



STUDENT SERVICES 12 – Administering Medications and Medical Treatment to Students

Date: May 25, 2005

Responsible Administrator: Director, Student Services

1.0 RATIONALE

The safe management of administering medications and medical treatment to students should:

- 1.1 promote self management;
- 1.2 be developmentally appropriate according to the physician (See Appendix I3: Developmental Consideration for Medication and Medical Treatment Management);
- 1.3 provide the framework to support school staff in their medication and medical treatment management role;

2.0 PROCESS

The Superintendent, or designate, shall be responsible for implementing this administrative practice.

3.0 GUIDELINES

- 3.1 The principal or designate is responsible to ensure that:
 - 3.1.1 All staff (including bus drivers) are informed regarding the need for emergency medication for students.
 - 3.1.2 Training is provided to all staff (including bus drivers) in the administration of emergency medication.
 - 3.1.3 Emergency medication is available at school, on field trips and during transportation for students requiring it.

References: *Board Policy: G/II/2 – Health and Safety*



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3.2 Non-prescribed Medication

Non-prescribed medication shall not be distributed to any student enrolled in a Division school.

3.3 Prescription Medication or Medical Treatment

If a student must receive medication or medical treatment prescribed by a medical practitioner during the school day or during extra-curricular activities, and the student is incapable of self-administration, the following will apply:

3.3.1 The parent must request in writing to the principal that the school store medication and medical treatment equipment to enable:

3.3.1.1 student self-administration where appropriate (e.g. asthma inhalers);

3.3.1.2 administration of medication and medical treatment. Written instructions must be signed by the parent and the physician.

3.3.2 Except in the case of accidents and emergencies, no employee shall administer any medication or medical treatment unless the conditions in a Guideline 3.2.1. are met.

3.3.3 No physical therapy will be performed on students by school personnel without the supervision and direction of a physiotherapist or occupational therapist.

3.3.4 Only the principal or designate will administer the medication and/or medical treatment.

References: *Board Policy: G/II/2 – Health and Safety*



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3.4 Medication Administration

3.4.1 Procedures (In accordance with *Guide to Developing Student Focused Medical Treatment Management Plan for Students with Specialized Health Care Needs – Appendices 6 – 14*)

3.4.1.1 Assign an informed school staff member to be in charge of medication and/or medical treatment administration.

3.4.1.2 Administer/monitor the medication and/or medical treatment as outlined by the physician.

3.4.1.3 Record the medication as “Taken” or “Not Taken” on the student’s individual Medication Management Record.

3.4.2 Off-site administration of medication and/or medical treatment must conform to this Administrative Practice (*See Reference Guide to Developing Student Focused Medical Treatment Management Plan for Students with Specialized Health Care Needs – Appendix 14*)

3.4.3 Storage of Medication (consistent with *Guide to Developing Student Focused Medical Treatment Management Plan for Students with Specialized Health Care Needs*)

3.4.3.1 All physician prescribed medications to be administered will be kept in their original container and placed in a locked container until needed.

3.4.3.2 Medication, when appropriate, must be bubble packed.

3.4.3.3 All physician prescribed medications required for emergency situations should be kept with the student and/or stored in an accessible office area if the nature of the reaction would allow for the time to safely retrieve it for emergency use.

3.4.3.4 Where emergency medication might be required on the bus to and from school, medication is to be kept with the student and/or stored on the bus.

References: Board Policy: G/II/2 – Health and Safety



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3.5 Admission of Students Requiring Specialized Health Care to School and Class

In those circumstances where a student is dependent upon sophisticated life-support medication, or susceptible to severe reaction or injury, appropriate arrangements with parents will be made to ensure the welfare of the child.

3.5.1 A plan, based on the Guide to Developing a Student Focused Medication and/or Medical Treatment Management Plan for Students with Specialized Health Care Needs, should be in place to ensure that the student being administered medication and/or medical treatment is complete and accurate. A copy of this plan should be provided to the parent and be updated at least on an annual basis.

3.5.2 Reasonable provisions should be made to enable the child to receive special medical treatment as required at school.

3.5.3 In cases where reasonable provisions cannot be made, the School Division will be responsible for locating an educational setting that provides the medical requirements for the student.

3.6 Responsibilities and Rights of Staff

3.6.1 A staff member engaged in the administration of medication or medical treatment has the responsibility to provide the same care and concern for the student as could reasonably be expected of a parent under those circumstances.

3.6.2 A staff member involved in the administration of medical and/or medical treatment has the following rights:

3.6.2.1 to receive a copy of the written instructions provided by the parent and physician;

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- 3.6.2.2 to clarify his/her role in providing medication or treatment with the principal or designate, who may seek further clarification from the parent or physician or instruct the employee to do the same;
- 3.6.2.3 to affirm that the insurance coverage carried by the School Division adequately reflects the medical situation in which he/she is involved;
- 3.6.2.4 to require that a Medical Treatment of Students at School Release Form be signed by the parent which includes a section waiving the rights of the parent to pursue the School Division or its personnel in an action to recover damages for improper administering of medication or medical treatment;
- 3.6.2.5 to expect to access the appropriate training to perform the expected medical responsibilities;
- 3.6.2.6 to receive written direction from the principal or designate in those situations which involve long-term medical care;
- 3.6.2.7 to protest, in writing, should he/she not feel competent to fulfill the medical responsibilities.

References: *Board Policy: G/II/2 – Health and Safety*



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FORMS

Medication and Medical Treatment



Appendix 1

Request for Medication and Medical Treatment to be Given at School for Students Requiring Specialized Health Care

(Ref. Section 3.4 of Administrative Practice Student Services 12)

To: Parent or Guardian

Re: Your Request for Medication and Medical Treatment to be Given at School

Students may require physician prescribed medication to be taken and medical treatment to be given during school facility hours. To ensure the safe management of medication and medical treatment, each student should have his/her own Medication Management Plan developed during a meeting with school facility staff.

To prepare for this meeting, please:

1. Read the information provided.
2. Complete the parent's section of the Medication and Medical Treatment Management Plan using information from the pharmacy label on your child's medication and the information sheet provided by your pharmacist and direction from your physician.
3. Complete and sign the Medication and Medical Treatment Management Parental Consent form.

If you have questions or require assistance, a community health nurse is available to help you. Please call the school facility for their name and number.

School Principal



Appendix 2 Release Form Medical Treatment of Students at School

The undersigned _____, being the legal parent/legal guardian of _____, a student of Sturgeon School Division, do hereby request and authorize personnel employed by the Division to provide necessary first aid and medical treatment to the said student, and for so doing, this will serve as a release and indemnification of and from any action or inaction of any personnel of the Division associated with the rendering of first aid or administering of medical treatment to the said student. Further, the undersigned legal parent/legal guardian recognizes and acknowledges that the personnel employed by the School Division who may, as a result of this request, be rendering first aid or administering medical treatment to the said student, are not medical practitioners.

Dated at _____, in the Province of Alberta,
this _____ of _____ A.D., _____
day month year

Signature of Parent/Guardian

Signature of Witness



Appendix 3

Medication and Medical Treatment Management Parental Consent

Student Name: _____
Last /First

Emergency Medical Contact Name _____

Phone (home) _____ (work) _____

Pager/Cell _____

The information you provide will be held in confidence to assist school facility staff in responding appropriately to the medication management needs of your child. All information placed in a student's file will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act and the Health Information Act (HIA), where applicable.

I request that school facility staff administer/monitor my child's medication and medical treatment in accordance with the Medication and Medical Treatment Management Plan.

I will supply the physician prescribed medication, bubble packed when appropriate, in its original container with the pharmacy label attached and will supply the physician's direction regarding medical treatment and the necessary physician prescribed medical equipment supplies to facilitate treatment. Medical equipment and supplies will be accompanied by clear instructions as to proper use. The good working order of these devices will be the responsibility of the parent.

The parent/legal guardian is to provide instruction on the proper administration of the medication and medical treatment after having received instruction from his/her medical practitioner/health professional (as necessary).

The parent/legal guardian is to repeat and update this instruction should:

- The student's medical condition change
- The intervention requirements change
- There be a change in school staff assisting the student in the medical intervention
- The assisting staff request a review or refresher of the medical intervention
- Professional instruction for medical treatment may be requested and will be provided on request

I have provided the above and completed the required instruction at
(location) _____ on (date) _____

Parent/Guardian Signature

MEDICATION AND MEDICAL TREATMENT MANAGEMENT PHYSICIAN'S REPORT

Confirmation from Student's Physician

I hereby confirm that the following medication/treatment _____
_____ for _____ (name of student)

to be administered as follows:

1. Specific direction/prescription _____ (time and dose)
2. The service required is of such a simplistic nature that a lay person (teacher, teacher assistant, secretary) could successfully perform the function;
3. The service has to be performed during regular school hours and/or approved school activities;
4. The service is critical to the well being and functioning of the student; and
5. No other reasonable alternative is available (i.e. through a community agency).

Name of Physician

Year

Month

Day



Appendix 4 Medication and Medical Treatment Management Plan

This plan is intended for physician prescribed medications and medical treatments only.

Male Female

Student's Name _____ Date of Birth – Day/Month/Year _____

	Medication/Medical Treatment #1 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication/Medical Treatment #2 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication/Medical Treatment #3 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication/Medical Treatment #4 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor
Received medication in original container	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Medication information sheets provided	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Medical treatment physician's direction	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Name of Medication				
Desired effects of medication/ medical treatment				
Possible side effects of medication/ medical treatment				
Plan of action in response to side effect(s)				
Dose of medication				
Route of administration (i.e. by mouth)				
Time(s) of medication/ medical treatment to be given at school/facility				
Start date of medication/ medical treatment				
Finish or review date of medication/medical treatment				
Location of medical treatment/ medication administration/ monitoring				
Name of staff person to administer/monitor medication/medical treatment				
Name of alternative staff to administer/monitor medication /medical treatment				
Special instructions (please attach pharmacy printout)				
Please attach medical treatment physician's direction				

Parent Name: _____ Signature: _____ Date: _____

Staff Name: _____ Signature: _____ Date: _____

Other: _____ Signature: _____ Date: _____



Appendix 5 Medical Alert

(Post in a staff area for ALL staff)

(The information on this form is to correspond with the Request for Administration of Medication/Medical Treatment Form)

Student Name _____

Grade _____

Teacher _____

Medical condition _____

Symptoms of reactions _____

Photograph of Student

DO THIS IMMEDIATELY

Staff who know how to help student _____

Medical treatment _____

Name of medication _____

Dosage _____

Method of administration _____

Location of medication _____

Administer within _____ minutes

If no relief _____

Possible side effects _____

N.B.

For life-threatening reactions call 911 Ambulance (or local ambulance) _____

Permission to Post Student Medical Information

The *Freedom of Information and Protection of Privacy (FOIP) Act* sets controls and standards on how school jurisdictions collect, use, and disclose personal information in their custody or under their control.

Because it is important to quickly identify the type of medical attention required by a student in need of medical treatment, we are requesting your permission to post your child's information (name, picture, and medical information) as listed on the *Medical Alert Form* in a prominent place at the school accessible to all staff, agencies and volunteers who work with your child. We understand that the student's medical information is provided to Sturgeon School Division for use in compliance with the *FOIP Act*.

I _____ hereby grant consent to
(parent/guardian)
Sturgeon School Division to post my child's information as listed and described on
the *Medical Alert Form*.

Full name of student

Grade and School of student

Signature of parent/guardian

Date



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Guide to Developing a Student Focused Medication and Medical Treatment Management Plan for Students with Specialized Health Care Needs

“...where great things are happening”



Appendix 6

Medication and Medical Treatment Management Plan Roles and Responsibilities

Parent Role	School/Staff Role	Student/Child Role	Community Health Nurse Role
<ul style="list-style-type: none"> • Communicate with school staff to discuss medication and medical treatment and effects. • Review the medication and medical treatment management information. Complete the Plan and sign the Consent Form. • Ask the doctor or the pharmacist to schedule medication and medical treatment so that a minimum number of doses and sessions are given at school/facility. • Suggest methods of delivering medication treatment and preparing / giving medical and indicate special tips that have been effective at home. • Discuss with the student the need for medication and medical treatment to be given at school/facility. Include as many details as possible. • Notify the school/facility in writing of all changes of medication and medical treatment given at school/facility (e.g. dosage, new medication or discontinued medication and change in medical treatment). • Confirm with the school/facility by phone that all written documentation has reached the school/ facility. 	<ul style="list-style-type: none"> • Provide parent with medication and medical treatment management information. • Meet with the student and parent(s) to complete a Medication and Medical Treatment Management Plan. • Assign designated staff person(s) to administer or monitor the medication and medical treatment being given. • Develop an orderly system to document and store medication and medical treatment equipment (eg. consent, medication cup, Medication and Medical Treatment Record sheet). • Document all medication and medical treatment changes in the Medication and Medical Treatment Management Record that have been provided in writing by the parent. • Request an inservice or training, as necessary, regarding carrying out medication administration and medical treatment activities. • Ensure all school/facility staff who have contact with the student are aware of the student's condition (ie. teachers, supervisors or substitute teachers and support staff, operators, workers) as appropriate. 	<ul style="list-style-type: none"> • Be aware of the need for medications and medical treatment in school/facility. • Participate in the development and revision of their medication and medical treatment plan (as appropriate for age and ability). • Ensure all correspondence from parents is promptly given to the appropriate person at school/facility. • Bring home written information from the school/facility and give to your parents. 	<ul style="list-style-type: none"> • Advocate for student / facility or school to develop and implement a Medication and Medical Treatment Management Plan, as required. • Facilitate the development of a Medication and Medical Treatment Management Plan. • Support medication and medical treatment management inservicing for school/facility staff and parent <ul style="list-style-type: none"> ○ Desired effects and side effects of medication and medical treatment ○ Medication and medical treatment storage. ○ Administering/monitoring medication and medical treatment changes. ○ Epi-pen inservicing. • Link with pharmacists, physicians and community agencies to provide support as necessary. • Support parent and schools/ facilities when issues arise.



Appendix 7 Safety Considerations

Parent Role	School/Staff Role	Student/Child Role	Community Health Nurse Role
<ul style="list-style-type: none"> • Request that the pharmacist provide the medical treatment resources and medication in the original container for the school/facility. • Provide the medication, whenever appropriate, in single dose units and bubble packed. • Provide pharmacy drug information sheets that outline the effects of the medication when given correctly and what signs and symptoms would indicate a problem. • Replace medication before expiry date to avoid missing a dose. • Provide medication and medical treatment updates at least once a year and when medication is changed. • Develop a plan of action to address side effects. • Provide instructions about what to do if a dose or medical treatment session is late or missed. 	<ul style="list-style-type: none"> • Assign one person for managing medication for all students OR one designated person for a particular student. • Have a trained alternate person available at all times to give medication and medical treatment. • Select staff for this activity who are directly involved with the student and comfortable with the role. • Attach drug information sheets to the Plan and Parental Consent. • Be familiar with the desired effects and the side effects of the medication and medical treatment as outlined in the Plan. • Be familiar with the action plan to address side effects. <p><i>If a student in your school is at risk for anaphylactic reactions, ensure that all staff are trained to deal with an emergency situation.</i></p>	<ul style="list-style-type: none"> • Communicate any side effects to school/facility staff and parents. 	<ul style="list-style-type: none"> • Assist with the development of a plan of action in the event of side effects. • Provide orientation (as needed) to school/facility staff about importance of safety checks when administering medications and medical treatment.



Appendix 8

Location of Medication and Medical Equipment

Parent Role	School/Staff Role	Student/Child Role	Community Health Nurse Role
<ul style="list-style-type: none"> • <i>Reinforce with student and school/facility staff the importance of keeping medications needed for emergency situations with student at all times.</i> • Ensure that school/facility staff are aware of storage guidelines for medical treatment equipment and medications (ie. refrigerate or away from light). 	<ul style="list-style-type: none"> • Allow students to carry medications needed for emergency situations (asthma inhalers, epi-pens) with them at all times as developmentally appropriate. • Store medications in one central locked cabinet that is off limits to students. • Medications requiring refrigeration should be placed in a clearly marked, locked container in the refrigerator. • Unused medication should be returned to the parent. • Plan for medication and medical treatment administration when the student is off-site (eg. field trips). See Recommendation for Off-Site Medication and Medical Treatment Administration 	<ul style="list-style-type: none"> • Keep medications needed for emergency situations (asthma inhalers, epi-pens) on your person. • Know how and when to take your medication. • Know who to report to for medication and medical treatment management and how to access them. 	<ul style="list-style-type: none"> • Assist school/facility staff in implementing a plan that supports students to carry their emergency medications.



Appendix 9 Medication Preparation

Parent Role	School/Staff Role	Student/Child Role	Community Health Nurse Role
	<ul style="list-style-type: none">• Check Medication Management Record to ensure medication not already given.• Confirm that medication identified on the container label, Medication Management Record and Medication Management Plan Consent are the same.		<ul style="list-style-type: none">• Be available for follow-up as required.



Appendix 10

Medication and Medical Treatment Administration and Monitoring

Parent Role	School/Staff Role	Student/Child Role	Community Health Nurse Role
<ul style="list-style-type: none"> • Instruct child not to share medication with anyone. 	<ul style="list-style-type: none"> • Every effort should be made to allow privacy while administering medication and medical treatment. • Explain the process to the student. • Check the five “rights”: <ol style="list-style-type: none"> 1. Right child 2. Right medication 3. Right dose 4. Right time 5. Right route (ie. By mouth) • Praise the student and tell them when the next dose and medical treatment is due. 	<ul style="list-style-type: none"> • Participate in the medication and medical treatment process as agreed upon in the Plan. • Tell the school/facility staff if not feeling well prior to receiving medication and medical treatment. • Do not share medication with <u>anyone!</u> • Tell the person who is giving you your medicine if it looks different or if you have already had it. 	<ul style="list-style-type: none"> • Support designated school/facility staff or student in carrying out the Plan. • Support the parents and the school/facility when issues arise. • Provide orientation as needed.



Appendix 11 Recording

Parent Role	School/Staff Role	Student/Child Role	Community Health Nurse Role
	<ul style="list-style-type: none"> • Immediately after administering the medication and medical treatment, record the medication name, dose and time of administration on the Medication Management Record. Place your initials in the appropriate date box. • Record side effects, missed doses or errors immediately under comments on the Medication Management Record. • Inform parents of errors, missed doses or side effects. • Record medication and medical treatment with red ink, date and initial. 		<ul style="list-style-type: none"> • Assist as requested if problems arise.



Appendix 13

Developmental Consideration for Medication and Medical Treatment Management

(Ref. B.C. Ministry of Health)

Children reach developmental milestones at different chronological ages depending upon their circumstances. These growth and development milestones are provided to assist in the development of a student health plan that is individualized and incorporates the student as fully as their abilities allow.

Overall Guidelines:

- Encourage normalcy
- Maintain confidentiality
- Practice honesty
- Involve the student
- Keep disruption of school facility routine to a minimum
- Allow student/child to assume responsibility for own care as developmentally and physically possible

Age	Characteristics	Relevant Points
0-5	<ul style="list-style-type: none"> • Variable 	<ul style="list-style-type: none"> • Younger preschooler – unable to assist with medication and medical treatment plan • Older preschooler will be able to assist with some aspects of the medication and medical treatment plan
5-7	<ul style="list-style-type: none"> • Can follow rules, directions • Wishes privacy • Developing manual dexterity 	<ul style="list-style-type: none"> • Finds it difficult to leave activities • Will be able to assist with some aspects of the medication and medical treatment
8-9	<ul style="list-style-type: none"> • May be able to tell time • Understands safety • Self confidence increasing 	<ul style="list-style-type: none"> • Better fine motor control • More independent • Developing good health habits
10-13	<ul style="list-style-type: none"> • Good coordination • Able to look after own needs • Wants independence • Needs ownership in decision making 	<ul style="list-style-type: none"> • May begin planning and doing own procedures in care • Involve in plan development
14-15	<ul style="list-style-type: none"> • Gains maturity and control • Needs autonomy • Able to problem solve 	<ul style="list-style-type: none"> • Needs independence • Needs to fit in with peers • Involve in care plan
16-19	<ul style="list-style-type: none"> • Depth in reasoning • Reasons deductively • Comprehensive problem review • More emotionally stable 	<ul style="list-style-type: none"> • Independent • Any assistance required may be related to special health challenges



Appendix 14

Consideration for Off-Site Medication Administration

Procedures

1. Assign an informed school staff member to be in charge of the off-site medication and/or medical treatment administration and to be responsible for the medication container.
2. Administer/monitor the medication and/or medical treatment in a quiet area.
3. Only prepare one student's medication at a time.
4. Check the Medication Management Record to ensure the medication has not already been administered.
5. Place a clean paper towel on a clean level surface.
6. Check the label three times while preparing the medication.
7. Check the five "rights":
 - 7.1 right child;
 - 7.2 right medication;
 - 7.3 right dose;
 - 7.4 right time;
 - 7.5 right route.
8. Administer the prescribed medication to the student.
9. Replace the medication in the lockable container.
10. Record the medication as "Taken" or "Not Taken" on the student's individual Medication Management Record.

Equipment

1. Plastic or metal container with a lockable lid supplied by parent/guardian (with carrying handle, if possible).
2. Insulated bag plus ice pack for medications requiring refrigeration.
3. Supply of disposable cups in plastic overwrap or in a plastic ziplock bag.
4. Small thermos for drinking water if drinking water not available at the destination.
5. Supply of paper towels to provide clean area.
6. Hold each student's original Medication Management Record in a three ring duo tang.
7. All physician prescribed medications to be administered will be kept in their original container and placed in the lockable container until needed.
8. All physician prescribed medications required for emergency situations should be kept with the student.