
POLICY IHCD – Administration of Medical Assistance to Students

In situations relating to the medical treatment of students, the Board recognizes that employees fulfill the role of “in loco parentis”. This role requires that:

1. an employee act as would a reasonable and prudent parent in the same circumstances and conditions, and take action that supports the student's physical well-being;
2. the employee does not have all of the authority that a parent would have, i.e. employees **DO NOT** have the authority to provide consent for the medical treatment of a student;
3. the employee recognizes the limitations of his/her ability to provide direct assistance.

The school recognizes its responsibility to provide educational programs for students with potentially life threatening allergies. While the school cannot guarantee a 100% allergen free environment, it has a responsibility to take reasonable steps to reduce the risk of a child’s exposure to allergens and when possible, to reduce food allergens in an anaphylaxis child’s immediate environment.

In situations relating to the administration of emergency medication, the school recognizes that its employees do not generally possess the expertise to determine the need for, or the appropriate means of, administering medication to the students. Nevertheless, under circumstances that are deemed exceptional by the Principal or designee, a staff member may be required to administer medication to preserve the life or physical well-being of a student.

PURPOSE

To set guidelines for providing appropriate medical support to students.

GUIDELINES & PROCEDURES

1. In Case of an Injury:
 - a) If a child, upon initial examination is suspected of having a serious injury, he/she shall not be moved except where required by external dangers. Someone with first aid training, or a medical practitioner should be called to the scene. Some instances where an injured person should *not be moved until professional medical assistance arrives could include* (this list is not all-inclusive) :
 - i) substantial flow of blood;
 - ii) blow to the abdomen or head area, even though injury is not apparent;
 - iii) broken bones;
 - iv) unconsciousness or fainting, altered mental status; and
 - v) suspected spinal injury.

For further professional advice schools may call the Health Link Phone Line at 811.

- b) Before treating minor injuries in school, school personnel should check verbally on the student’s medical history. If appropriate, school personnel could check with the office for more detailed information.

- c) Where the injury appears to need further medical attention, the parent/guardian should be contacted.
 - d) Where a parent/guardian is unavailable, and the situation appears to warrant it, the Principal shall act in loco parentis, and take such action as he/she deems appropriate, including, where necessary, consultation with the child's physician. Ambulance costs in excess of that covered by PWPSD's student accident insurance will be the responsibility of the parents.
 - e) Report all accidents to Central Office using Public Works.
2. Legal Consent:
- a) Under no circumstances are employees of the Board to give legal consent to medical treatment of students in their charge, i.e. do not sign any form even if requested by hospital staff.
 - b) In the event that medical treatment is refused by a medical practitioner because of lack of valid consent, the employee shall:
 - i) defer to the opinion of the medical practitioner;
 - ii) advise the Principal (or designate) of the problem;
 - iii) refrain from offering consent to medical treatment;
 - iv) continue to attempt to contact the parents and document attempts to reach parent (i.e. date and times).
3. Administration of Drugs to Students:
- a) Non-prescription Drugs:

In the event that a parent feels a child needs non-prescription drugs such as, but not limited to, Tylenol and the child is incapable of self-administration, the parent will provide written consent along with the medication. A record will be kept using the *Administering Non-Prescription Drugs to Students* form (Exhibit 3)
 - b) Prescription Drugs:

Use the *Administering Prescription Drugs to Students* form (Exhibit 1) when:

 - i) if, a student must receive medication prescribed by a medical practitioner during the school day or a school sponsored activity; and
 - ii) the student is incapable of self-administration of the medication; and
 - iii) the parents are unable to be at the school to administer the medication; and
 - iv) there is a staff member available to competently administer the prescription drug.
 - c) It is the Principal's responsibility to make reasonable attempts to ensure that:
 - i) this information is complete and kept on file in an easily accessible location;
 - ii) staff are completely briefed on the nature of the medical problems including symptoms and emergency procedures to be used;
 - iii) the emergency medication is clearly labeled and kept in a secure location where the Principal, his/her designee, or staff members can access it at short notice;

- iv) information from the child's doctor is provided to clarify the situation from a medical standpoint;
- v) that the Superintendent be provided with copies, if requested, of the completed information forms.
- d) The Board expects parents to familiarize bus drivers with any medical needs and special procedures related to their child(ren).

4. Allergic Reactions:

All employees are required to take mandatory regular training on dealing with life-threatening allergies.

In the case of severe allergic reactions that require immediate administration of medication or emergency procedures to prevent death or severe health complications, the rights and limitations inherent in the *Emergency Medical Aid Act* will apply, and the following procedures will be adhered to:

- a) Each student that registers in schools is required to complete a form, signed by the parent or guardian, identifying any medical problem the student may have.
- b) When a respiratory reaction to a food allergen or other environmental trigger may reasonably result in either asthma or anaphylactic shock, the child's parents may request that the school take steps to reduce their child's risk of exposure to the allergen or that in the case of an anaphylactic shock that staff administer emergency medication.
- c) In attempting to provide for the safety of the child, the Principal may request that the anaphylactic child not attend school for up to three days to allow the appropriate safe guards to be put in place.
- d) A written request for restrictions on food allergens or other environmental triggers should be made annually, signed by the child's parent and doctor. It also must include the following information:
 - i) student's name;
 - ii) a picture of the student;
 - iii) identification of the allergen;
 - iv) symptoms of the allergic reactions;
 - v) actions to be taken by the staff in the case of a reaction;
 - vi) special instructions for storing medications;
 - vii) termination date, if any, of administering the medication;
 - viii) student's ability to self-administer;
 - ix) if medication is to be administered as part of the emergency procedure, the name, required dosage, method of administration, possible side effects, special storage instructions, and time framework within which the medication must be received, must also be provided.
- e) Upon receiving the request, the Principal will consult with the child's parents and the classroom teacher to determine the need for and the extent of restrictions on the allergen.

- f) Should restrictions on food allergen or other environmental trigger be deemed necessary the Principal will:
 - i) inform the school community of the restrictions, the reasons for the restrictions, and the ways other parents can cooperate;
 - ii) arrange for the in-servicing of all staff, including the bus driver if applicable, on the administering of emergency medications (auto-injectors);
 - iii) work with the staff to develop an emergency response plan;
 - iv) meet with the staff and parents to identify each stakeholder's responsibilities as put forth in the guidelines.
- g) Emergency Response Plan
 - i) When a staff member notices a child having anaphylactic reaction symptoms he/she will immediately call the office (by intercom or by sending a student to the office) to request assistance. There should be an attempt to bring the child to the office;
 - ii) If the pen is in the office the person in the office receiving the message will get the epi-pen out and ready for usage;
 - iii) If there is a severe reaction, 911 (or the emergency number for your area) shall be called by the administrator or designate and an ambulance summoned;
 - iv) Parents must be notified at once;
 - v) The administrator or designate will administer the epi-pen and a second dose, if available, within five minutes after the first dose, if there is no improvement in symptoms, and decide if the child should be put in a vehicle and started toward the hospital to meet the ambulance. If this occurs, the vehicle transporting the child should travel with flasher on and stop to transfer the child to the ambulance when they meet. One office staff will call the ambulance to inform them they will be met.
- h) Emergency Plan for School Buses
 - i) The bus driver would immediately contact the Director of Transportation for assistance.
 - ii) The Director of Transportation would immediately inform the parents.
 - iii) Depending on the student's condition, the driver would either re-route to take the student home, or in severe cases, the Director of Transportation would call 911 (or emergency number for your area) and ask for an ambulance to be dispatched to meet the bus which would be proceeding to the nearest hospital.
- i) As attempting to ensure the safety of the anaphylactic child depends upon the cooperation of the entire school community, the following lists should provide a basis for discussion concerning stakeholder responsibilities.

Parent of the Anaphylactic Child

- raise awareness in the child of the social aspects of the allergy;
- inform the school of their child's allergies;

- provide a medical alert bracelet or some means of clear identification for their child;
- provide the school with physicians instructions for administering medications;
- provide the school with up-to-date injection kits;
- provide support and in-service to the staff if requested;
- review the school action plan;
- supply information regarding safe foods or safe environment for school publications;
- provide safe foods for special occasions;
- if possible, teach their child to recognize the symptoms of an anaphylactic reaction;
- inform the school of up-to-date emergency contacts and telephone numbers.

Anaphylactic Child (when age appropriate) to:

- know where the medication is kept;
- communicate clearly when he/she is experiencing the start of a reaction;
- carry his/her own injector;
- not share food or drink;
- understand the importance of hand washing;
- report bullying or teasing;
- take as much responsibility as possible for his/her own safety.

Principal to:

- work as closely as possible with the parents of an anaphylactic/asthmatic child to provide a reasonably safe environment;
- ensure that the parents have completed all the necessary forms;
- ensure that instructions from the child's physician are on file;
- notify the school community of the anaphylactic child, the allergens and the treatment;
- post allergy-alert forms in the staff rooms and office, available at www.foodallergycanada.ca;
- maintain up-to-date emergency contacts and telephone numbers;
- make a reasonable effort at ensuring that all staff and volunteers have received instruction with the auto-injector;
- include in the sub handbook, or communicate to subs, information regarding the presence of an anaphylactic/asthmatic child, and steps to be taken in the event of an emergency;
- attempt to inform all parents that a child with life-threatening allergies is attending the school, and ask for their support;
- arrange for an annual in-service for those involved with the child;
- implement the Board policy for reducing risk in classrooms and common areas.

Teachers to:

- display a photo-poster in the classroom, with parental approval;
- discuss anaphylaxis or asthmatic reactions with the class, in age appropriate terms;
- encourage students not to share lunches or trade snacks;
- avoid food or other environmental factors that are identified as allergy causing for classroom events;
- establish procedures to reasonably ensure that the anaphylactic child eats only what he/she brings from home;
- reinforce handwashing before and after eating;
- facilitate communication with other parents;
- implement the Board policy for reducing risk in classrooms and common areas;
- leave information in an organized, prominent and accessible format for substitute teachers;
- ensure auto-injectors are taken on field trips where an anaphylactic child is present.

Bus Drivers to:

- with parental approval, inform all passengers of the student's condition;
- discuss anaphylactic and asthmatic reactions with the passengers;
- arrange for assistance of an older student;
- facilitate communication with other parents.

All Parents Should Be Encouraged to:

- respond to requests from school to eliminate allergens from packed lunches and snacks;
- read and familiarize themselves with information provided by the school.

REFERENCES

Cross References:

[Exhibit 1 - Administering Prescription Drugs to Students Form](#)
[Exhibit 2 - Medical Condition Form](#)
[Exhibit 3 - Administration of Non-Prescription Medications to Students Form](#)
[Exhibit 4 - Information Sheet: Asthma Attacks and Anaphylactic](#)
Policy IFCI - Drug and Alcohol Use by Students
www.foodallergycanada.ca

Legal Reference:

[Education Act](#) - Section 53
[Emergency Medical Aid Act](#)
[Protection of Students with Life-Threatening Allergies Act](#)

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