

MEDICATION/PERSONAL CARE

Background:

To ensure the safety and well-being of all students and staff, procedures for the safe administration of medication/personal care and severe/life-threatening medical situations have been established.

Definitions:

Allergies:

may include reactions to foods, animals, plants and perfumes.

Anaphylaxis:

a severe systemic allergic reaction, which can be fatal, resulting in circulatory collapse or shock—for example, a reaction to a bee sting or nuts.

Asthma:

a respiratory condition marked by spasms in the bronchi of the lungs, causing difficulty in breathing.

Emergency Response Protocol:

a written plan that outlines the actions required to address the specific needs of a student's particular health concerns.

Medication:

a drug that is obtained either through prescription by a physician or over-the-counter purchase.

Personal Care:

includes activities such as toileting, tube feeding, suctioning, catheter care, etc.

PRN Medications (pro re nata):

medications administered on an "as needed" basis following the written instructions of a health care professional.

Self-administer:

the student or staff member assumes responsibility for independently carrying and taking medication.

School-related Activities:

include events in school, during school-sponsored programs and while students are traveling to and from school by means provided by the school.

Significant Health Concerns:

serious or life-threatening health conditions including, but not limited to, severe allergies, anaphylaxis, diabetes and epilepsy.

Universal Precautions:

a standard set of procedures designed to prevent transmission of blood-borne diseases such as hepatitis B virus, including use of personal protective equipment. Universal precautions assume all blood and body fluids are considered potentially infectious.

Procedures:

1. The Division expects principals, central service administrators, and Student Transportation staff (where applicable) to implement site procedures for the administration of medication, delivery of personal care and for dealing with significant health concerns.
2. Staff and contractors with potentially serious medical conditions are responsible for advising their supervisor so that procedures are in place to ensure their safety and well-being at the worksite.
3. The responsibility for medical treatment and personal care ultimately rests with the parent or guardian or independent student or the staff member.
4. Administration of Medication and/or Personal Care
 - 4.1. Principals shall establish written procedures for administration of medication/personal care at their school using the following guidelines:
 - 4.1.1. Requests for the administration of medication/personal care during school-related activities shall be made in writing by the parent or guardian to the Principal.
 - 4.1.2. The Principal, in consultation with other Division staff as applicable, shall make the decision with respect to the request to administer medication/personal care to a student.
 - 4.1.3. The [Child/Student Medication Personal Care Management - Parent/Guardian Consent Form](#) (Form 316-1), the [Child/Student Medication Management Plan](#) (Form 316-2) and/or the [Child/Student Personal Care Management Plan](#) (Form 316-3) shall be completed by the parent upon registration, and updated:
 - 4.1.3.1. when a significant health concern is diagnosed;
 - 4.1.3.2. at the beginning of each school year;
 - 4.1.3.3. when health concerns change; and
 - 4.1.3.4. when the student changes schools.
 - 4.1.4. For staff and students with severe allergies/anaphylaxis or asthma, an [Individual Anaphylaxis Emergency Plan](#) (Form 316-4) or [Asthma Emergency Plan](#) (Form 316-5) shall be completed annually.
 - 4.2. Relevant medical information shall be recorded in the student information system and included on the student's Instructional Support Plan (ISP), if applicable.
 - 4.3. Parents shall personally deliver medications to the school where it shall be duly noted as received and the amount specified. Any unused medication shall be

directly returned to the parent at the end of the school year or if the student transfers out of the school.

- 4.4. PRN medications must be stored in pharmacy-labelled containers clearly marked with the student's name, dosage and time of administration of the medication, and must be held in storage to which access is restricted.
 - 4.5. Over-the-counter medications must be stored in the original manufacturer-labelled container clearly marked with the student's name, dosage and time of administration of the medication, and must be held in storage to which access is restricted.
 - 4.6. Disposal of sharps, blood glucose test strips and other medical waste shall be completed according to occupational health and safety standards.
 - 4.7. Non-prescription drugs such as pain relief medication, cold remedies and inhalants shall not be administered to students without the consent of the parent or guardian.
 - 4.8. Injection of medication shall be administered only by a health professional, the parent or the individual student.
 - 4.9. Routines to ensure the correct, safe administration of medication/personal care shall be developed and documented at each school site on the appropriate management plan in consultation with the parent or guardian, health care provider and, where necessary, other Division staff.
 - 4.10. The Principal, in consultation with staff, shall assign the responsibility for the administration of the routine medication/personal care to a qualified staff member. An alternate person shall be identified and trained to administer the medication/personal care in the absence of the regularly designated staff member.
 - 4.11. A [Child/Student Medication Record](#) (Form 316-6) and/or [Child/Student Personal Care Record](#) (Form 316-7) shall be completed daily to ensure no procedure has been missed, and shall include the time of administration, the amount of medication and/or type of personal care provided, and the staff member's signature.
 - 4.12. All staff shall follow universal precautions when handling blood and body fluids to prevent exposure to blood-borne diseases. Principals and directors shall provide the necessary training, equipment and supplies to implement universal precautions.
 - 4.13. If the student is developmentally capable, a parent may request the student be allowed to self-administer medication.
5. Significant Health Concerns
- 5.1. Principals shall establish written procedures for responding to a medical emergency due to anaphylaxis, diabetes, asthma, epilepsy or other serious life-threatening conditions using the following guidelines.
 - 5.2. Parents shall provide notification of significant health concerns to the Principal upon registration, and shall update it:
 - 5.2.1. when a significant health concern is diagnosed;
 - 5.2.2. at the beginning of each school year;

- 5.2.3. when health concerns change; and
- 5.2.4. when the student changes schools.
- 5.3. Where applicable, parents shall annually complete and sign the [Individual Anaphylaxis Emergency Plan](#) (Form 316-4) or [Asthma Emergency Plan](#) (Form 316-5).
- 5.4. Where applicable, the Principal shall develop a school-based asthma, allergy and anaphylaxis plan.
- 5.5. Any emergency medications provided by the parent and which are not in the student's possession shall be stored in a secure and accessible location in the school, and all individuals working with students shall be aware of the location of the emergency medications, including inhalers and injectors.
- 5.6. The Principal shall alert staff members of the procedures for responding to emergency medical situations, and shall provide training for all staff members who may be in a position of responsibility for students with significant health concerns.
- 5.7. The Principal shall work with the Director of Student Transportation who shall notify bus contractors they are transporting students who may require the administration of emergency medication and ensure they receive the appropriate information, training and instruction.
- 5.8. The Principal shall confidentially inform adults who work with students (for example, substitute teachers, practicum students, lunch supervisors, coaches and volunteers) of the identity of any student with significant health concerns and the identity of a staff member to contact immediately in case of an emergency.
- 5.9. If a situation is considered serious/life-threatening, or in the case of the administration of an EpiPen or other auto-injector, an ambulance shall be called. Parents shall be informed immediately when there has been a serious incident such as low blood sugar causing hypoglycemia, anaphylactic shock or grand mal seizure.
 - 5.9.1. EpiPens and inhalers are to be clearly marked and separate from other medication.
 - 5.9.2. If the student is developmentally capable, the preferred location for the storage of EpiPens and/or inhalers is in a fanny pack worn by the student. If parents prefer that EpiPens and/or inhalers be located in alternative locations, they must specify on the Anaphylaxis and/or Asthma Emergency Plan.
 - 5.9.3. When emergency intervention for severe allergies, asthma, diabetes, etc. requires students carry medication, the Principal must provide for the safety of all students by ensuring medications are handled safely, are not shared with other students and all staff, volunteers and contractors are aware of emergency procedures.
- 5.10. Type 1 Diabetes
 - 5.10.1. The administration of a quick-acting glucose source (for example, glucose tablets, unsweetened juice or sugared candy) or the provision of follow-up snacks (for example, digestive biscuits, crackers or cheese) is

acceptable and can be dispensed by any adult in accordance with written instructions from the parent.

5.10.2. Parents should be advised when a quick-acting glucose source for low blood sugar has been administered.

5.10.3. When developmentally capable, students should be allowed to test their own blood sugar levels upon request of the parent or student. If requested, students should be allowed to conduct blood testing in the classroom. Alternatively, the Principal shall provide an environment of confidentiality that enables and enhances the student's ability to manage their own health condition.

5.10.4. Sharps, blood glucose test strips or other medical waste shall be disposed of according to occupational health and safety standards.

6. Hepatitis B Immunization

6.1. In general, hepatitis B immunization of Division staff is not necessary as school settings present low occupational risk for the disease and the hazard can be effectively managed through training and universal precautions. However, there may be some exceptions for staff working in higher risk settings such as inclusive learning programs and with students who are known biters or carriers of the disease.

6.2. The vaccine shall be covered by the Division on a case-by-case basis if it is deemed necessary as a result of a job hazard assessment conducted by the OHS Specialist and Supports for Students.

Reference:

Section 11, 33, 197 Education Act

Freedom of Information and Protection of Privacy Act

Emergency Medical Aid Act

Occupational Health and Safety Act

Guidelines for Child/Student Focused Medication Management (CSFMM) In Preschool and School Settings - Alberta Health Services

Anaphylaxis: A Handbook for School Boards-Canadian School Boards Association

ATA Provision of Medical Services to Medically Fragile Students