

PROCEDURE

**Administration of Medication to
Students and Medical Procedures to
Students in Schools**

Procedure

It is the policy of the Keewatin-Patricia District School Board that, in exceptional cases, the Board will allow the parent/guardian to administer medication in the school or the student to self-administer that medication, or the Board may accept responsibility for the administration of medication to students in schools by authorized staff members. Regular response regarding medical intervention may be required of Education Assistants.

Rationale

The administration of prescription and/or non-prescription medication to a student is the responsibility of the student's parent(s) or guardian(s). The Board recognizes that there may be exceptional cases where a student must have medication administered during regular school hours, and if applicable, in accordance with a Plan of Care for prevalent medical conditions (anaphylaxis, asthma, diabetes, and epilepsy). The Board recognizes the need for an emergency response to life-threatening medical conditions. The Board also recognizes that certain regular medical procedures such as clean catheterization or suctioning may be required during school hours.

Guidelines

A. PARENT/GUARDIAN OR SELF ADMINISTERED MEDICATION:

Prescribed Medication

1. The pupil's parent/guardian may be permitted to administer medication during school hours. Every attempt should be made to arrange times for such administration with the least possible disruption to all concerned and to preserve the dignity of the students. Parents must report to the office prior to administering the medication.
2. a) It is the responsibility of the parent/guardian to request permission from the Principal/Designate for a pupil under the age of 12 to self-administer a medication. The medication must be delivered by the parent/guardian and stored in a secured location in the school by the principal or designate.

Cross References:

PPM 161

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With regard to prevalent medical condition medication as outlined in a Plan of Care;

- Every school principal shall permit a pupil to carry their medication if the pupil has their parent's or guardian's permission.
 - If the pupil is 16 years or older, the pupil is not required to have their parent's or guardian's permission to carry their medication.
- b) A record of any parental permission received shall be retained.
- c) Prevalent medical conditions medication (i.e., Epi-Pens, puffers, insulin, etc.) as required in the Plan of Care should be carried on the person, in a fanny pack. During cold weather, the fanny pack should be worn under the student's jacket.
3. Under the supervision of school personnel, medication shall be administered in a manner that encourages the pupil to take an appropriate level of responsibility and allows for privacy.

B. SCHOOL ADMINISTERED

Prescribed Medication

1. a) The form entitled "Request for School Personnel to Administer Prescribed Medication to Students – Form A" must be completed by the parent/guardian or, where a student is an adult, by the student, and the Physician and given to the Principal of the school. The Principal of the school may require that all prescribed medication be administered by school personnel.
- b) Where the form entitled, "Request for School Personnel to Administer Prescribed Medication to Students – Form A" is not completed by parents, school staff may administer an epinephrine auto-injector or other prescribed medication in an emergency situation to a student.
- c) No action or damages shall be instituted respecting any act done in good faith in the execution or intended execution of a school staff's

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authorization under subsection (1 a) or (1 b) or for any neglect or default in execution or performance in good faith of a school staff's authorization under subsection (1 a) or (1 b) unless the damages are the result of the school staff's gross negligence.

2. Where oral or topical medication must be administered to pupils by school personnel, it shall be in the following manner:

The parent/guardian must:

- a) Provide written authorization on the forms "Administration of Prescribed Medication to Students – Form A"
 - b) Deliver to the Principal or Designate the required medication in a labeled 'tamper-proof' container;
 - c) Ensure the container has a pharmaceutical sticker attached indicating the name of the child and directions for the administration and storage of physician prescribed medication;
 - d) Instruct their child to attend the school office for medication as per the schedule for administration as established in conjunction with the school Principal.
3. The Principal or designate shall ensure the Administration of Medication Student Log – Form B1 is completed after each administration of a medication and retained in a designated area. If medication is not given or refused, reasons for such an omission must be noted on the back of the log-sheet and parental contact shall be made. (Form B2)
 4. The principal shall ensure that each time a student is assisted with the administration of the reliever inhaler or other asthma medication, that the incident be recorded on the Administration of Medication Student Log – Form B2.
 5. The Principal or designate should ensure medication to be administered by school personnel is kept in a secured location. Only authorized staff may access the stored medication. Any accidental administration of medication must be reported immediately to the Principal or designate.

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6. If an employee has reason to believe that a pupil is experiencing an asthma exacerbation, the employee may administer asthma medication to the pupil for the treatment of the exacerbation, even if there is no preauthorization.
7. It is the obligation of the pupil's parent or guardian and the pupil to ensure that the information in the pupil's file or Plan of Care is kept up-to-date with the medication that the student is taking.

C. LIFE-THREATENING SITUATIONS

1. The parent/guardian of a high risk pupil should be strongly encouraged to have the proper identification on the student at all times (i.e. Medic Alert Bracelet) and is responsible for providing, in advance, supplies or equipment for any treatment required in a life-threatening situation.
2. The Board recognizes that some pupils are at a high risk with respect to life-threatening situations including prevalent medical conditions. These students include, but are not limited to:
 - a) those who experience severe allergies and anaphylactic shock
 - b) those prone to severe asthma
 - c) those prone to seizures
 - d) those with diabetes
 - e) those who are medically fragile
3.
 - a) Principal or designate shall ensure that staff members (including education assistants, itinerant and occasional teachers, bus operators, lunch supervisors and their authorized personnel) are made aware of high-risk students in the school. In sharing such information, Principals must comply with the Municipal Freedom of Information and Protection of Privacy Act.
 - b) Principals shall establish and maintain a school Plans of Care for the four prevalent medical conditions or, in accordance with Provincial Legislation, use the Life-Threatening Management and Prevention Plan (Form C1 and C2) for all other life-threatening conditions.

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- c) Principals shall ensure annual training takes place for all staff and, where applicable, for volunteers on dealing with life-threatening conditions (i.e., allergies, asthma).
4. a) A Plan of Care or a Life-Threatening Management and Prevention Plan (Form C1 and C2) must be completed and reviewed annually for each student who is considered to be at a high risk with respect to a life-threatening situation. The Plan of Care or Life-Threatening Management and Prevention Plan will allow the Principal, school staff, parents/guardians, bus operators and drivers to have access to procedures in order to deal with an emergency situation. The plan is developed with appropriate input from parent(s), school staff, public health nurse, and communicated to appropriate staff, bus operators and occasional teachers.
- b) For every student with a prevalent medical condition (anaphylaxis, asthma, diabetes, epilepsy) the principal shall ensure that the parent/guardian, in consultation with their health care provider, develop the appropriate Plan of Care (Form C3, C4, C5, C6) and share with staff who have regular contact with the student.
- c) The principal will maintain a Student Medical File of current treatment and other information for each pupil with a prevalent medical condition/Plan of Care, including a copy of any notes and instructions from the pupil's health care provider and a current emergency contact list.
- d) When a student with a Plan of Care/Life-Threatening Management and Prevention Plan, is attending an out-trip, a copy of the plan shall accompany the teacher when a class excursion occurs. Any supplies and equipment, as identified in the plan, shall be taken by the teacher.
5. When supplies or equipment are entrusted to the Principal, they shall not be used until instructions have been received in writing from the parent/guardian or qualified medical authority. The parent/guardian or qualified medical authority will train school personnel on the administration of medication to their child.

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6. School staff shall administer or assist the student to administer a treatment. Staff who administer medication by injection to students, having been trained annually by a medical professional, shall have full coverage under the Board Liability Policy. The training provided will be confirmed in writing by the medical professional (and the parent/guardian).
7. Principals shall communicate information on prevalent medical conditions and other life-threatening situations within their schools through ongoing communication and appropriate measures (i.e., signage indicating types of allergies within the school).

This communication is intended to reduce the risk of exposure to prevalent medical conditions triggers or causative agents in classrooms, common school areas, and during extra-curricular activities, in accordance with the student's Plan of Care/Life-Threatening Management and Prevention Plan. Signage shall be visibly posted at all entrances to the school and throughout the school as necessary.
8. The principal shall work with staff and families to identify and minimize asthma, anaphylaxis, diabetes and epilepsy triggers in the school setting.
9. Principals can access information on anaphylaxis, asthma, diabetes and epilepsy in the schools via the Public Folders - Safe & Supportive Schools - Prevalent Medical Conditions.

D. ADMINISTRATION OF MEDICAL PROCEDURES TO STUDENTS IN SCHOOLS

Clean Catheterization and Shallow Suctioning

Since clean catheterization and shallow suctioning are recognized as part of a child's normal toileting and daily health needs, a health care professional is not required to provide this service.

These procedures are outlined in the HR Procedures Manual. These services will be provided by Education Assistants following the request by the parent (Form G).

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A parent/guardian having a child requiring these services, should be aware that the procedures are as follows:

1. The school will submit a completed School Health Support Services (Home Care) referral form for Nursing Services to the Special Education Department.
2. The Community Care Access Centre Case Manager will contact the parent and assess the situation. The Case Manager will arrange for nursing services as appropriate.
3. The nurse will train an Education Assistant and an alternate Education Assistant to provide this service for each individual student. Arrangements for training will be made through the Principal.
4. The nurse will sign the Confirmation of Training form verifying that the Education Assistants have been observed carrying out the proper technique.
5. The school will meet with the parents to explain the procedures and obtain their signature on the Consent Form for the requested procedure.
6. The completed Consent Form and Confirmation of Training form will be retained in the student's O.S.R., with a copy forwarded to the Special Education Department.
7. In the event that the Education Assistant, or alternate Education Assistant, are not available the parent/guardian will be contacted by the principal.

A copy of the referral form (Form E), consent form (Form G) and confirmation of training form (Form F) are attached.

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