

ADMINISTERING MEDICINES TO STUDENTS

- POLICY -

Employees will administer medication to students only under the specific written request of the parent or guardian and under the written instructions of the student's physician.

When such a request is made by a parent or guardian, a full release from the responsibilities pertaining to the administration of a medication and the consequences thereof must also be presented to the school's principal and/or vice-principal by the student's parent or guardian.

- REGULATION -

In order to realize the Board's policy of securing for the pupils of the district a reasonable level of safety and well-being, the following procedures are to be adhered to.

1. Where medication (which is administered on a regular basis) is required while the child is at school, the Public Health Nurse, parent or an authorized employee shall have access to the pupil to administer the required medication.
2. A 'Medic Alert' card must be completed by the Public Health Nurse or other authority, where necessary.
3. If the principal learns from information provided on the standard pupil registration form or from any other source that a pupil is, or may be required to have, medication administered while he/she is attending school, he/she shall contact the pupil's parents or legal guardians to inform them of Board policy.
4. If the school is required to store medication, then the parent or legal guardian shall be informed that he/she is responsible to see that the medication is delivered to the school in a proper prescription container.
5. A log shall be kept in the school in which is noted the date of the usage of any medication, the emergency situation, the circumstances surrounding the administration of the medication, the name of the pupil concerned and all other pertinent data.

6. It is the responsibility of the principal to ensure that, in an emergency situation requiring transportation of a student, that policy 5-110 - Sick or Injured Students - be followed.
7. Where a pupil may require medication in an emergency situation, for example an injection of adrenalin for an allergic reaction, the principal shall make all teachers who may have to supervise that pupil aware of this fact and the steps to be taken should such an emergency occur.
8. The text of the following should be communicated to parents and legal guardians at the beginning of each school year in a special memo or in the first regular newsletter:

“In order to maintain a uniform, safe and efficient way of dispensing medication at school, if your child requires medication and you have not filled out the required form (Medication and/or Treatment Data; or Diabetes Medication Administration) please contact your principal and request a form. Please have the form completed by your doctor, sign it yourself and return it to the school as soon as possible. This procedure complies with school board policy regarding medications to be taken at school.

This form refers to medication that must be taken on a regular or emergency basis. If you have any questions, please call the school principal.

Where applicable, the child should be encouraged to wear a Medic Alert bracelet.”

9. To comply with Provincial standards of care for supporting students with Type 1 Diabetes, a Diabetes Medication Administration Form (appended to this policy) should be completed in lieu of the Medication and/or Treatment Data Form. This form, as well as additional resources, can be found at:

<https://www2.gov.bc.ca/gov/content/educationtraining/administration/kindergarten-to-grade-12/school-health/diabetes>

10. Parental Permission

Parents or guardians may request that students be permitted to keep medication with them while at school. Requests must be in writing and directed to the Principal. The Principal, in consultation with the classroom teacher, will review the necessity of a student keeping medication, based on the importance of receiving the medication immediately, the maturity of the student, and whether risks to other students can be minimized.

MEDICATION AND/OR TREATMENT DATA
(TO BE COMPLETED BY PHYSICIAN)

NOT FOR STUDENTS WITH TYPE 1 DIABETES

CHILD'S NAME: _____ Date of Birth _____

ADDRESS: _____ **Medical No:** _____

TELEPHONE NO: _____ **Doctor's Name:** _____

SCHOOL: _____ **Dr.'s Tel. No.:** _____

The prescribing physician is asked to complete the following:

1. Is the child on any medication at home on a regular basis?
Please list all such medications. This information may be helpful in an emergency situation.

<u>Medication</u>	<u>Dosage</u>
_____	_____
_____	_____

2. Is it necessary for this child to be administered medication while he/she is under the care and control of the school? : Yes No

If yes, please complete items (3) and (4).

3. Condition being treated: _____
Name of medication: _____
Dosage and when given: _____
Method of administering: _____
Possible side effects: _____
Consequences of missing medication: _____
Period of prescription: FROM _____ TO _____

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Medication and/or Treatment Data

CHILD'S NAME: _____

4. Do you wish this medication to be self-administered or under the control of another person? _____

If another person, please specify who and indicate if arrangements for administration have been made.

5. Is it necessary for the above-mentioned child to have any other treatment or procedure carried out at school on a regular basis or possible emergency basis? (i.e. catheterization). Please outline.

Signature of Prescribing Physician

Date



I, the parent/guardian of the above-named pupil, hereby give my permission for the medication and/or treatment or procedure outlined above to be carried out in accordance with the conditions noted by my physician.

I agree to hold the school district and its employees harmless for any consequences arising out the foregoing.

Signature of Parent/Guardian

Date

NOTE: Any changes in medication or schedule must be reported in writing to the school immediately.

Signature of Principal/Vice-Principal

Date

Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting

Diabetes Medication Administration Form

Instructions: This form is updated annually to document physician approval regarding the following:

- Administration of glucagon by school staff
- Administration of insulin by school staff for a student not able to complete the task (NSS Delegated Care)
- Supervision by school staff of a student self-administering insulin who is not yet fully independent in the task (NSS Delegated Care)

Student Name: _____ Date of Birth: _____

School: _____ Care Card Number: _____

Parent/Guardians' Name(s): _____

Home Phone: _____ Cell Phone: _____

Glucagon (GlucaGen® or Lilly Glucagon™)

For severe low blood glucose, give by intramuscular injection:

- 0.5 mg = 0.5 ml for students 5 years of age and under
- 1.0 mg = 1.0 ml for students 6 years of age and over

Insulin (rapid acting insulin only)

Insulin delivery device: insulin pump insulin pen

Note: The following **cannot** be accommodated when insulin administration is being delegated to a school staff person via pump or pen:

- Overriding the calculated dose
- Entering an altered carbohydrate count for foods in order to change the insulin dose
- Changing the settings on the pump
- Deviating from the NSS Delegated Care Plan

For students using an insulin pen, insulin may be administered at lunchtime only (due to the inability to accurately calculate insulin on board). The method of calculating the dose is as follows:

- Bolus Calculator Sheet
- Variable dose insulin scale for blood glucose for consistent carbohydrates consumed
- InsuLinx® Meter

Parent/guardian authority to adjust insulin dose for bolus calculator sheet or sliding scale: Yes No

For students using an insulin pump, insulin can be given if needed at recess, lunch and two hours after lunch (as there is an ability to know the insulin on board).

- I agree the student's diabetes can be safely managed at school within the above parameters

Physician Signature: _____ Date: _____

Physician Name: _____ Clinic Phone Number: _____