

Background

The Division recognizes that some students may require:

- Essential oral and/or injectable medication on a regular basis.
- Essential oral and/or injectable medication in an emergency situation.
- Essential procedures.

The Division will allow students requiring essential medical or personal treatments during school hours access to that treatment at school.

Definitions

An essential medication is medication prescribed by a physician which cannot be scheduled outside of regular school hours and which is necessary for the student's health or well-being. An essential procedure is a procedure prescribed for a student by a physician which cannot be scheduled for administration outside of regular school hours and which is necessary for the student's health or well-being. Examples of an essential procedure could include:

- Gastronomy feeds
- Catheterization
- Suctioning
- Response to seizures
- Blood glucose monitoring
- Response to low blood sugar emergencies

Procedures

1. Essential Medications and Procedures
 - 1.1. Parents must request that the school provide necessary prescribed medication or medical procedures during school hours using the "**Administration of Prescribed Medication and/or Medical Procedures**" form (Form 316-1).
 - 1.2 Once the information from the medical doctor is provided, a **Health Services Plan** (Form 316-7) will be developed by the planning team and the documentation will be filed in the student file. Members of the planning team may include parents/guardians, the child (if appropriate), school administration, with supporting recommendations from a health care professional (ie: doctor, occupational therapist, physical therapist, etc.)
 - 1.3 Staff members may decline to administer any medication or procedure without prejudice.
 - 1.4 The Principal is to ensure that:
 - 1.4.1 Designated staff are sufficiently trained to carry out the required procedures. Assistance may be sought from parents, the health nurse, or other health professionals.
 - 1.4.2 A secure location is provided for the location of medications.
 - 1.4.3 Medications or procedures are administered in a manner respecting the dignity of the student.
 - 1.4.4 Daily medication and/or procedures records are established and maintained (Forms 316-5 and 316-6)
 - 1.4.5 Medications have dispensing instructions which are clearly indicated/signed on the "**Letter to Doctor Regarding Health Services**" form (Form 316-4)
 - 1.4.6 "**The Employee Consent to Administer Prescription Medication**" Form (Form 316-2) is completed.

1.5 Prior to school excursions the teacher is to ensure that:

- 1.5.1 The parent/guardian has been informed of the nature of the excursion, and has consented to the student's level of involvement in the excursion.
- 1.5.2 An emergency action plan specific to the excursion has been developed in conjunction with the parents/guardians.

2. Non-Prescribed Medicine

- 2.1 At the beginning of each school year, all parents/guardians are required to sign an appropriate school-based "Health Information" form (Form 316-3). It will outline medical conditions and precautions. It is to include direction as to whether non-prescribed medicine may be used from school supplies.
- 2.2 The Principal or designate will be required to read and sign each form upon its return. It is entered in the student file and the information is shared on a need-to-know basis.

Reference: Sections 85, 87, 108, 109, 175, 188, 190 Education Act

Form 316 - 1
ADMINISTRATION OF PRESCRIBED MEDICATION
AND/OR MEDICAL PROCEDURES



We (I), the undersigned, who are the parents/guardians of

(Name)

(Birth date)

request that the following health-care service(s)

be administered to our child. We understand that a designated person(s) will be performing the above mentioned health-care service. It is our understanding that in performing this service, the designated person(s) will be using a standardized procedure that has been approved by our physician.

(Name)

(Address)

(Phone number)

We will notify the school immediately if the health status of _____ changes, we change physicians, or there is a change or cancellation of the procedure.

We understand that the above-mentioned procedure should be scheduled before or after school hours whenever possible.

We are aware our child's photo will be displayed with Form 316-7, if applicable, in an area easily accessible by school personnel.

Signature of parents/guardians: _____

Address: _____

Telephone Numbers:

(home)

(work)

(home)

(work)

Date: _____

**EMPLOYEE CONSENT TO ADMINISTER
PRESCRIPTION MEDICATION**

AP 316-2



Name of Student: _____

Prescription Medication: _____

I hereby consent to administer, to the above named student, as per the instruction on the Student Medication Form, the medication indicated above. I reserve the right to withdraw, at any time with sufficient notice, my consent to administer the medication.

Date: _____

Name of Employee: _____

(please print)

Signature of Employee: _____

Health Information Form

Please complete the form attached and have your child return to his/her teacher

Name of Student: _____

Health Care Number: _____

Doctor's Name: _____ Number: _____

Parent/ Guardian contact: _____

Phone Numbers: Work: _____ Home: _____

Emergency Contact Person: _____

Number: _____

Teacher's Name: _____

1. Please indicate if your child has experienced any of the following and provide pertinent details:

- | | | |
|--|--|---|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Orthopedic Problems |
| <input type="checkbox"/> Hearing Disorders | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Nosebleeds |
| <input type="checkbox"/> Arthritis/ Rheumatism | <input type="checkbox"/> Head/ Back conditions or injuries | |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Headaches | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Dislocated Shoulder | <input type="checkbox"/> Hernia | <input type="checkbox"/> Hyper-Mobile or Painful Joints |
| <input type="checkbox"/> Trick or Lock Knee | <input type="checkbox"/> Any other condition we should be aware of
(please specify below) | |

2. Please indicate if your child has any allergies, if so please list important details below

3. Medications:

a) ****CONTACT THE SCHOOL REGARDING THE USE OF PRESCRIBED MEDICATION AT SCHOOL**

b) ****For non- prescribed medication**

i) These may be used from school supplies: Yes: No

ii) If yes please indicate which may be used: _____

iii) If yes indicate specific instructions: _____

****THE SCHOOL WILL CONFIRM THIS INFORMATION**

4. Does your child wear a medic alert bracelet, neck chain or carry a medic alert card?

Yes No If yes, please specify what is written on it: _____

5. Please describe any other relevant medical conditions that will limit your child's full participation in sports/ general activities: _____

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Form 316-4
LETTER TO DOCTOR REGARDING HEALTH SERVICES



Dear Doctor: _____

Re: Name _____ Birth Date _____

Address _____

School and Grade _____

We have been informed that the above-mentioned child, a patient of yours, is required to take health care during school hours.

Since this procedure involves additional responsibilities on behalf of school personnel, we ask for your cooperation in reviewing the need for special services and/or medication during school hours for this child, and if you decide it is essential, please record the name of the drug, the dose, and any necessary health services instructions. Please include specific information on a required service and the training needed. Your signature authorizing this service(s) by school personnel is essential.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Williamson", is written over a horizontal line.

Jennifer Williamson
Superintendent of Student Services

Authorization for release of information: Parent Signature: _____

Medical Authorization (To be completed by the doctor)

Type of Services Required: _____

Frequency of Service: _____ Time(s) to be administered: _____

Other information (ie: Name of drug, the dose, side effects, etc.) _____

Anticipated duration of services or medical intervention:

- Ongoing until further notice by a doctor (not to extend beyond the current school year)
- For the period _____ to _____

Health Care Directive – Description: (Please indicate a health care professional by name and contact information that would be authorized to provide training to the staff.)

Name of Doctor: _____ Date: _____

Signature of Doctor: _____

**Form 316-8
CHILD SPECIFIC EMERGENCY PLAN**



Name: _____ Date: _____

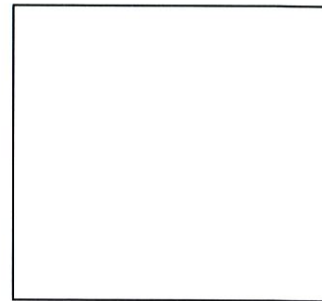
Child-specific emergencies:

If you see this.....	Do this

If an emergency occurs:

1. Stay with the child
2. Call or designate someone to call the school-based emergency contact person.
 - state who you are
 - state where you are
 - state the problem
 - in cases where another staff member or student has been asked to call the emergency contact person, ask the person to come back and confirm the contact.
3. The emergency contact person will assess the child and decide whether the emergency plan should be implemented.
4. If the emergency contact person is unavailable, the following staff members are trained to initiate the emergency plan:

Photo of
Child



Parent Name: _____ Parent Signature: _____

Date Signed: _____

This form will be posted in an area that is easily accessible,

AP 318 - STUDENTS WITH SEVERE (ANAPHYLACTIC) ALLERGIES

Background

The Division recognizes the dangers faced by students with severe or anaphylactic reactions (allergies). While the Division cannot guarantee an allergen-free environment, the Division will take reasonable steps to ensure a safe environment for children with life-threatening allergies.

The responsibility for communicating concerns about students with severe or anaphylactic reactions to foods belongs to parents and to the students themselves, depending on the student's age and maturity.

Schools have a supportive role to play in helping parents of students with severe allergies avoid exposure to pre-identified allergens while the student is at school.

Definition

Anaphylactic reactions are those severe allergy reactions that are life threatening and require immediate medical attention. An Epi-pen injection will offer up to fifteen (15) minutes time to get the affected person to emergency care at a hospital.

Procedures

1. Identifying Individuals at Risk
 - 1.1 Parents/Guardians of students with severe allergies must:
 - 1.1.1 Advise the Principal and homeroom teacher about the student's severe allergy when the allergy is diagnosed, at the beginning of each school year, or when the student changes schools and submit "Administration of Prescribed Medication and/or Medical Procedures" form (316-1).
 - 1.1.2 Provide and keep emergency information current:
 - 1.1.3 Provide the student with a case containing at least one unexpired injector or other medication as prescribed by a physician and ensure that the student has the injector or medication readily available while at school, or on off-site school events or activities;

1.1.4 Provide snacks and lunches for the students; and

1.1.5 Provide the student with a MedicAlert bracelet or other suitable identification.

2. Communication Strategies

2.1 The Principal must:

2.1.1 Advise the parents of the student with severe allergies of this procedure and provide them with a copy and advise them where all Administrative Procedures can be accessed online;

2.1.2 Ensure student allergy information is indicated in the Student Data system;

2.1.3 Develop a Health Services Plan (Form 316-7) with team members, which may include, but is not limited to, classroom teacher(s), parents, child (if appropriate), Student Support Services Teacher, bus driver (if necessary), other health care professionals.

2.1.4 Advise all staff members of students who have potentially life threatening allergies as soon as possible;

2.1.5. Develop the Allergy and Anaphylaxis Emergency Plan form and attach to the Health Services Plan.

2.1.6. Request the consent of the parent to post the student's picture and display the Allergy and Anaphylaxis Emergency Plan (Form 318-1) in a readily accessible location at the school;

2.1.7. When a child has been identified as having a severe or anaphylactic reaction to specific foods, the principal will ask other parents in that student's class to refrain from sending those foods to school. Regular reminder shall be sent to staff, students, and parents regarding the problematic foods.

2.1.8. If more information is needed, consult with the Superintendent of Student Services to gather the necessary medical information.

3. Allergy Avoidance Strategies

3.1. Ingredients on food brought in or prepared for special events by the school community, prepared and served in school kitchens, or provided by catering companies cannot be guaranteed to be safe. Therefore, students with severe allergies must:

3.1.1 Eat only foods brought from home unless authorized by the parents in writing; food for school annual events and hot lunches will be included in general parent information regarding the event;

3.1.2 Wash their hands before eating;

3.1.3 Learn to recognize symptoms of a severe allergic reaction;

3.1.4 Promptly inform a teacher or an adult as soon as accidental ingestion or exposure to an allergen occur or symptoms of a severe allergic reaction appear;

3.1.5 Keep an inject or medication handy at all times; and

3.1.6 When age appropriate, know how to use and injector or take medication.

3.2 The classroom teacher will communicate with parents to ensure parent-prepared food being served to the class is appropriate.

3.3 The use of foods in crafts and cooking classes may need to be altered or restricted depending on children's allergies.

3.4 Students shall be taught of the dangers to anaphylactic students or sharing or trading lunches.

4. Training Strategy

4.1. The principal shall ensure that in-service is provided annually to school personnel in schools where students prone to anaphylaxis are enrolled on how to recognize and treat anaphylactic reaction.

Reference: Sections 85, 87, 108, 109, 175, 188, 190 Education Act

Cross Reference: Administrative Procedure 316 – Administering Medications and Medical Treatment to Students

Student

Parent(s)

This Health Services Plan will be in effect from _____ to _____.
As health needs can change frequently, this plan should be developed at a meeting separate from the personal program-planning meeting.

Members of Planning Team

Members of the planning team could include the parents or guardian, the child (if appropriate), school administration, with supporting recommendations from a health care professional (e.g. doctor, occupational therapist, physical therapist).

Description of Child's Medical Condition

Include a complete description of the child's current medical condition, including relevant medical history and the child's needs for growth and development, and the effect of the medical condition on the child's performance in school.

Strategies to Support the Child in the School or Off-Site Placements and/or Excursions

Specify activities in which the child may participate, and any adaptations or modifications that may be needed (i.e. no contact sports, avoid contact with particles such as sand, powder). In regards to field trips, describe the plan to communicate with the parent/guardian as to the nature of the excursion, determine the needs of the child and develop an emergency plan that is specific to the excursion.

Feeding and Nutritional Needs

Describe the child's current diet, food allergies, food likes and dislikes, fluid intake requirements, feeding plan and oral-motor interventions.

Transportation Arrangements

Address transportation arrangements for both regular routes and field trips.

Medication to be Dispensed, Amount, Time and Person Administering

Referencing F316-5, include the type of medication, the dosage to be dispensed, time, how and where, who will administer medication and the effect of the medication on the child's performance in school. Define a procedure for record keeping.

Procedure(s) to be Performed by School Personnel

Outline the child's needs. The planning team should decide which procedure(s) can and cannot be done in school. Each procedure should be described in detail.

Where and When the Procedure(s) Should be Performed

Include the location, frequency and time of day involved with the procedure(s).

Who will Perform the Health Care Procedure(s)?

What are the qualifications and/or training of the individual performing the procedure(s)? Who will record the health care interventions on F316-6?

Training that is to Take Place Prior to the Child Entering Class

List in detail who will be providing the training, and how often the training will be monitored and reviewed. Training must be provided by a health care professional and approved by the Superintendent of Learning. The parents and a health care professional can work as a team to provide training.

Schedule for Review and Monitoring of Training

Include timelines for regular review and retraining in the procedures. This should include a schedule for regular review as well as provisions for retraining if the child's needs change.

Emergency Procedures

Describe expected emergency in terms of how the child typically reacts, if known. List specifically what to do, who to call and the order in which people should be notified. Who has a copy of the emergency plan? Where is it filed/posted? Be sure to notify the local critical response team about procedures and location of child in the school. Fill out "Child Specific Emergency Plan" form (Form 316-8), if applicable.

Plan for Absences

- Outline the plan for dealing with instances when the teacher and/or the paraprofessional are absent, such as specific training of a substitute.
- Outline the plan for home-based instruction if the child becomes too ill to attend school. Be sure to build this plan into the child's personal program plan.
- Outline the plan for receiving current medical information before the child returns to school from an extended illness/hospitalization.

Plan for Change

- Plan for change and review frequently.
- Revise plan after a major illness or hospitalization.

Signatures

We have participated in the development of this Health Services Plan and agree with the contents:

Parents/Guardian _____ Date: _____

School Administrator _____ Date: _____

Allergy & Anaphylaxis Emergency Plan



Child's name: _____ Date of plan: _____

Date of Birth: ____ / ____ / ____ Age: ____ Weight: ____ kg

- Child has asthma. Yes No (If yes, higher chance severe reaction)
Child has had anaphylaxis. Yes No
Child may carry medicine. Yes No
Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: 0.10 mg (7.5 kg to 15 kg)
 0.15 mg (15 kg to 25 kg)
 0.30 mg (25 kg or more)

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature Date Physician/HCP Authorization Signature Date

Additional Instructions:

Contacts

Call 911/Rescue Squad: _____

Doctor: _____ Phone: _____

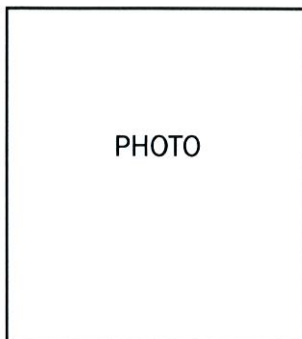
Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship: _____ Phone: _____

This person has a potentially life-threatening allergy (anaphylaxis) to:



- Food(s): _____

 Insect stings
 Other: _____

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Location of Auto-Injector(s): _____

- Previous anaphylactic reaction: Person is at greater risk.
 Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

IN CASE OF REACTION:

Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.

Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.

Call emergency contact person (e.g. parent, guardian).