# **Administrative Procedure 312**

# ADMINISTERING MEDICAL TREATMENT TO STUDENTS

The district recognizes the importance of creating a welcoming, caring, respectful and safe learning environment for all individuals attending or employed within its schools or worksites. This includes proactive plans and strategies to support students who require a specific safety plan related to address potential medical need or prescribed medications during the school day to maintain their physical or mental well-being, or students and staff who may require emergency medication or response.

An important tool in responding to this need is the development of the individual student Medical Alert Plan. The goal of these plans developed by schools, in collaboration with the parents/legal guardians and where appropriate, health professionals, is to balance student safety with opportunities for the student to continue to participate fully in school activities and events. As much as possible, planning is to ensure students are safe while at school and to avoid depriving these students of normal peer interaction or imposing unreasonable restrictions on student's activities while at school.

#### **Procedures**

# 1. General

In situations relating to the medical treatment of students, the Board recognizes that its employees are subject to the responsibilities inherent in the common law doctrine of *in loco parentis*. Specifically, *in loco parentis* requires that:

- 1.1 An employee act as would a reasonable and prudent parent in the same circumstances and conditions.
  - 1.1.1 Safe, limited access storage for all medications/medical supplies will be established.
  - 1.1.2 The Principal shall have a procedure, including the keeping of a written log, on the administering of medications.
  - 1.1.3 Medical information should only be shared with staff that need to know or are involved in administering medication.
  - 1.1.4 Staff who may be required to administer medication or other healthrelated support services to students shall be trained by qualified professionals or other individuals with expertise, including parents.
  - 1.1.5 Copies of medical alert lists from PowerSchool and the Medical Alert Forms of all students requiring ongoing, long-term medication or who may require emergency medical treatment shall be posted in an area of the school accessible to staff but which provides a reasonable level of confidentiality for the student (i.e. school office or staffroom). The original forms must be kept in the student records.
- 1.2 The employee does not have all the authority that a parent would have. For example, employees do not have the authority to provide consent for the medical treatment of a student.
- 1.3 The employee recognizes the limitations of his/her ability to provide direct assistance.

#### 2. Scope of Routine Medical Services:

The level of service provided by Division staff for students requiring routine medical attention will be determined by application of the following criteria:

- 2.1 The attending physician indicates in writing that:
  - 2.1.1 The service requested is of such a simplistic nature that a lay person such as a teacher or teacher aide could successfully perform the function.
  - 2.1.2 The service has to be performed during regular school hours or approved school activities.
  - 2.1.3 The service is critical to the well-being and functioning of the student.
  - 2.1.4 No other reasonable alternative service is available through Community Health Services or other public health service.
- 2.2 Appropriate training of staff will be provided by medical practitioners as required.
- 2.3 Parents will be required to provide a letter of request to authorize the staff of the Division to provide emergency medical assistance.

# Indemnification and Release for Emergency Assistance

The Board recognizes that its employees may from time to time encounter situations that necessitate taking immediate action supportive of a student's physical well-being. Staff members who render assistance to a student who is ill, injured or unconscious as a result of accident or emergency will be protected from legal action in Section 2 of the *Emergency Medical Aid Act*.

# 3. Administration of Prescription Drugs to Students:

If a student is incapable of self- administration and requires medication, administered at the written request of the Parent (Form 312-1 Administration of Medication/Medical Treatment) prescribed by a medical practitioner during the school day or during an extracurricular or co-curricular activity, the Principal may agree to provide a monitoring function.

- 3.1 Where the Principal designates a staff member to monitor the administration of any medication, medical directions must be obtained and followed explicitly, and adequate records must be kept such as:
  - 3.1.1 the student's name;
  - 3.1.2 the name of the medication;
  - 3.1.3 prescription number;
  - 3.1.4 name of physician;
  - 3.1.5 prescribed dosage during school hours;
  - 3.1.6 observed dates and times of consumption;
  - 3.1.7 notes of any related incidents;
  - 3.1.8 reactions, if any;
  - 3.1.9 breaks in routine if any;
  - 3.1.10 related communication with parents or physician;
  - 3.1.11 extenuating circumstances.

Refer to "Student Medication Administration Record" (Form 312-4)

#### Student Medication Administration Record

3.2 Principals shall ensure that staff monitoring the administration of any medication are informed in advance concerning possible reactions which may occur, and the

- appropriate procedures to be followed. Parents or the student's physician or personnel of a Health Unit should be consulted.
- 3.3 All students known to have a life-threatening allergy should have available an epinephrine auto-injector (Epi-Pen) to be used for such an emergency.
- 3.4 Parents shall be required to complete the form titled Request for Administration of Medication/Medical Treatment (Form 312-1)

# Authorization for the Administration of Medication

3.5 The completed form shall be kept at the school and made accessible to staff. A copy shall be included in the student's record.

#### 4. <u>Life-Threatening Medical Conditions</u>:

The principal, through registration procedures and in consultation with the parents/legal guardian, shall identify any students who are subject to medical conditions which may be life threatening and who may require specific medical attention.

- 4.1 The Principal shall ensure that all individuals who may be involved with the student e.g. school staff, volunteers, school bus drivers and substitutes, are informed concerning any required emergency procedure.
- 4.2 Specific instructions from medically qualified personnel should be sought and communicated to staff members who may be required to apply respiratory equipment.

See Action Steps for Anaphylaxis Management at the end of the procedure.

#### 5. Serious Injury or Accident:

In the event of serious injury or accident the following should be followed:

- 5.1 The staff member should apply first aid treatment if required and practical, and if the staff member is competent to do so.
- In all instances of serious injury or illness, the staff member should stay with the injured person and direct a responsible person to notify the school office. The school office staff shall notify the parents or guardians.
- 5.3 Paramedics should be called to arrange for treatment and transportation to the nearest medical facility.
- In the event that paramedics are not available, e.g. on camping trips, excursions, etc., appropriate arrangements should be made to access medical attention or transport the injured student to a medical facility.
- 5.5 Coaches, or school supervisory staff, will be required to remove from play, any athlete who exhibits signs or symptoms of concussion. The athlete will not be permitted to return until he or she has received written medical clearance from a doctor.
- 5.6 Form 312-10 Student Accident Report needs to be completed when a student is injured.

#### 6. Non Prescription Drugs:

6.1 The only non-prescription drugs that may be administered to a student are those supplied by the student's parent.

6.2 Parental requests for administration of parent-supplied non-prescription drugs such as acetaminophen (e.g. aspirins), cold remedies and inhalants are not to be granted without the written permission of the parents. If written permission is not obtained prior to administration of the initial dose, there must be two staff witnesses for oral or telephone permission. A written records of the permission must be kept and a written records of the administration made.

#### 7. Legal Consent for Medical Treatment:

Under no circumstances will employees of the Division give legal consent to medical treatment of students in their charge. In the event medical treatment is refused by a medical practitioner because of lack of valid consent, the employee shall:

- 7.1 Defer to the opinion of the medical practitioner;
- 7.2 Advise the Principal of the problem and the recommendation of the medical practitioner; and
- 7.3 Continue to attempt to contact the parent or legal guardian.
- 7.4 In circumstances involving an emergency of an anaphylactic individual, the exposed individual will be given epinephrine auto-injector (Epi-Pen) and transferred to the hospital and given medical treatment even if a parent or guardian is not available to give consent. Parental permission to administer epinephrine auto-injector (Epi-Pen) and transport to the nearest hospital should be included on the parent consent form.
- 7.5 The Principal shall inform bus drivers and other non-school staff that may need to know about a student medical condition.
- 8. Naloxone Kits: Naloxone kits, for the purpose of responding to an opioid overdose, are to be kept in a secure area in an unlocked storage container and in proximity to standard first aid kits. The principal is responsible to ensure that staff are trained at each school consistent with OH&S minimum first aid training requirements.
  - 8.1 only staff members who have been trained will administer naloxone
  - 8.2 the principal shall make information available to staff on the symptoms of an opioid overdose on an annual basis. To provide for consistency this information will be available through the OH&S Department.

Reviewed/Revised: March 2014, January 2016, November 2018 June 2024

Reference: Education Act, SA 2012, c E-0.3

Freedom of Information and Protection of Privacy Act, RSA 2000, c F-25

Canadian Society of Allergy and Clinical Immunology: Anaphylaxis in Schools & Other Settings

**Emergency Medical Aid Act** 

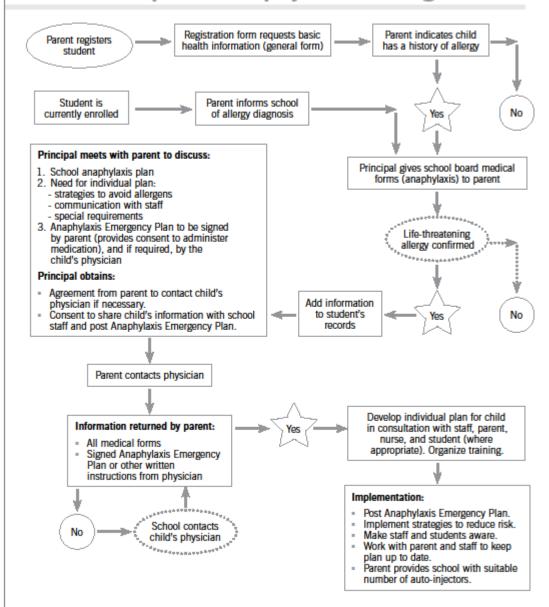
Red Deer Catholic Schools AP 321 – Administering Medical Treatment to Students Red Deer Catholic Schools AP 323 – Students with Severe (Anaphylactic) Allergies

Calgary Roman Catholic Separate School Division - AP 316 Identifying and Managing Students'

Medical Needs

St. Thomas Aquinas RCSRD No. 38 AP 315 - Student Health Services

# **Action Steps for Anaphylaxis Management**



Source: Managing anaphylactic reactions at school, Anaphylaxis Guldalnes for Schools: severe allergic reactions, New South Wales Department of Health & Department of Education & Training, Australia. Adapted with permission from NSW Department of Health.

# How to use EpiPen and EpiPen Jr Auto-injectors.

Remove the EpiPen<sup>\*</sup> Auto-Injector from the carrier tube and follow these 2 simple steps:



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



#### Built-in needle protection

 When the EpiPen- Auto-injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

For more information visit EpiPen.ca.

EpiPen\* and EpiPen\* in Auto-injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.



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