



HEALTH SUPPORT SERVICES

Procedures

1.0 GENERAL

- 1.1 The Board recognizes that few of its employees are medically trained. This policy allows personnel to respond to medical and health situations without endangering the safety or well-being of a pupil or, subjecting themselves to undue risk of injury or liability.
- 1.2 This policy is concerned with the provision of health support services in the following areas: prescribed and non-prescribed medication, invasive medical procedures, physical procedures, first-aid procedures and life-threatening situations.
- 1.3 This policy shall be administered in all school and school-related settings.
- 1.4 Principals should encourage those pupils who are adults to follow these procedures as well.

2.0 MEDICATION

- 2.1 Medication for pupils shall be administered at home where possible.
- 2.2 The pupil's parent/guardian may be permitted to administer medication during school hours. Every attempt should be made to arrange times for such administration with the least possible disruption to all concerned.
- 2.3 Permission for a pupil to possess and self-administer a medication is the responsibility of a parent/guardian at the discretion of the Principal. A record of any parental permission received should be retained and reviewed annually.
- 2.4 Medication shall be administered:
 - 2.4.1 in a manner which encourages the pupil to take an appropriate level of responsibility which may include self-administration, under supervision.
 - 2.4.2 in a manner which allows for sensitivity and privacy.
- 2.5 Where medication must be administered to pupils by school personnel, it shall be in the following manner:
 - 2.5.1 The administration of non-prescription medication (including Tylenol, Aspirin, Anacin and other over-the counter medications) must have documented authorization of the parent/guardian before administration by an employee on the Parent/Guardian Medication Consent Form (Appendix A).

2.5.2 The administration of prescription medication must have the written authorization of the parent/guardian on the Parent/Guardian Medication Consent Form (Appendix A) before the administration by an employee.

2.6 It is the responsibility of the parent/guardian or authorized adult to deliver to the Principal the required medication in a “tamper-proof” container. The container must have a pharmaceutical sticker attached indicating the name of the child and directions for the administration and storage of the medication.

2.6.1 After each administration of a medication the Individual Student Log of Prescribed and Non-Prescribed Medication (Appendix B), must be completed and retained in a designated area. If a dosage is omitted, reasons for such an omission must be noted in the log.

2.6.2 All medication, with the exception of emergency medication (e.g. Epipens, Ana-kits and inhaler medications) must be kept in a secured location. Only authorized staff may access the stored medication. Any accidental administration of medication must be reported immediately to the Principal. Children must carry their emergency medication with them at all times, unless otherwise stated in the Medical Communication Plan (Appendix C), including school excursions and field trips.

3.0 MEDICAL AND PHYSICAL PROCEDURES

3.1 Invasive medical procedures SHALL NOT be carried out. Such procedures are the responsibility of the pupil, parent/guardian or Ministry of Health and Long-Term Care.

3.2 Emergency medical procedures, such as the use of an Automated External Defibrillator (AED), may be used in emergency situations.

4.0 NORTH EAST COMMUNITY CARE ACCESS CENTRE (CCAC) SCHOOL HEALTH SUPPORT SERVICES

4.1 When the Ministry of Health and Long-Term Care provides support services that may also be required during school hours, the service may, by special arrangement through CCAC’s School Health Support Services, be similarly provided in the school setting by School Health Support staff.

5.0 FIRST-AID PROCEDURES

5.1 Principals are encouraged to have staff members trained in Standard First-Aid and Cardio-Pulmonary Resuscitation (CPR). Persons holding such qualifications should re-qualify as required.

5.2 Principals shall ensure that:

5.2.1 all school personnel are aware of staff with first-aid and CPR training;

5.2.2 all school personnel are aware of the location of first-aid supplies;

5.2.3 appropriate first-aid equipment and supplies are available for school functions;

5.2.4 first-aid kits are maintained in accordance with the prescribed List of First-Aid Materials, (Appendix D);

- 5.2.5 first-aid kits must be inspected monthly as part of the Health & Safety inspection;
- 5.2.6 required supplies must be reported to the Principal or designate and replenished immediately.
- 5.3 Personnel who are administering first aid must also be aware of and practice universal precautions in the handling and disposal of blood and body fluids.
- 5.4 When attending to an injured or ill pupil, the Principal should check for any relevant medical information on file, and in the case of a suspected head injury, follow the Board Concussion Management Policy (2.1.36).
- 5.5 In the case of a pupil's serious injury/illness, 911 should be called and the parent/guardian shall be contacted.
- 5.6 An injured or ill pupil under the age of 18 shall not be permitted by the Principal to leave the school in his/her own care, or in the care of another pupil or adult, without the approval of the parent/guardian or signed emergency contact. Where no contact is available, authorized personnel shall escort the student.

6.0 LIFE-THREATENING SITUATIONS FOR HIGH-RISK STUDENTS

- 6.1 The board recognizes that some pupils are at high risk with respect to life-threatening situations. The situations must be clearly identified in writing by appropriate medical personnel. These pupils include, but are not limited to:
 - 6.1.1 those prone to respiratory difficulty, seizures, reactions to stinging insects and food allergies;
 - 6.1.2 those with diabetes or heart defects;
 - 6.1.3 those who are medically fragile.

For students who may fall into one of the above categories, please refer to Policy/Procedure No. 2.1.39 Supporting Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy).

- 6.2 Principals shall ensure, with signed consent of the parent/guardian, that a Plan of Care is developed for students who may fall into the above category and that the Plan of Care is provided to school staff identified in the plan. In sharing such information, Principals must comply with the 1990 Freedom of Information and Protection of Privacy Act.
- 6.3 A copy of this plan shall be filed in the student OSR and left in the documentation file when the student is transferred to another school.
- 6.4 The parent/guardian of a high-risk pupil should be strongly encouraged to have the proper identification on the student at all times (e.g. Medic Alert bracelet) and is responsible for providing or replacing, in advance, supplies or equipment and training for any treatment required in a life-threatening situation.
- 6.5 Authorized personnel shall, to the best of their ability, administer or assist the student to self-administer a treatment.

6.6 Food Guidelines for Children

- 6.6.1 There should be no trading or sharing of foods, utensils or food containers.
- 6.6.2 All children with food allergies should only eat lunches or snacks that have been prepared-for them.
- 6.6.3 Hand washing is encouraged before and after eating.
- 6.6.4 Surfaces, such as tables, toys, etc. should be washed clean of contaminating foods.
- 6.6.5 The use of food in crafts and cooking classes may need to be restricted, depending on the allergies of the students.

6.7 Food Guidelines for Employees

- 6.7.1 It should be stressed that minute amounts of certain foods, such as tree nuts/shellfish/peanuts, when ingested, can be life-threatening.
- 6.7.2 Public education of the dangers of tree nuts/shellfish/peanut allergies and requests for cooperation restricting tree nuts/shellfish/peanut use at school are important.
- 6.7.3 If food is served by the school for snacks, lunches, special programs etc., staff should take into consideration students with any food allergies or intolerances.

See Supporting Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) Policy/Procedure No. 2.1.39

Appendices

Appendix A: Parent/Guardian Medication Consent Form

Appendix B: Student Medication Log

Appendix C: List of First-Aid Materials

Appendix D: Medical Communication Plan



District School Board
Ontario North East

Appendix A

Parent/Guardian Authorization for the Administration of Prescribed and Non-Prescribed Medication

Parent/Guardian Medication Consent Form

Please be advised, it is understood that:

- (a) Any member of the school staff may be required to administer the medication.
- (b) It is the duty of the parent or guardian to ensure that the school is, at all times, kept a supply of the medication that has not passed the expiry date.
- (c) The parent or guardian releases the school and its employees from any claim and agrees to indemnify those persons from any claim by his/her child.

Taking the above statements into account, I authorize the administration of the prescribed and/or non-prescribed medication for:

Student's Name: _____

Medication: _____

Parent/Guardian Name Parent/Guardian Signature Date

Witness Name Witness Signature Date

Note: Parents/Guardians are required to place medication in individual tamper proof containers, labeled with:

- (a) The student's name.
- (b) The pharmaceutical label indicating when and how to administer the medication.



List of First-Aid Materials

These first-aid supplies should be considered as the **Minimum Adequate** materials for first-aid kits. Additional supplies may be required in some schools and/or for some activities.

These materials should be kept in a secure but employee accessible area. Contents must be reviewed monthly, and used or outdated contents must be reported to the Principal or designate and replaced immediately.

[In square brackets are adjusted amounts for locations with less than 50 people.]

- First-Aid Kit Container, with copy of this checklist to assist in review of contents
- First-Aid Manual
- Disposable Non-Latex Gloves, large
- Barrier Devices, such as a pocket mask or face shield
- 1" Surgical Adhesive Tape, 2 Rolls
- Band Aids in assorted sizes, 48 [24]
- Tensor (elastic) Support Bandages, 2
- Sterile Gauze Pads in small and large squares, 24 of each [12 of each]
- Sterile Surgical Pads suitable for pressure dressings, individually wrapped, 6 [4]
- 2" and 4" Gauze Bandage Rolls, 8 of each [4 of each]
- Triangular Bandages, 40" x 56" x 40", to secure dressings or make an arm sling, 12 [6]
- Eye Patches
- Splints of assorted sizes [1 roll up splint]
- Splint Padding, 2 rolls
- Surgical Scissors
- Antiseptic wipes or soap
- Thermal Patch
- Fine Point Tweezers
- Safety Pins, 24 (under school supplies)
- Instant Cold Compresses
- Freezer Bags, Ziploc style



District School Board
Ontario North East

Appendix D

MEDICAL COMMUNICATION PLAN

Student Name: _____ **Homeroom:** _____
D.O.B: _____ **Grade:** _____
School Name: _____ **School Year:** _____
Address: _____
Parent/Guardian: _____ **Phone:** _____
Alt. Contact: _____ **Phone:** _____
Alt. Contact: _____ **Phone:** _____

Type of Medical Alert

- Anaphylaxis
 Asthma
 Diabetes
 Epilepsy

*For the above Medical Alerts, see Procedure

2.1.39 – Supporting Students with Prevalent Medical Conditions*

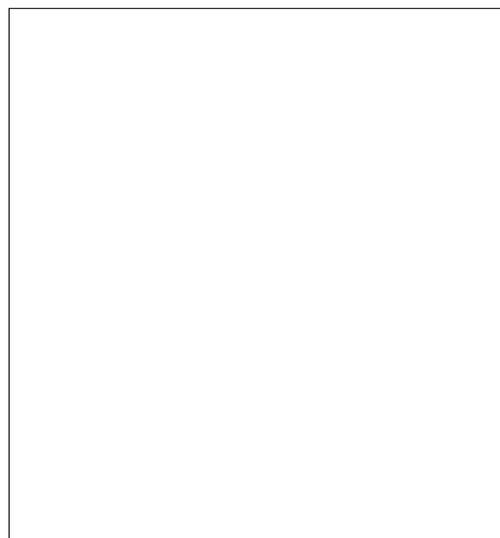
- Other: _____

Steps to Follow:

1. Emergency Medication or Intervention
2. Call 911
3. Call Parent/Guardian (see above)

* Never leave child unattended

Emergency Medication or Intervention Plan/Details



PHOTO