

Administrative Procedures

<p>AP-413</p> <p>ADMINISTERING ESSENTIAL MEDICATION AND PROCEDURES TO STUDENTS</p>	<p>Date of implementation: Fall 2007 Date of update: January 15, 2019</p>
	<p>Related Administrative Procedures: AP-602 Services for Students with Special Needs</p> <p>Related Documents: Accommodation Process for Students Communication to Share and Display Life Threatening Condition Plans</p>

Purpose: To inform guidelines for the administration of essential medication or procedures to students. The primary concern relating to decisions with respect to the administration of essential medication or procedures shall be the welfare of the student.

It is acknowledged that:

- All school-aged children have the right to attend school.
- No student will be denied access to the Prairie Spirit schools and programs solely because of medical needs to the point of undue hardship.
- Children may have health or medical requirements that must be accommodated if the child is to function at an optimal level in an educational environment.
- Medical circumstances may arise which lead to a request by a parent or guardian that medication or procedures be administered to their child during school hours.
- Emergency situations may arise requiring an employee of the Division to assist a student and administer medication or essential procedures.

Definitions:

Essential (oral and/or injectable) medication - An essential medication is a physician/nurse practitioner/pharmacist-prescribed medication that must be scheduled during regular school hours and is necessary for the student's health or well-being. Examples of an essential medication could include, but are not limited to: Insulin, anti-seizure medication, etc.

Life-Threatening Condition (LTC) – A potentially life-threatening condition (LTC) refers to pre-existing diagnosed medical conditions that have the potential to result in an acute life-threatening incident. Examples of life-threatening conditions could include, but are not limited to: Asthma, anaphylaxis, etc.

Essential procedures - An essential procedure is prescribed by a physician/nurse practitioner that must be scheduled for administration to a student during regular school hours and that is necessary for the

student's health or well-being. Examples of an essential procedure could include, but are not limited to: Gastrostomy feed, blood glucose monitoring, etc.

Procedures:

1) Notice to Parents

At the beginning of each year or as new students transfer in or as other conditions warrant:

- a) The principal shall inform parents of the general principles of this procedure concerning the administration of essential medication and procedures at the school;
- b) The principal shall request that parents/guardians identify for and provide to the school any specific existing medically related restrictions that require a duty-to-accommodate.

2) Responsibility of Parents/Guardians

- a) Parents/guardians shall be encouraged to administer prescribed medications or essential procedures at home and not during school hours.
- b) If parents send self-administered medication to school with a student, the parent shall:
 - i) Ensure that medications are in quantities for one (1) day only.
 - ii) Ensure their child is able to secure the medication and that the medication will not be left where others have access to it.
 - iii) Ensure that the child is able to self-administer the medication.
- c) Before any medication or procedure can be administered or supported by employees:
 - i) Parents/guardians shall provide as requested:
 - (1) Request for Dispensation of Medication; and/or
 - (2) Physician Report – Restrictions, or similar information in another format
 - ii) Medications will be administered in accordance with the requirement and directions stated on the request.
 - iii) It is the responsibility of the parent or guardian to ensure that any changes to medication, dosage or procedure are provided in writing to the school.

3) Duty of Employees Related to Non-Prescription Medications

- a) No staff shall provide or administer non-prescription medication to any student unless a Request for Dispensation of Medication is approved.

4) Duty of Employees Related to Prescription Medications

- a) No staff shall provide or administer prescription medication to any student except:
 - i) Upon completion of a Request for Dispensation of Medication Form by the parent or guardian of the student; or
 - ii) Upon direction from emergency personnel in the case of an emergency.
- b) All requests by parents for the administration of prescription medication must be made to the principal of the school.
- c) Upon receiving a request for the administration of medication through a Request for Dispensation of Medication Form, the principal shall make whatever investigation is necessary, including consultations with the prescribing professional and Superintendent to determine the appropriate manner of dealing with the request.
- d) All employees have a duty to assist in the administration of essential medication and procedures in circumstances where it is necessary for the educational requirements of the child.
 - i) No employee shall refuse to act to assist a student in the case of an emergency.

[Note: The Board shall ensure that all necessary insurance requirements are in place to protect teachers and other employees from liability when administering medication or medical treatment in accordance with Section 3.2 of Operational Limits Policy OL-3 Asset Protection of the Board.]

e) Medication Administration Log

- i) Each school shall maintain a Medication Administration Log of all medication provided to a student and be kept on file in a registry separate from a student's cumulative folder for a minimum of three (3) years or, if deemed necessary, up to the student turning twenty-five (25) years of age.
- ii) Whenever possible, any medication should be administered in the presence of another employee or other person designated by the principal and this fact shall be noted on the Medication Administration Log.
- iii) The Principal must ensure that the Medication Administration Log is kept up to date.

f) Storage of Medication

- i) All medications shall be stored in a safe and secure manner in appropriate quantities for safety and convenience.

5) Duties of Employees Related to Essential Procedures

- a) Situations in which students require ongoing procedures of a medical nature that extend beyond the administration of medication shall be reviewed on an individual basis.

- b) Upon receiving the Physician's Report – Restriction form, or similar information in another format, the principal shall make whatever investigation is necessary, including consultations with the prescribing professional and with the Superintendent or to determine the appropriate manner of accommodations.
- c) In the event it is determined that school staff shall carry out the requested essential procedure, an action plan specific to that procedure will be drafted.

6) Training

- a) The principal, in consultation with Superintendent or appropriate consultants shall ensure that each employee has been sufficiently trained with respect to the nature of the medication and/or essential procedure, the needs of the student and the method of administration.

7) Confidentiality

- a) All information relating to the medical condition of a student shall be kept confidential and shall be disclosed only to those persons who require the knowledge in order to perform their employment duties.
- b) The principal and staff shall ensure that any medication and procedures are administered in a manner which allows for sensitivity and privacy.



Request for Dispensation of Medication

- The school requires you to complete and return this form before any medication can be given to your child.
- Prescription medication is to be in the original container with the pharmacy prescription label.
- Non-prescription medication is to be in the original container.
- A new form must be completed if there is a change in the medication.

Student's Name: _____ Date of Birth: ____/____/____
month day year

Address: _____

Parents/Guardians: _____

Home Telephone: _____ Business Telephone: _____ Cell Phone: _____

Medication Request

Medication prescribed: _____

Dosage instructions: _____

Possible side effects: _____

Special handling or storage requirements: _____

In case of an adverse reaction, follow-up care and transportation are as follows: _____

Other pertinent information: _____

I hereby request the administration of medication for my child as detailed above. I recognize the administration of medication will be handled by non-medically trained staff. I agree to provide any information requested by the school that is deemed necessary to support dispensation of medication. Dispensation is subject to approval.

Parent/Guardian Signature: _____ Date: _____

Authorization

Care must be taken to ensure that only those who require the information will have access.

Administrator's Signature: _____ Date: _____

NOTE: A Log of any medication given must be documented and kept on file. The Medication Information Log Form may be used.



Physician Report – Restrictions

Prairie Spirit Board of Education is committed to providing reasonable accommodations as needed to ensure student safety and access to all programs and activities possible within the school setting. To assist with this, it is important that we fully understand the needs and safety considerations as it pertains to any medical condition that may impact students during the school day. Assistance in this will help all involved in developing the most appropriate supports.

Please complete this form for the student named below whom you have attended with regard to a medical condition that may affect him/her at school.

Parent/Guardian

Student Name: _____ D.O.B.: _____

Parent Authorization:

I consent to the release of the following information to Prairie Spirit School Division. The following information is required to allow Prairie Spirit School Division to assist the student to safely attend school.

Parent/Guardian Signature: _____ Date: _____

School Information

Please add any additional questions specific to the particular facts of this situation:

To be completed by Physician

1. Date of last attendance of student: _____ Date of next clinical review: _____

2. Are you the physician primarily responsible for managing the medical conditions discussed in this report?
 Yes No

3. In your opinion, is student fit for safe attendance at school?
Part-time: Yes No **Full-time:** Yes No

If no, in your opinion, when do you expect the student will be fit for safe full-time attendance: _____.

4. Please identify the specific medical restrictions or limitations that may affect the student at school.

Description of Restriction	Expected Duration of Restriction

5. Are the restrictions related to a potentially life-threatening condition? Yes No

If yes, please complete the related form(s) for each condition identified:

- Asthma Seizure Other
 Anaphylaxis Diabetes

6. Please identify any specific procedures that the student may require at school:

Procedure: _____

Frequency required: _____ Time(s): _____

Details: _____

7. Can a non-medical professional be trained to do the procedure? Yes No

8. Is there any possibility that medication may have to be administered on an occasional or emergent basis during the school day (between 8:30 a.m. and 3:30 p.m.)? Yes No

9. Please provide any additional information that you feel would be pertinent and beneficial in order to facilitate the student's safe attendance at school:

Printed Name of Physician: _____

Phone No.: _____

Signature of Physician: _____

Date: _____

FOR SCHOOL USE ONLY

Acknowledgement of Receipt: _____

Administrator's Signature

Date

Retain one (1) copy for student file and send one (1) copy to the Director Designate: Susan Protz, Coordinator.

Medication Administration Log

Retain log for a minimum of three (3) years or, if deemed necessary, up to the student turning twenty-five (25) years of age.

Student Name: _____

Medication: _____
Name
Dosage
Time

Route of Administration: Oral G-Tube Other: _____

If there are any changes to the administration of medication or dosage, a new log must be started.

Date	Time	Initials

Date	Time	Initials