

Policy:	ADMINISTRATION OF MEDICATIONS, MEDICAL INTERVENTIONS AND CHRONIC CARE	PROG-301
Division:	PROGRAMS	
Cross Reference:		
Amendment:	<i>(Regulations) September 14, 2016</i>	

ADMINISTRATIVE PROCEDURES/REGULATIONS

1. Administration of Medications to Students by Staff

The Board of the Newfoundland and Labrador English School District authorizes the administration of medications to students by school/district staff only when:

- 1.1 The medications are prescribed by a physician;
- 1.2 The medications must be taken during the school day/educational activities and the student's parent/guardian is not reasonably able to attend the school or event to administer the medication.
- 1.3 The parent/guardian has provided written consent for the administration of medications to the school (Form 301-B), with appropriate instructions for the administration.
- 1.4 It is not appropriate for the student to self-administer the medication.

2. Parent/Guardian Responsibility

Parents/guardians requesting school personnel to administer medications, regardless of the duration, must make contact with the school administration to discuss requirements of the school and to obtain the necessary forms.

- 2.1 Parents/guardians must complete and submit to the school the following forms:
 - a) **301-A Physician's Report**
 - b) **301-B Parent/Guardian Medication Consent and Release Form**

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- 2.2 These forms must be submitted before any medication can be administered to the student.
- a) Instructions and arrangements pertinent to the nature and administration of the medication must be clearly outlined by the prescribing physician on Form 301-A.
 - b) The forms must be updated annually and/or when changes are made to the student's medication.
 - c) These forms will be retained in the student's confidential file.
- 2.3 Prescribed medications in the original container must be delivered to the school by the parent/guardian or designated adult representative and given to the school administrator or designate.
- 2.4 The container in which the medication is kept must have an attached label showing at least the following:
- a) Name of the prescribing physician;
 - b) Name of student;
 - c) Date prescribed;
 - d) Dosage and times for administering;
 - e) Expiry date of the prescription.
- It is recommended that, when a container is received, the dosages to be given at school/during school hours be highlighted on the label.
- 2.5 Parents/guardians are to provide to the school any additional information from the physician or pharmacist regarding storage, possible side effects, instructions on emergency procedures in the event of a reaction to the medication, etc.
- a) This information must be stored with the medication at all times.
- 2.6 Parents/guardians must provide emergency contact telephone numbers. In the event of an emergency, if no contact can be made with the parent/guardian or an emergency contact, then 'Good Samaritan' action may occur.
- 2.7 At the request of the school, the parent/guardian will keep a student at home from school if medication to be given is not provided/available and the situation is life threatening or detrimental to the student or others.
- 2.8 The school, in consultation with the parent/guardian, will determine an adequate supply of medication to be left at the school at any one time.
- 2.9 Parents/guardians are expected to ensure that all medications provided to the school are current or not expired. Parents/guardians will provide a new supply to the school prior to the expiry date. Outdated medication will not be administered.

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2.10 Parents/guardians will be responsible for disposing of any outdated or surplus medications.

3. School Responsibility

3.1 The school administrator will advise parents/guardians of the responsibilities as outlined above.

3.2 Medications must be kept in a locked cabinet or locked refrigerator as per the directions of the prescribing physician and/or pharmacist, in individual containers labeled with each student's medication.

a) The cabinet/refrigerator must be in a secure location with restricted access, and only be accessed by the school administrator and person(s) administering the medication.

3.3 Outdated or surplus medications will be returned to the parent/guardian for disposal and the return documented. If it is not possible to return the medications to the parent/guardian, appropriate steps to dispose of the medications will be determined by the school administration, in consultation with the local Community Health Department.

3.4 For occasions when needles have to be administered at school, a sharps container is required and appropriate steps to dispose of the needles will be determined by the school administrator in consultation with the local Community Health Department.

3.5 The school administrator will designate appropriate staff person(s) to administer medications. School administrators, teachers and student assistants are the only staff permitted to administer medications prescribed by a physician. The number of staff accessing and administering medications should be kept to the minimum number possible, for safety and security reasons.

3.6 Wherever possible, medications will be regularly administered to a student by the same person. If necessary, another staff member who is familiar with the procedures should also be available to administer medication to a student.

3.7 School staff must not supply nor administer over-the-counter medications to students, except where prescribed for an individual student by a physician and administered in accordance with these procedures/regulations.

3.8 The daily record of all medications administered to an individual student must be maintained by the school administrator or designate (person administering the

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medications) via **Form 301-C: A Student's Daily Record of Medication Administration**. The form must be updated each time medication is administered.

3.9 The school administrator will maintain a group record of all students who are administered medication during the school day on **Form 301-D: School Medications and Procedures**.

a) This form must be updated annually and as necessary throughout the school year, when there are changes to a student's medication.

3.11 Medication will be administered in a manner allowing for student sensitivity and privacy, and encouraging the student to take an appropriate level of responsibility for the required medication.

3.12 In the event of any error or omission in the administration of medications, the school administrator or designate must contact the parent/guardian/emergency contact and seek medical attention as necessary.

a) Any error in the administration of medications (e.g. wrong medication administered, too much medication administered) must be immediately reported to the Senior Education Officer (Student Support Services).

4. Student Responsibility

The student is expected to comply with taking medication as prescribed and approved by the school administration, and under no circumstances shares his/her medication with other students.

5. Self-Administration of Medications by Students

5.1 A student may be permitted to self-administer medication with the approval of the school administrator and the consent of the parent/guardian. The type of medication and the age and maturity level of the student will be taken into account.

5.2 A student may be permitted to carry medication when the medication does not require refrigeration or security according to school or district policy.

5.3 Parents/guardians requesting permission for a student to self-administer his/her medication shall complete and submit **Form 301-E: Student Self-Administration of Medications Consent and Release Form**.

5.4 Students may use puffers independently with parent/guardian approval and as approved by the school administrator.

5.5 Parents/guardians are responsible for ensuring that the student has been properly educated to administer the medication and to be responsible for its safety and security.

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- 5.6 The school reserves the right to discontinue self-administration in the event of a perceived safety risk to the student/others. It is the responsibility of the school administrator to meet with the parent/guardian to discuss any concerns in this area.
- 5.7 Inappropriate self-administration, distribution or other use of medications by students may be grounds for disciplinary action.

6. Medical Interventions and Chronic Care

Planning for students with exceptionalities who require medical interventions and/or chronic care is conducted in accordance with [EECD Guidelines](#) and the *Service Delivery Model for Students with Exceptionalities*.

7. Medical Emergencies

- 7.1 All district personnel are expected to assist a student in an emergency situation where failure to act before qualified medical help arrives may prove injurious or life threatening to the student or other students placed in the person’s care. If necessary, staff shall arrange for emergency intervention by a person trained in First Aid and/or medical personnel. Staff may also need to call for an ambulance or otherwise transport a student to a hospital or clinic in an emergency situation.
 - a) School personnel will accompany the student to the hospital or clinic in the absence of a parent/guardian.
 - b) Any medical costs associated with emergency treatment, including ambulance costs, are the responsibility of the parent/guardian.
 - c) The school administrator or designate will ensure that pertinent, concise information regarding the nature of the student’s emergency is provided in both the emergency call and to the ambulance attendants upon their arrival.
 - d) All remaining emergency medication should be provided to the ambulance attendants or be brought to the hospital or clinic.
- 7.2 The District will work with the EECD and the Heart and Stroke Foundation to facilitate the installation of AEDs in schools as appropriate and as resources permit, and to provide relevant training in their use. An AED is a machine used to give an electric shock when a person is in cardiac arrest. Modern AEDs will analyze the individual’s heart rhythm and apply a shock to restart it, or advise that CPR should be continued. Voice and/or visual prompts will guide the rescuer through the entire process from when the device is first switched on or opened.
- 7.3 In addition to direct response by staff to the student in an emergency situation, every effort must be made to notify the parent/guardian or emergency contact of the student’s condition.

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8. Administration of Emergency/Relief Medication

- 8.1 Administration of emergency medication will follow procedures 1-3 as outlined in this document.
- a) **301-F Administration of Emergency Medication** must be completed.
- 8.2 The school administrator will ensure that school personnel who have contact with a student who may require emergency medication are trained in the administration of the emergency medication, before permission is given for them to administer.
- a) The school administrator will determine who will be trained/administer the student's medication.
- 8.3 All school personnel who have been trained should be prepared to administer emergency medication to a student in an emergency situation.
- 8.4 All school personnel (teaching and non-teaching staff) will be informed about any student with whom they have contact, who may require emergency medication as indicated by a physician (e.g. autoinjector, glucogen).
- 8.5 Emergency medications and relief medications will be kept close to the student at all times, both on school property and on school field trips. Emergency medications should not be locked away but should be stored in a known location that is easily accessible by staff but not by students, unless the school administrator, in conjunction with medical advice and parent/guardian consent, determines it is safe for the student to carry his/her own medication.
- 8.6 The student and appropriate staff will be aware of the location of the emergency medication.
- a) If the school administrator determines that it is safe for the student to carry his or her own emergency medication, than procedures 5.1-5.5 apply.
- 8.7 Emergency medication should only be administered to the student for whom it has been prescribed.
- 8.8 The emergency medication must be clearly marked with the student's name and appropriate emergency dosage.
- 8.9 Medical supplies such as a glucometer, needles and other supplies will be stored in an area as determined by the school administrator, where the student or school personnel can access the supplies in the event of a medical emergency.

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- 8.10 Substitute teachers and substitute student assistants will be alerted to all students in a class who require emergency medication, and the location of the emergency medication.
- 8.11 Schools will identify procedures to alert all staff about students who may require emergency medication.
- 8.12 The school will be responsible for developing an individual Emergency Response Protocol or Plan for a student and for communicating this to all staff, including:
 - a) Student Medical Plan and trained response intervention;
 - b) Notification to the parent/guardian that emergency medication has been administered, as per the student’s medical plan;
 - c) Notification to parent/guardian whether a student is being transported to health clinic/hospital.

9. Anaphylaxis/Life-Threatening Allergies

- 9.1 In order to maximize the safety of each student within the school system who may be subject to severe allergic reactions, the District will promote awareness of anaphylaxis and implement plans to reduce the chance of exposure to life threatening substances and to provide prompt, appropriate responses if exposures do occur.
- 9.2 The District will take every reasonable step to ensure a safe environment for students with anaphylaxis/life-threatening allergies. However, the District cannot guarantee an allergen-free environment.
- 9.3 A quick reference to the protocol in working with a student with anaphylaxis/ life-threatening allergies is outlined in **APPENDIX A** of this document.
- 8.4 School administrators will follow the Department of Education and Early Childhood Development (EECD) *Guidelines for Anaphylaxis Management in Schools (APPENDIX B)*, and use the department forms provided.
- 9.5 In addition to the forms in the EECD Guidelines, **301-F Administration of Emergency Medication** must be completed, and **Form 301-E: Student Self-Administration of Medications Consent and Release Form** must also be completed if the student will be self-administering medications.
- 9.6 Schools are encouraged to provide a copy of the *EECD Guidelines for Anaphylaxis Management in Schools* to parents/guardians of students who have anaphylaxis.

10. Diabetes Management

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- 10.1 In order to maximize the safety of each student within the school system who has been diagnosed with diabetes, school administrators will follow the *EECD Guidelines for Diabetes Management in Schools (APPENDIX C)*, and use the department forms provided.
- 10.2 In addition to the forms in the *EECD Guidelines*, **301-F Administration of Emergency Medication** must be completed, and **Form 301-E: Student Self-Administration of Medications Consent and Release Form** must also be completed if the student will be self-administering medications.
- 10.3 Schools are encouraged to provide a copy of the *EECD Guidelines for Diabetes Management in Schools* to parents/guardians of students who have diabetes.

11. Reporting

School administrators may be required to report information to the Regional Assistant Director of Education (Programs) or designate regarding students who require an Emergency Response Protocol.

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