


Windsor-Essex Catholic District School Board



Section: Students

**PROCEDURE Pr ST: 11
Student Health Support
(Including Medication
Administration at School)**

NUMBER:	Pr ST: 11
EFFECTIVE:	Oct. 26, 1999
AMENDED:	Oct. 24, 2000 June 12, 2007 Sept. 25/07 (App. A) April 26, 2011
RELATED POLICIES:	See References
REPEALS:	
REVIEW DATE:	2014- 2015

Note: For administration of emergency epinephrine auto-injectors (Epi-Pen®/Epi-Pen Jr. ®/Twinject®) for students experiencing anaphylaxis/severe allergic shock, please refer to: **ADMINISTRATIVE PROCEDURE PR ST:11A ANAPHYLAXIS (INCLUDING ADMINISTRATION OF EMERGENCY MEDICATION)**

1.0 OBJECTIVE:

- 1.1 To provide guidelines for medication administration to students while at school.
- 1.2 To provide guidelines to support students with serious/life threatening chronic conditions.

PART I MEDICATION ADMINISTRATION

2.0 DEFINITIONS:

- 2.1 “Administration” for the purpose of this policy means:
 - actual administration of the medication if appropriate or necessary;
 - visual supervision and observation of the taking of the medication;
 - safe storage and handling of the medication;
 - recording of the administration of medication on the approved form.

3.0 SPECIFIC DIRECTIVES:

- 3.1 Non-prescription drugs shall not be administered to students. The Principal shall, at the beginning of each school year/semester or upon admission, inform all parents that the school will not administer non-prescription drugs to students. (See Appendix A - *Explanatory Letter to Parents/Guardians Regarding the Administration of Medication* attached.)
- 3.2 Prescription drugs shall be administered to students under the following conditions:
 - i. **Short Term Illness—less than six weeks**
Specific written and signed directions from the parent/guardian shall be acceptable. Additionally, the parents must sign the Acknowledgement on Part 1 of Form A. (See Form A - *Request and Authorization for the Administration of Medication at School* attached).

- ii. **Long Term Illness—six weeks or more**
Receipt of prior written authorization from the parents/guardians (Part 1 of Form A) and attending physician shall be required (Part 2 of Form A - *Request and Authorization for the Administration of Medication at School* attached).
- 3.3 For either short term or long-term illness, prescription drugs shall be hand delivered by the parent/guardian to the Principal or his/her designate who shall inform the Principal as soon as possible.
- 3.4 The prescription drugs must be packaged in the original container as supplied by a pharmacist. The package must be clearly labelled with:
- i. The child's name
 - ii. The name of the drug
 - iii. The date of purchase
 - iv. Instructions for storage
 - v. Specific directions for administration (Do **not** administer if the instructions are "administer as required")
 - vi. Prescribing physician's name
- 3.5 All consent forms, including the attending physician's written instructions in the case of a Long Term Illness, shall be maintained in the Principal's office as well as provided to the person responsible for supervising and administering the medication. **In the case of student who has an anaphylactic allergy**, the forms, with the physician's instructions, shall be placed in the student's individual file, which shall be maintained by the Principal pursuant to Board Policy ST: 11A Anaphylaxis.
- 3.6 For every child receiving medication, the telephone numbers of the parents and physician in the case of a Long Term Illness, must be readily available at school. **Note: It is the parents' responsibility to ensure that the school has the correct telephone numbers.**
- 3.7 Upon receipt of a completed form, including the signature of the prescribing physician in the case of a Long Term Illness, the Principal shall:
- a. Store the medication in a secured, but accessible school office as required;
 - b. Establish and carry out a procedure for the administration of medication in a manner which allows for sensitivity and privacy and which encourages the student to take as much responsibility for his/her own medication as is appropriate and desirable. Staff may not refuse to administer potentially life-saving medication, as with an Epi-Pen®.
 - c. Ensure that appropriate records are maintained. Specifically, **in the case of a student who has an anaphylactic allergy**, ensure that the required records as set out in Policy ST: 11A Anaphylaxis and Administrative Procedure Pr ST: 11A Anaphylaxis Procedure (Including Administration of Emergency) are maintained.
 - d. Return any medication to the parent/guardian at the end of the school year or at the end of the prescription period. If unable to return to the parent/guardian, the Principal shall request a local pharmacist to dispose of the remaining prescription.

- 3.8 Students **diagnosed with having Asthma** should be expected to be properly instructed by a physician and/or parent/guardian in the use of inhaled medication at the appropriate age determined by their physician and/or parent.

Students, as determined by their physician/parent, who are able to self-administer, should carry their own medication on their person at all times. The appropriate medical form still must be completed (See Form A - *Request and Authorization for the Administration of Medication at School* attached). The physician and parent/ guardian should indicate on the medical form that the student is competent to carry and self-administer this medication.

For those students who are unable to carry or self-administer their own medication, as determined by their physician and/or parent guardian, an Individual Health Support Plan (see Form B - *Student Health Support Plan* attached) should be completed by the student's parent/guardian and physician, and shared with the school.

- 3.9 Notification for the administration of **pumped or injected insulin** requires the completion of Form A. (See Form A - *Request and Authorization for the Administration of Medication at School* attached). If students are of an age, as determined by a physician, to self-administer insulin by injection or through an infused pump, the physician and parent/guardian should indicate on the medical form that the student is competent to self-administer his/her medication.

Schools may supervise students during their blood sugar checks, record the findings and also provide a secure storage area for the insulin and syringes. Sharps shall be disposed of in accordance with *Administrative Procedure Pr H:06A Procedure for the Disposal of Sharps*.

Board staff will not be expected to administer insulin or conduct blood sugar checks. For students with diabetes who require assistance with the administration of insulin either through injections or an infused pump, or who require assistance in conducting blood sugar checks, the parents/guardian shall request their physician to contact the Community Care Access Centre and make arrangements for a nurse to come to the school on a scheduled time and administer insulin/conduct blood sugar tests as pre-arranged by the physician and/or parents/guardian.

An individual Student Health Support Plan (see Form B - *Student Health Support Plan* attached) shall be completed by the student's parent/guardian and physician, and shared with appropriate staff as directed within this Procedure.

- 3.10 An individual "Record of Medication Administration at School" (see Form C attached) shall be maintained for each student to record the administration of medication at school.

PART II PROCEDURES FOR THE DEVELOPMENT OF THE STUDENT HEALTH SUPPORT PLAN

4.0 PRE-AMBLE:

- 4.1 Students with serious medical conditions (including but not limited to diabetes (i.e., Type 1, Type 2, and Gestational), asthma, epilepsy, haemophilia, heart conditions) who are at high risk with respect to life-threatening situations, have unique medical needs which must be managed to assure their good health and ability to learn. Special accommodations may be required that allow the student to monitor and or manage his/her medical condition while in school, while involved in extracurricular activities and while on field trips/school excursions.

Through a collaborative effort with the student, parent/guardian, and physician, school personnel, equipped with a comprehensive Plan, can provide a student with a supportive environment for health and learning in the school setting.

- 4.2 An effective Student Health Support Plan at school can help:

- Provide a supportive learning environment for students
- Reduce absences
- Reduce disruption in the classroom
- Provide the necessary support in the event of an emergency
- Achieve full participation in physical activities
- Foster self esteem

- 4.3 A Student Health Support Plan should contain:

- A plan for communicating with parents and the student's medical providers
- Indicators and procedures for administering medications
- Specific actions for parents/guardians, pupil and school personnel to perform in the management program
- An emergency action plan individualized to the student's needs

5.0 SPECIFIC DIRECTIVES:

- 5.1 A Student Health Support Plan shall be completed by the parent/guardians and physician for each student who is considered to have a serious/life threatening condition, and shall be shared with the school. (see Form B - *Student Health Support Plan* attached).
- 5.2 The Plan will be communicated to appropriate staff; including bus operators, itinerant and occasional teachers, educational assistants and other authorized personnel.

- 5.3 The parent/guardian of a student with a serious/life threatening condition is strongly encouraged to have the proper identification on the student at all times (i.e. MedicAlert Bracelet).
- 5.4 The parent/guardian is responsible for providing, in advance, supplies or equipment necessary to support the Plan.
- 5.5 When supplies or equipment are entrusted to the Principal, they shall not be used until clear instructions have been received in writing from the parent/guardian and/or qualified medical authority.
- 5.6 When a Student Health Support Plan is referred to in the student's file and medical equipment/supplies have not been provided, or when updated documentation has not been provided, the Principal shall make a request in writing, as set out in Appendix B - *Letter to Parents Requesting Information or Medical Equipment/Supplies*, with a request for acknowledgment of receipt of the letter. A copy of the letter shall be kept in the file. If the acknowledgment, medication, or required documentation is not received by the date specified within the request, the Principal shall contact the parents/guardians with a verbal request and document the date of that request within the student's file.
- 5.7 Parents/guardians must update the Student Health Support Plan as required, and at least prior to the start of each school year.

6.0 RESPONSIBILITY:

- 6.1 Staff must be aware of and follow the Student Health Support Plan to the best of their ability.
- 6.2 In consultation with the parents/guardians, where it has been determined it is necessary to implement a particular Student Health Support Plan, the principal shall contact a community health care organization to provide staff information sessions (e.g., a nurse from the Diabetes Wellness Centre (Diabetes Programme) Windsor-Essex Community Health Centre or the Windsor-Essex Health Unit. Annual sessions may be necessary (as with a student with Type 1 Diabetes.)

PART III GENERAL

- 7.0 7.1 In emergency situations, the principal shall follow the procedure as outlined in the Student Health Support Plan when calling ambulance services to transport the student to the nearest medical facility.

In emergency situations where no Student Health Support Plan is in place, the principal is to use his/her judgement in authorizing accredited ambulance services to transport the pupil to the nearest medical facility.

7.2 When acting under this policy, staff is covered by the Board's liability insurance.

PART VI APPENDICES

8.0 Appendix A – Explanatory Letter to Parents/Guardians Regarding the Administration of Medication

Appendix B - Letter to Parents/Guardians Requesting Information or Medical Supplies

Form A – Request and Authorization for Administration of Medication at School

Form B – Student Health Support Plan

Form C - Record of Medication Administration at School

PART VII RESOURCE

9.0 Diabetes Resource Package, Windsor Essex County Health Unit (2011)



Windsor-Essex Catholic District School Board

Explanatory Letter Regarding the Administration of Medication

Dear Parent(s) or Guardian(s):

The Windsor-Essex Catholic District School Board has adopted a comprehensive policy for the administration of medication. The purpose of this policy is to ensure that prescription drugs are administered correctly to those pupils who, as a result of proper physician and parental authorization, are deemed to require such medication.

The school will not administer non-prescription drugs to pupils at any time.

The school will administer prescribed medication provided all requirements of the policy are met. This policy includes, in part, a requirement that the medication be administered from the original container as supplied by the pharmacist, which shall include:

- 1 The child's name
- 2 The name of the drug
- 3 The date of purchase
- 4 Instructions for storage and administration
- 5 Prescribing physician's name

In addition, written authorization from the parent (**for Short Term Illness**) and physician (**for Long Term Illness**) should include:

- 1 Name of medication
- 2 Dosage
- 3 Frequency and method of administration
- 4 Dates for which the authorization applies—the form is valid until the prescription expires or is altered by the physician, whichever comes first. It is the responsibility of the parent/guardian/student to ensure that a new form is completed when required and returned to the school. Any cost associated with the completion of this medical request is the sole responsibility of the parent/guardian.
- 5 Possible side effects, if any.
- 6 **Request for administration of the Epi-Pen®/Epi-Pen Jr.®/Twinject® must be made in accordance with Board Policy ST:11A Anaphylaxis.**

Finally, the Board and its employees assume no liability as a result of the implementation of this practice.

Parents or guardians should call their school Principal if they have any questions regarding this policy.



Windsor-Essex Catholic District School Board

SAMPLE

Letter to Parents/Guardians Requesting Updated Information or Medical Equipment/Supplies to Implement the Student Health Support Plan (on School Letterhead)

Dear Parent(s) or Guardian(s):

Our files indicate that (student's name) has a Student Health Support Plan to assist with the in-school management of a diagnosed medical condition that may result in a serious/life threatening situation.

We require the following in order to provide for the safety of your child:

1. A complete and updated Request & Authorization Form for the Administration of Medication at School. (If not already completed.)
2. A completed and updated Student Health Support Plan. (If not already completed.)
3. The following medical equipment and supplies required to implement the actions noted in the student's (Emergency Action Plan/In-School Student Health Support Plan/Daily Management Plan.)

Your prompt attention to the above is appreciated. We would welcome an opportunity to meet with you to discuss your child's Student Health Support Plan. Please provide this information/medication by (date).

Yours sincerely,

Principal

PLEASE COMPLETE AND RETURN THIS FORM TO THE SCHOOL

We, the parents/guardians of (name of student) have received and read the letter requesting documentation and/or medical supplies/equipment required by the school to effectively implement our child's Student Health Support Plan.

Signature of Parents/Guardians

Date



Request & Authorization for the ADMINISTRATION OF MEDICATION at School

THIS FORM IS TO BE RETURNED TO THE SCHOOL

PART 1 TO BE COMPLETED BY THE PARENT/GUARDIAN/STUDENT – if not a minor

I request the _____ to ensure that _____
School Name of Student D.O.B.

receive the medication prescribed by _____ as attached.

- Notes:
1. The medication provided must be supplied in the original prescription container, labeled with the name of the medicine, the physician's name, the amount to be taken and the time(s) to be taken, expiration date and the student's name.
 2. Authorization must be signed by the student or, in the case of a minor, by the parent or legal guardian, whichever is the appropriate legal authority. In the case of a person who is disabled to such a degree as to be incapable to give consent, the next of kin may authorize the administration of medicine.
 3. It is understood that the request is being made for school staff to undertake the administration of medicine, and that such staff are not medical professionals. The staff will make every effort to ensure that medication is administered in an appropriate manner, and at the times requested.

ACKNOWLEDGEMENT:

I acknowledge that non-medical personnel are being asked to undertake the administration of medication or medical procedures to my son/daughter _____. I understand that there is some inherent risk in having non-medical personnel undertake the administration of medications and procedures, and accept the risks associated with this request.

Date: _____ Signed: _____
(parent/guardian/student – if not a minor)

Address: _____

PART 2 TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN (Long Term Illness)

The following medication has been prescribed. It is necessary for this medication to be administered during school hours by personnel other than the parent/legal guardian:

Medication/Dosage/Method of Administration:	
Indications for Administration :	
Other Instructions:	
Cautions/Notable Side Effects:	
Period of Authorization: From:	To:
Prescribing Physician's Name: (Please print)	
Address:	Telephone Number:
Date:	Prescribing Physician's Signature

Authorization for the collection of this information is in the Education Act. The information will be used to assist the WECDSD in implementing health support services to students, including the administration of prescribed medication. Users of this information may be principals, teachers, support staff, volunteers, bus operators and drivers. This form will be kept for a minimum period of one school year and then shredded. Contact person concerning this collection is the school principal.

NOTE: This form is valid until the prescription expires or is altered by the physician, whichever comes first. It is the responsibility of the parent/guardian/student to ensure that a new form is completed when required and returned to the school. Any cost associated with the completion of this medical request is the sole responsibility of the parent/guardian.



STUDENT HEALTH SUPPORT PLAN
(CHRONIC AND HIGH RISK MEDICAL CONDITIONS)

Authorization for the collection of this information is in the Education Act. The purpose is to develop an individualized in-school student health support plan, and, in emergency situations, to administer medication as prescribed and/or obtain medical treatment. Users of this information may be principals, teachers, support staff, volunteers, bus operators and drivers. This form will be kept for a minimum period of one school year and then shredded. Contact person concerning this collection is the school principal.

STUDENT INFORMATION *(to be completed by Parent(s)/Legal Guardian(s)/Student - if not a minor)*

Name of Student:				STUDENT PHOTOGRAPH
Birth Date: (dd/mm/yy)		Medic Alert I.D.:		
School Name:				
Home Address:				
Home Telephone:		Emergency Telephone:		
Name of Father:		Business Telephone:		
Name of Mother:		Business Telephone:		
Name of Legal Guardian:		Business Telephone:		

MEDICAL INFORMATION - CHRONIC / HIGH RISK MEDICAL CONDITION *(to be completed by Family Physician)*

Chronic/High Risk Medical Condition:			
Possible Signs of Acute Symptoms:			
Recommended Response:			
Medication:		Dosage:	
Medication:		Dosage:	
Additional Instructions or Information:			
Name of Physician: (PLEASE PRINT)		Physician's Telephone:	
Signature of Physician:		Date:	

STUDENT INFORMATION <i>(to be completed by Parent(s)/Legal Guardian(s)/Student - if not a minor)</i>			
Name of Student:			
Birth Date: (dd/mm/yy)		Medic Alert I.D.:	Date of Health Support Plan:

PARENT / GUARDIAN COMMITMENTS
At School
<input type="checkbox"/> Complete STUDENT HEALTH SUPPORT PLAN in conjunction with Principal or Designate
<input type="checkbox"/> Provide appropriate medication/supplies and consent for administration
<input type="checkbox"/> Provide up-to-date photos if necessary
On Field Trip/Excursion
<input type="checkbox"/> Fill out appropriate area on Field Trip/Excursion Information form and provide special instructions

EMERGENCY ACTION PLAN
<i>(to be completed by Parent(s)/Legal Guardian(s)/Student (if not a minor) with school personnel input as necessary)</i>

IN-SCHOOL STUDENT HEALTH SUPPORT PLAN / DAILY MANAGEMENT PLAN
<i>(to be completed by Parent(s)/Legal Guardian(s)/Student (if not a minor) with school personnel input as necessary)</i>

Note for students with Type 1 diabetes: An in-school student health support/daily management plan shall be developed so that students can safely manage their diabetes. The following must be adhered to as part of the Plan: while in-school the student has the right to do blood sugar checks in the location the child is in when the need arises; treat hypoglycemia with emergency sugar, inject insulin; eat snacks when necessary at any location inside or outside the building; eat lunch at an appropriate time and have enough time to finish the meal; have free and unrestricted access to water and the bathroom; participate fully in physical education classes, gym classes and other extracurricular activities, including field trips; and other accommodations as necessary to carry out all aspects of his/her daily management in a safe and supportive environment. A blood glucose chart, specific to the student, should be attached to the Plan identifying symptoms and action to be taken at various blood glucose levels.

STUDENT INFORMATION (to be completed by Parent(s)/Legal Guardian(s)/Student - if not a minor)

Name of Student:			
Birth Date: (dd/mm/yy)		Medic Alert I.D.:	Date of Health Support Plan:

PARENT / GUARDIAN AGREEMENT

I, _____, acknowledge my participation in the development of the preceding Student Health Support Plan and agree to execute reliably the parent/guardian commitments listed within them.

I give my consent for the staff of _____ School to execute the Plan. I understand that this Plan will be reviewed annually (prior to the beginning of each school year) and I will update the school if circumstances change before the review.

I/We acknowledge that it is neither the objective nor purpose of the school to administer medication to students and understand that the school is prepared to undertake this activity as a last resort. In the event of an emergency, I authorize the school staff identified in the Plan to administer the designated medication and obtain suitable medical assistance. I agree to assume responsibility for all costs associated with medical treatment and absolve the Windsor-Essex Catholic District School Board and its employees of responsibility for any adverse reactions resulting from administration of the medication.

I/We the parents/guardians of _____ give permission for this individual Student Health Support Plan to be displayed in the school office, staff room, homeroom, school bus, cafeteria, food service office, and for other parents and concerned individuals to be advised of our child's condition.

Signature Parent/Guardian/Student (if not a minor)	Date

School Principal will direct copies to: Parent, Teacher(s), Student's Ontario Student Record, General Manager of Student Transportation, other staff working directly with the student on a daily basis, and post as appropriate.

