

FORT LA BOSSE SCHOOL DIVISION

TITLE – **MEDICAL ASSISTANCE**

POLICY - **JLCD**

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Exhibit of Forms

Form A	Request to Administer Prescribed Medicines	(JLCD-E1)
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A. PURPOSE

The Division acknowledges that its employees are not medical professionals. Nonetheless, they will occasionally be called upon to give medical assistance to students when no parent, guardian or medical professional is immediately available. The purpose of this policy statement is to provide guidelines and areas of responsibility for those situations.

B. THE POLICY

Division employees will give voluntary medical assistance to students, in accordance with the guidelines set out in this policy statement.

Division employees may refuse to assist in administering prescribed medication if the parent or guardian has not fully complied with the guidelines set out in this statement.

When an employee gives medical assistance, the employee shall take all necessary or advisable precautions to protect the health and well-being of both the employee and the person to whom assistance is given. Where circumstances require, this may include the use of sterile gloves, bandages or other equipment, the proper cleanup and disinfecting of the area where assistance was given, and the safe and proper disposal by incineration of soiled or bloodied material.

C. INTERPRETATION

In interpreting this policy, priority will be given to the comfort, health, well-being and safety of the student.

The signature of the custodial parent/legal guardian is required on school medical forms.

D. FIRST AID

1. The Division shall make available to its employees in the workplace, information regarding the administration of basic first aid, and a basic first aid kit.
2. Cases of suspected serious injury or accident will be referred immediately to the nearest hospital or medical clinic for treatment. An ambulance will be called. The parent or guardian will be notified as soon as circumstances permits.
3. In cases of suspected spinal injury, the victim will not be moved except under the supervision of ambulance attendance or other medical personnel.
4. In less serious cases, the parent or guardian will be notified of the incident and the treatment proposed or given. If it is reasonable, this notification will be made before treatment is given, but the priority will be attending to the student.
5. Acetylsalicylic acid (ASA, aspirin) will not be given to students because of possible allergic reaction. Acetaminophen (e.g. Tylenol) may be given only with the prior written or immediate verbal consent of the parent or guardian.

6. Minor wounds will be washed and cleaned with peroxide. A sterile bandage will be applied if necessary. Do not apply mercurochrome or iodine.

E. ILLNESS WHILE AT SCHOOL

1. If a student shows or complains of any symptoms of illness, the school will advise the parent, guardian or other authorized person.

2. If it is considered advisable by the school, the student will be permitted to return home, or to the home of a person authorized by the parent or guardian.

3. A student will not be sent or allowed to go home unless there is a responsible parent present at the home.

4. Grade 8 and younger students, or students of any age who appear to be incapacitated by illness, must be picked up at the school by the parent, guardian or other authorized person, or accompanied home by at least one responsible adult.

5. **In cases of suspected serious illness, the student will be referred immediately to the nearest hospital or medical clinic for treatment. An ambulance will be called.**

F. ADMINISTRATION OF PRESCRIBED MEDICATION

This section applied to assisting in the administration of prescribed medication which is taken orally or applied externally.

1. Responsibilities of the Parent or Guardian

If a student requires school assistance in the administration of prescribed medication for more than 14 days, the parent or guardian shall:

- (a) Provide the principal with a completed Individual Health Care Plan. Medications that are required for less than 14 days need not be recorded in the Individual Health Care Plan. However, all other provisions of the Medication Administration Policy shall apply. When a child requires a medication for more than 14 days, an IHCP must be completed stating:

1. the name of the child, date of birth;
2. name of the medication;
3. the dose, time, route of administration;
4. name of the prescribing physician;
5. name(s) of parent(s)/guardian agency, principal address, work telephone and home telephone numbers;
6. start date of medication;
7. stop date of medication (if applicable);
8. confirmation that first dose was administered and well tolerated prior to coming to community setting; and
9. storage requirements, if any.

(b) **General Conditions of Accepting Medication for Administration**

Administration of medication in community settings requires that several conditions be met. The purpose of these conditions is to promote the safety and well-being of the child, and to promote that the community settings acts responsibly in accepting medication for administration.

These conditions are:

1. completion of an IHCP by the parent(s)/guardian agency including confirmation that the first dose of a medication has been administered in the presence of the parent/guardian and has been well-tolerated;
2. in-person delivery of the medication to the school office setting by a responsible adult;
3. arrange for the safe delivery of an adequate supply of the medication to the school office. **IN THE ORIGINAL PHARMACIST'S LABELLED CONTAINER, (which identifies clearly the:)**
 - A. name of the child
 - B. name of the licensed medical practitioner
 - C. name of the medication
 - D. dose
 - E. frequency/time and route of administration
 - F. name of the pharmacy
 - G. date the prescription was filled;
4. label must be on the container itself; such as medication bottle, tube, inhaler, etc., and not merely on the package; and
5. if required, measuring implements (e.g., syringe) must be provided.

- (c) Notify the school immediately if the medication is changed or discontinued, and arrange for the safe return or destruction of any unused medication. Students must not transport prescribed medication.
- (d) Update Form A each time the medication is changed. (initial and date)

DIVISION EMPLOYEES MAY REFUSE TO ASSIST IN ADMINISTERING PRESCRIBED MEDICATION TO ANY STUDENT WHOSE PARENT OR GUARDIAN HAS NOT FULLY COMPLIED WITH THESE REQUIREMENTS.

2. Responsibilities of the School

- (a) The principal will designate a secure, limited-access storage area at the school, for the storage of student prescriptions.

Storage Requirements

Storage and safety are important concerns when medications are administered in community settings.

1. Medications administered in community settings shall be stored in a locked location (see exception, below);
2. The key to the locked location shall be in the care and control of the person(s) responsible to administer the medications;
3. Regardless of the foregoing, the key to the locked location shall remain on the premises of the community setting at all times;
4. A spare key to the locked location shall be reasonably available, and every designated employee who administers medication in the community setting during the normal course of their duties shall be made aware of the location of the spare key;
5. A locked location may be a cabinet, cupboard, drawer, steel box or other similar arrangement;
6. If a medication requires refrigeration, the locked location shall be, or shall be within, an operating refrigerator;
7. Medications shall be stored separately and apart from any other material, supply or objects in the locked location;
8. Medications for more than one child may be stored in one locked location. However, under this circumstance, **each medication shall be separated by A clear physical means** such as, but not limited to, metal partitions, sealable plastic containers, individual pastic zipper bags or appropriate equivalent;
9. Each physical separation shall be clearly labelled with the child's name; and
10. Medication that may be required urgently shall not be stored in a locked location. Such medication shall be carried at all times on the person of the child or the adult responsible to administer the medication. Such medication includes, but is not limited to:
 - A. inhalers
 - B. adrenaline auto-injector (e.g. EpiPen).Appropriate records and administration procedures shall be implemented.

- (b) The principal will assign a staff member to be responsible for administering medication to a child. In addition, a substitute of delegate employee shall also be identified to administer medication in the absence of the primary person. Volunteers shall not be designated to administer medication.

1. Each person responsible for medication administration shall be fully aware of the:
 - A. specific details of medication administration for a child;
 - B. location of the spare key to the locked storage location;
 - C. location of the IHCP for a child; and
 - D. the medication administration policy specific to the community setting.

 2. To prepare for administration of medication, each person shall:
 - A. wash their hands;
 - B. prepare supplies (e.g. measuring devices; installation appliances, etc.); and
 - C. assure themselves of:
 - * the right medication
 - * the right child
 - * the right dose
 - * the right time
 - * the right methodin each and every administration.
- (c) The original copy of Form A will be placed in the cumulative file, and a copy will be kept in the medication storage area.
- (d) A medic-alert sticker will be placed opposite the student's name on the cumulative file.
- (e) The principal or designate, shall check the pharmacist's label on the medication container to be sure that it identifies: the student, the prescribing doctor, the dispensing pharmacist, the name of the medication, the dosage, and the frequency or time of administration. This information will be checked against Form A, and any discrepancy reported to the parent or guardian.
The person administering the medication shall; read the label three times:
 - A. when removing the medication from locked storage;
 - B. before the medication is removed from its container; and
 - C. after the medication is removed from its container but before it is administered to the child.
- (f) Each child who is administered medication shall have a separate Medication Administration Record (Form B). Each Record shall include the:
 - A. name of the child;
 - B. name of the medication, the dosage, route (e.g. oral), time of administration;
 - C. signature of the person administering the medication; and
 - D. outcome of administration (initial indicates completed administration): If not completed, reason must be indicated (e.g. absent, refused, missed, error).
- (g) If a student refuses or is unable to take the medication, the school shall notify the parent or guardian and, if the school considers it advisable, the prescribing doctor.
- (h) The school will notify the parent or guardian whenever less than a four day supply of medication remains.

- (i) Medications have a finite usable period of effectiveness. The parent(s)/guardian agency shall be responsible for replacing expired medications, as well as the removal and disposal of expired medication.
Medication is the property of the child's family. It is expected that medication(s) will be taken home by parents for any school closure or student absences exceeding two weeks.
Medication not picked up by a responsible adult will be disposed/destroyed in Accordance with Workplace Hazardous Materials Information System (WHMIS) Guidelines.

G. NON-PRESCRIPTION MEDICATIONS

With a possible exception of acetaminophen as outlined in Paragraph D4 above, the school will not assist in the administration of non-prescription medications.

H. CHRONIC MEDICAL CONDITIONS

H1. General Policy

1. The parent will apply to have a Health Care professional (URIS) develop a Health Care plan for each student who suffers from a chronic medical condition, illness or disability such as asthma, diabetes, epilepsy, kidney disease, migraine headaches, thyroid conditions, intestinal disorders, significant allergic reaction or other chronic conditions.
2. At or prior to the beginning of the fall term each year, the school principal, or designate, will review the medical information provided on the registration forms or URIS Health Care Plans of each student, to identify students who may suffer from a chronic medical condition requiring school assistance.
3. The Health Care Plan will be made known to all employees in the school (including administrators, teachers, aides, custodians, and bus drivers as applicable) who may come into contact with the student. The school will ensure that all school personnel can identify the student.
4. The Health Care plan will be filed in the cumulative file, and copies will be filed in a place which is readily accessible to school personnel who regularly come into contact with the student. School personnel will be advised of the location of this information. Information will be transported with the student when appropriate e.g. field trips, sporting events.
5. A medic-alert sticker will be placed opposite the student's name on the cumulative File and the Maplewood Student Data file will be flagged.
6. The Health Care Plan will guide the staff response as needed.

7. The parent or guardian will notify the principal immediately if there is any change in the medical condition of the student. A revised Health Care plan will be prepared, circulated and filed.

H2. Self-Administered Asthma Medication

1. Asthmatic students who are prescribed inhaled medication will be allowed to carry their own inhalers unless the parent or guardian otherwise directs.
2. If the parent or guardian directs that the inhaler is not to be carried by the student, it will be the responsibility of the parent or guardian to arrange with the school for:
 - (a) the keeping of the inhaler at school, in a location which is known and easily accessible to the student within minutes.
 - (b) the keeping of the inhaler during the student's extra-curricular or other activities away from the school.
 - (c) providing an adequate supply of the medication in the event that the inhaler is lost or exhausted.

These arrangements will be made with the principal or designate, or with the supervising teacher.

3. If the student notifies a Division employee that the inhaler is lost or exhausted, the employee will immediately notify the principal and the parent or guardian. All reasonable steps will be taken to locate lost medication.
4. If the student requires assistance in administering the inhaled medication, the Procedures and guidelines set out in Section F apply.

H3 **Anaphylactic Shock**

Where the school is aware that a student is susceptible to extreme allergic reactions which may lead to anaphylactic shock, the following procedures will apply:

1. The principal will advise the parent/guardian in writing that the school requires a fully completed Health Care Plan written in collaboration with the URIS nurse.
2. The principal will arrange for appropriate staff training in the recognition of the signs and symptoms of anaphylactic shock, and in the administration of medication including the injection of epinephrine (epi-pen) by automatic injection. The URIS Nurse will serve as a resource to parents and staff in this respect.

3. Any incident in which a student shows symptoms of anaphylactic shock or which requires the administration of an epi-pen shall be reported to the parents/guardians and to the principal.
4. It shall be the responsibility of the parent to replace the supply of epi-pen and deliver the same to the school.

H4 Diabetes

Where the school is aware that a student suffers from diabetes, the following procedure will apply:

1. The principal will advise the parent or guardian in writing that the school requires a fully completed Health Care Plan written in collaboration with the URIS Nurse.
2. The principal will arrange for appropriate staff training in the recognition of the signs and symptoms of hypoglycaemic (low blood sugar, or insulin reaction) and hyperglycemia (high blood sugar, or diabetic coma), and the administration of oral glucose. The URIS Nurse will serve as a resource to parents and staff in this regard.
3. Any incident in which a student shows symptoms of hypoglycemia or hyperglycemia, or in which the administration of oral glucose or insulin has been required shall be recorded and reported to the parents/guardians and to the principal.
4. It shall be the responsibility of the parent to replace the supply of oral glucose and/or insulin and deliver the same to the school.

