


**Windsor-Essex Catholic District School Board**



Section: Students

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

<b>NUMBER:</b>	Pr ST: 11
<b>EFFECTIVE:</b>	Oct. 26, 1999 Sept.26/18
<b>AMENDED:</b>	Oct. 24, 2000 June 12, 2007 Sept. 25/07 (App. A) April 26, 2011 Sept.25/18
<b>RELATED POLICIES:</b>	See References
<b>REPEALS:</b>	
<b>REVIEW DATE:</b>	2023-2024

**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)***

*For further information on the development of a plan for a student with asthma please refer to **POLICY/PROCEDURE ST: 11B POLICY/PROCEDURE ENSURING ASTHMA FRIENDLY SCHOOLS***

**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~~ their 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.
- An Individual Health Support Plan or Plan of Care (see Form B – Plan of Care – Anaphylaxis attached) shall be co-created by the student's parent/guardian and physician, the student, depending on their development and capacity for self management, and the Principal or designate.
- 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 their 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.

An Individual Health Support Plan or Plan of Care (see Form C – Plan of Care – Asthma attached) shall be co-created by the student’s parent/guardian and physician, the student, depending on their development and capacity for self management, and the Principal or designate.

- 3.9 Notification for the administration of **pumped or injected insulin** requires the completion of 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 their 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 or Plan of Care (see Form D – Plan of Care – Type 1 Diabetes attached) shall be co-created by the student’s parent/guardian and physician, the student, depending on their development and capacity for self management, and the Principal or designate.

- 3.10 An individual “Record of Medication Administration at School” (see Form G 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 OR PLAN OF CARE**

### **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, anaphylaxis, 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 their 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 of Care, can provide a student with a supportive environment for health and learning in the school setting.

- 4.2 An effective Student Health Support Plan or Plan of Care 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 or Plan of Care 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 The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed, and/or updated by the parent(s) in consultation with the Principal or the Principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition).  
  
**(Plan of Care forms are attached including specific templates for Anaphylaxis, Asthma, Diabetes and Epilepsy (Forms B to E). Form F is a template Plan of Care for any other chronic and high risk medical condition).**
- 5.2 The Principal or designate will provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan.
- 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 or Plan of Care 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.

## 6.0 RESPONSIBILITY:

- 6.1 Staff must be aware of and follow the Student Health Support Plan or Plan of Care 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 or Plan of Care, 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 or Plan of Care when calling ambulance services to transport the student to the nearest medical facility.

In emergency situations where no Student Health Support Plan or Plan of Care is in place, the Principal is to use their 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 IV APPENDICES**

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

Appendix B - Letter to Parents/Guardians Requesting Updated Information or Medical Equipment/Supplies to Implement Student Health Plan or Plan of Care

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

Form B – Plan of Care – Anaphylaxis

Form C – Plan of Care – Asthma

Form D – Plan of Care – Type 1 Diabetes

Form E – Plan of Care – Epilepsy

Form F – Chronic and High Risk Medical Conditions

Form G - Record of Medication Administration at School

### **PART V RESOURCE**

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