self-carry and self-administer medications will not share or ask other students to carry their medication temporarily. It is the responsibility of the parent, guardian, and student to monitor the self-carried medication for administration and expiration.
8. Prescription medication must have a pharmacy label affixed that includes the child's name, date dispensed, name of the medication, dosage, strength, expiration date, and directions for use including frequency, route of administration, time interval of the dose, prescriber's name, and pharmacy name, address and phone number.
9. Prescribed herbal/dietary supplements and [medical practitioner ordered](#) non-prescription over the counter medication must be in the original container and marked with the student's name. Essential Oils and cannabis-derived alternative medication are not FDA approved medications, therefore, cannot be accepted for administration. In addition to the completed 'Consent' form, the prescribing physician for an herbal/dietary supplement is requested to prepare a letter which includes the follow:
  - a. confirmation that the herbal/dietary supplement is safe for the child to take;
  - b. documentation that the herbal/dietary supplement must be administered during the school day; and
  - c. instructions on how and when the herbal/dietary supplement must be administered at school.
10. A student's medicine (with the exception of topical preparations for emergency First Aid use) must be provided by the parent/guardian. No stock medications such as Tylenol, Mylanta, cough drops etc. will be kept at school for the purpose of administering to students.
11. If a child refuses to take medication or is uncooperative during medication administration, documentation shall be made, the parent/guardian and school nurse (if appropriate) will be contacted and the medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.
12. School personnel authorized to give medications must be trained in accordance with KRS 158.838, KRS 156.502 and 702 KAR 1:160. Guidelines for diabetes medication administration under 702 KAR 1:160 no longer apply to training of non-licensed school personnel. These trainings are only good for the current school year and must be completed annually. Medication administration to students cannot be delegated to parent or community volunteers (exception: a parent administering medicine to his or her own child).

**Medication Administration Procedures****PROCEDURES (CONTINUED)**

13. Non-prescription (over the counter) medications ~~may be accepted on an individual basis as provided by the parent/guardian when a completed 'Medication Administration Consent Form' form is submitted. The medication~~ should be in the original container, dated upon receipt, ~~and given no more than 3 consecutive days without an order from the physician/health care provider.~~ Medications shall not be administered beyond its expiration date.
14. Medication is not to be released to students to take home on the bus. The parent/guardian will be notified of any unused medication remaining at school and is responsible for retrieving this. Medication not picked up by the end of the school year may be discarded by mixing with glue (for pills) and kitty litter (for liquids) and placed in a trash receptacle or destroyed in accordance with current health care standards. Prescription medication not retrieved is to be counted, with a witness present, and discarded as above. Document this on the student's MAR, including the witness' signatures.
15. 911 and the student's parent/guardian are to be called after the administration of any emergency medications (injectable epinephrine device or Auvi-Q, Glucagone, DiaStat, Versed and Clonazepam for prolonged seizures). The student may be taken home, at the parent/guardian's discretion, if they communicate this to EMS and arrive at school to accept responsibility for the student prior to EMS decision to transport to the hospital.
16. Except for medications approved for self-administration, the administration of any medication to a student must be supervised by an authorized individual and documented immediately in the student information system or on the provided MAR. Documentation of all medicines is to be in the following format:
  - a. Daily medications are to be given within 30 minutes before or after the stated dose time. Document immediately that the dose has been given with the time the medication was administered and the initials of the person administering the medication; initial and sign the MAR in the bottom left corner.
  - b. PRN medications are given 'as needed'. Examples include rescue inhalers for students with asthma, Tylenol, injectable epinephrine devices, Glucagon, and DiaStat. After administering, document immediately the time given and initial.
  - c. If a student is absent or misses a dose enter "No Show", "absent," "no medication available or other discharges in the student information system and remove the dose from the health office visit. Notify parent/guardian when doses are missed or there is no medication available.
  - d. If a medication is discontinued, enter an end (discontinued date for the order, contact/parent or guardian to pick up the remaining medication and reduce the dose count.
  - e. If a medication dose is changed discontinue the medication entering an end (discontinued) date for the order in the electronic health record. Enter a new medication order for the dose.

**Medication Administration Procedures****PROCEDURES (CONTINUED)**

- f. If a paper MAR is used to document administration after hours on a school-sponsored trip, the completed MAR will be scanned into the student's health record.
17. Any use of opioid antagonist shall comply with KRS 217.186.
18. Medication errors: If an error in the administration of medication is recognized, initiate the following steps:
  1. Keep the student in the First Aid Room. If the student has already returned to class when the error is recognized, have the student accompanied to the First Aid Room.
  2. Complete a 'Medication Administration Incident Report' form.
    - a. Assess and document the student's status
    - b. Identify the incorrect dose/type of medication taken by the student.
    - c. Immediately notify the school administrator and school nurse of the error, who will notify the parent/guardian.
    - d. Notify the student's physician/health care provider as appropriate.
    - e. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
    - f. Record in detail all circumstances and actions taken, including instructions from the Poison control Center or physician/health care provider, along with the student's status in the student information system.
19. To safely accommodate physician-ordered titrating doses that are different than the dose written on the prescription bottle, the following conditions would need to be met prior to making that accommodation:
  - A Medication Consent Form would be completed and signed by both parent and healthcare provider for each specific dose adjustment. (For example, if the dose request was for one pill at noon for one week, increasing to two pills at noon for the following week to reach the desired dose of 3 pills at noon daily thereafter, we would need a new consent for completed and signed for each of those dose adjustments);
  - A new MAR would be completed in the student information system for each dose change; this way the dose on the medication record will match the current Medication Administration Consent form in the student information system;
  - A small tab (like a small post-it note) with the current dose (as noted on the Consent Form and MAR) would be completed by the nurse noting current dose due to titration. This would be affixed to the bottle in such a way that all other info on the pharmacy label would still be visible.
  - When the dosage has been titrated, the prescription bottle label would be updated to reflect the current dose, matching with the consent form.



**Medication Administration Procedures****PROCEDURES (CONTINUED)**

Please contact a member of the nursing staff if you have any questions regarding administering medication at school, the procedures outlined above, if you need clarification on an order or if you are unfamiliar with a medicine.

All forms pertaining to assisting with medication at school as well as these guidelines will be reviewed as needed by the nursing staff. All suggestions regarding revisions should be directed to the Director of Health Services. Any revisions to the above will be in accordance with current education and nursing laws and will reflect safe school nursing practice.

**CONTROLLED/SCHEDULED MEDICATIONS**

"Controlled/scheduled medications" are medications that are potentially addictive and are regulated under the Controlled/Scheduled Substance Act of 1970. The following are the procedures related to the administration and storage of controlled/scheduled medications:

- Kept under double lock and key
- Kept separate from other medications
- Signed out each time a dose is administered
- Trained staff shall count and record the number of remaining pills on the student's medication record each time a dose is administered.

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**REFERENCES**

KRS 158.834; KRS 158.836; 158.838

KRS 217.86

Kentucky Board of Nursing Advisory Opinion Statement #16 Roles of Nurses in the Administration of Medication Via Various Routes (2023)

Kentucky Department of Education Medication Administration Training Manual for Non-Licensed School Personnel (2025)

Controlled/Scheduled Substance Act of 1970

American Academy of Pediatrics (School Health Policy and Practice) 5<sup>th</sup> Ed. 1993

National Association of School Nurses. Position Statement, Administration of Medication in the School Setting.

~~Medication Administration Training Manual for Non-Licensed School Personnel; Kentucky Department of Education, March 2011~~

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**Related Policy:**

**~~09.2241~~**

**Related Procedures:**

**~~09.2241 AP.21~~**

**~~09.2241 AP.22~~**