

School District No. 63 (Saanich)

**Policy Name:** Administering Medication to Students

**No:** 6030

**Preamble**

The Board believes that the administration of medication to a school-aged child is primarily the responsibility of the child's parent or guardian. The Board further encourages the parent or guardian to work with the physician in timing the administration of medication outside the school day.

The Board also understands that from time to time a student may have or may acquire a medical condition that requires medication for one month or longer or emergency administration of a prescribed medication during the school day. The purpose of this policy and administrative procedures is to provide staff, parents, and the health community with the necessary direction and information for administering prescribed medication to students at school.

**Policy Statement**

The Board acknowledges its responsibility to provide a safe school environment for all students and staff and recognizes that some students require prescribed medication in order to function satisfactorily in the school setting. The Board also recognizes that the administering of medication, under medical advisement, is the assigned duty of a particular support person and exercised under carefully controlled circumstances.

**Date of Initial Board Approval:** August 2002

**Amendments:** June 2004

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**Guiding Principles**

The School District shall maintain current policies, administrative procedures and practices governing the administering of prescribed medication for one month or longer to students.

The school-based Administrator(s) shall ensure that specific documented medical authorization, instructions and/or treatment procedures are obtained in accordance with this policy prior to administering medication.

Staff may only administer student medication that has been prescribed by a physician in accordance with specific documented medical authorization, instructions and/or treatment procedures.

Staff shall not administer non-prescribed medication.

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## **Administrative Procedures**

### **1. Definition of Policy Terms**

*Medication:* refers to medication prescribed by a physician

*Physician:* is defined as a medical doctor licensed to practice by the Canadian College of Physicians and Surgeons

*Staff:* are employees of the School Board

### **2. Protocol for Administering Medication to students**

Students who have an identified, continuing health problem and:

- need to take medication for one month or longer while at school, and
- need assistance or supervision in taking their medication, or
- may need emergency medication,

shall have their medication administered in accordance with a health care plan developed by the school based team (SBT), including an Administrator, in consultation with the public health nurse. The plan will be communicated to other personnel deemed appropriate by the SBT.

2.1 A school district record sheet is to be maintained in the office. This sheet must indicate the date and time of each administration, verified by the signature of the administering person.

2.2 The administrator shall ensure that emergency medications are taken on all field trips for students who may require medication in an emergency.

Any delegation of authority and responsibility to a member of the teaching or non-teaching staff for the provision of medication must be clearly recorded and filed with the medication administration card. Such recording must include the signature of the staff member indicating voluntary acceptance of the responsibility, as well as the signature of the parent/guardian indicating the knowledge and approval of the specific person who has volunteered.

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**Administrative Procedures** (cont'd)

**3. Storage of medication**

- 3.1 Medication should be stored in a safe, marked location accessible to appropriate personnel. The security for storage of medication is left to the discretion of the Administrator.
- 3.2 It is desirable that no more than one month's supply of medication is kept at the school.

**4. Procedure Requirements for Health Care Plan (for students requiring medication)**

- 4.1 The Administrator shall receive from the student's parent or guardian, a completed Medication Administration Card at school.
  - (a) This form includes parental or guardian consent, physician's orders and other significant data.
  - (b) Prescribed medication must be provided, by the parent or guardian, in the original container and clearly labeled with:
    - The child's name
    - Medication name and instructions
    - Medication dosage
    - Medication expiry date
- 4.2 After consultation with the SBT, the Administrator shall note on the form, the name of any staff member who has been assigned to administer the medication. The information on the form must be completed and include:
  - signature of the designated staff member(s)
  - signature of the parent or guardian acknowledging and approving the plan
  - signature of the prescribing physician.
- 4.3 The public health nurse assigned to the school must be informed of the Medication Administration Card and must be consulted regarding the administration of the medication.
- 4.4 Emergency treatment using injections may only be done by staff who have been trained to do so by a public health nurse.

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- 4.5 Prominent notation of the medical request form shall be made on the student's "Permanent School Record Card" (Medical Alert).
- 4.6 A new Medication Administration Card shall be completed before September of each year or at any time that a dosage or change in medication has been prescribed. The Administrator will ensure that all previous forms are destroyed to avoid confusion.
- 4.7 Early in the school year, parents or guardians shall be informed through the school's newsletter that if their child(ren) require(s) prescribed medication to be administered at school, the School District Medication Administration Card form is available from the school and must be completed and returned to the Administrator.

**Date of Initial Board Approval:** August 2002

**Amendments:** June 2004

School District No. 63 (Saanich)

**Policy Name:** Anaphylaxis in Schools

**No:** 6040

**Preamble**

The Board of Education recognizes that it has a duty of care to students who are at risk from anaphylaxis while under school supervision. The Board also recognizes that this responsibility is shared among the student, parents, the school system and health care providers.

The purpose of this policy is to minimize the risk to students with severe allergies to potentially life-threatening allergens without depriving the severely allergic student of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.

This policy is designed to ensure that students at risk of anaphylaxis are identified, strategies are in place to minimize the potential of accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

Anaphylaxis is a sudden and severe allergic reaction, which can be fatal. Anaphylaxis is a medical emergency that requires immediate emergency treatment with a single dose Epinephrine auto-injector such as EpiPen.

**Policy**

All children including those at risk of life-threatening allergic reactions have the right to access public education within a safe, healthy learning environment.

The primary goal of implementing a comprehensive anaphylaxis policy in School District 63 is to reduce preventable, serious reactions and death due to anaphylaxis. The Board of Education cannot guarantee an “allergy free” environment, however, it is expected that school staff, parents and students will take reasonable steps to establish an “allergy aware” environment which minimizes the risk of potential anaphylaxis. Schools must take realistic and practical actions that will encourage the support of everyone involved.

**Date of Initial Board Approval:** November 2008

**Amendments:**

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**No:** 6040

**Guiding Principles**

1. All facilities within the Saanich School District will appropriately display emergency information regarding anaphylaxis.
2. Every employee has a duty to render assistance to a student in emergency situations to the extent that it is reasonable for persons without medical training.
3. Every effort will be made to minimize the risk of exposure for students at risk of anaphylaxis allergens, without depriving the student at risk of normal peer relations or placing unreasonable restrictions on other students.
4. Anaphylaxis related training will occur annually for all staff who are expected to have supervisory responsibility.
5. All school district facilities which register students are required to record on their respective registration forms information from parents and guardians related to life-threatening conditions.
6. Parents and guardians are responsible for notifying the school principal when a child is at risk of anaphylaxis and to provide the school with updated medical details, should there be a significant change. Parents will be provided with an Anaphylaxis Action Plan and Medication Administration Card to be returned to the school.
7. A plan will be developed in conjunction with the student's parents/guardian for each child registered in S.D 63 who is at risk of life-threatening allergies. The Medication Administration Card must be approved by a qualified physician or allergist.
8. Parents and guardians of anaphylactic children are expected to provide two single dose Epinephrine auto-injectors such as EpiPen.
9. All students who may experience a serious allergic reaction will be encouraged to wear identifying information (e.g., MedicAlert identification necklet, bracelet).
10. All schools in the district must have an emergency protocol in place to ensure responders know what to do in an allergic reaction emergency.

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**Guiding Principles** (cont'd)

11. All schools are expected to create an allergy awareness environment at their sites. While it is impossible to eliminate all potential allergens from the school environment, schools should create an allergy awareness environment in response to the most common triggers for anaphylaxis: food allergens and insect stings.
12. The Board will report annually to the Ministry of Education with respect to their anaphylaxis policy and implementation (Ministerial Order M232/07).

**Date of Initial Board Approval:** November 2008

**Amendments:**



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**Administrative Procedures**

1. The principal of each school is responsible for developing and maintaining an allergy aware school environment. This includes ensuring parents, students, teachers and other school staff are aware of and comply with this policy.
2. The principal of each school is to ensure that all staff who supervise students are aware of the school's emergency protocols related to anaphylaxis.
3. Principals are to arrange for training, at least annually, for staff to appropriately respond to anaphylactic situations.
4. Each school is to clearly display in their medical room the emergency procedures to be followed, should a student experience anaphylaxis.
5. School student registration forms are to include a section for parents and guardians to record any life-threatening conditions.
6. Principals are to ensure that appropriate staff are aware of students within their school population who are potentially at risk of anaphylaxis. This information is also to be shared with the school public health nurse in a timely fashion.
7. The principal is responsible for keeping accurate records for each student at risk of life-threatening allergies. The record shall include the Medication Administration Card, Anaphylaxis Action Plan and Anaphylaxis Action Form. This record is to be updated annually. The student's name and documentation the he or she has Anaphylaxis is to be recorded on both the student's electronic file and Medical Alert List.
8. The principal is to ensure that an Anaphylaxis Action Plan and Anaphylaxis Action Form have been developed for each medically at risk student in collaboration with the parent/guardian and approved by an appropriate medical person. The Medication Administration Card is to be completed by the parent and by the child's physician.
9. The principal must ensure when necessary that adequate procedures are in place for storage and administering of medications. Such procedures will include the obtaining of the Medication Administration Card for employees to administer the single dose Epinephrine auto-injector such as EpiPen to an anaphylactic student and necessary agreements with parents to administer the single dose Epinephrine auto-injector such as EpiPen to an anaphylactic student in an emergency when there is no preauthorization.

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10. Schools are to inform parents and students that only single-use single dose auto injections (such as EpiPen) will be administered in the event of anaphylaxis. Parents will be requested to provide two current single dose Epinephrine auto-injectors such as EpiPen. One is to be kept in the office/medical room. The other will be in the possession of the student if appropriate.
11. Principals are to recommend to parents/guardians that their child wear MedicAlert identification.
12. Principals are to notify the Superintendent of Schools when an incident related to Anaphylaxis occurs.
13. Whenever a school experiences an incident related to anaphylaxis, the principal arranges for an appropriately timed debriefing session. Consideration is to be given to including the following parties in such a follow-up:
  - student's parent/guardian
  - the student, when appropriate
  - relevant school /district personnel
  - the public health nurse
14. Avoidance is the cornerstone of preventing allergic reaction and much can be done to reduce risk when avoidance strategies are developed. Therefore, where possible, each school is to create and maintain an allergy aware environment at their site. Signage will be provided in each school to indicate that the school is an allergy aware environment.
15. Each school is to report annually (June 30) to the Superintendent of Schools, in aggregate form, the number of at risk anaphylactic students and number of anaphylactic incidents for their school for the completed school year.

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## **Appendix I**

### **Anaphylaxis-Emergency Protocol**

1. “Anaphylaxis is a sudden and severe allergic reaction, which can be fatal, requiring immediate medical emergency measures.”
2. An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in any combination.
  - Skin: hives, swelling, itching, warmth, redness, rash
  - Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain tightness, nasal congestion or hay fever like symptoms( runny itchy nose and watery eyes, sneezing), trouble swallowing
  - Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
  - Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy, lightheaded, shock
  - Other: anxiety, feeling of impending doom, headache, uterine cramps in females
3. The most dangerous symptoms involve:
  - breathing difficulty
  - dizziness, lightheadedness, feeling faint, weak
4. Do not ignore early symptoms, especially if the person has had an anaphylactic reaction in the past.
5. Anaphylaxis can occur without hives.
6. When a reaction begins respond immediately.
7. What to do if you feel a child is experiencing an anaphylactic reaction?
  - a) administer single dose Epinephrine auto-injector such as EpiPen.
  - b) follow the emergency protocol on the Anaphylaxis Action Form developed for this person
  - c) call an ambulance and ask for Advanced Life Support
  - d) contact the school principal or school first aide person
  - e) contact the student’s parent/guardian

**Note:** This document should be posted in or near the spot designated in your school to treat students who require medical attention.

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## **Appendix II**

### **Anaphylaxis Training Guidelines-School District 63**

1. Anaphylaxis training for all staff who are expected to supervise children within School District 63 will be provided within the District at least annually.
2. The training provided to staff will reflect key recommendations from the National Anaphylaxis Consensus Guidelines, *Anaphylaxis in Schools and Other Settings*, 2005. (<http://www.allergysafecommunities.ca/>)
3. The training will be provided by individuals trained to teach anaphylaxis management.
4. Training will encompass the following:
  - a) Signs and symptoms of anaphylaxis
  - b) Common allergens
  - c) Avoidance strategies
  - d) Emergency protocols
  - e) Use of the auto injector
  - f) Identification of at risk students (as outlined in the individual student emergency response plan)
  - g) Emergency plans
  - h) Method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis