Ering ADMINISTRATIVE PROCEDURE NO. 321

ADMINISTERING MEDICAL TREATMENT TO STUDENTS

Background

The Division believes that medications are to be administered to students by parents at home whenever possible. Division employees do not generally possess the expertise to determine the need for, or the appropriate means of, administering medical treatment to students. In order for some students to maintain their health and well-being in the school setting, it may be necessary for them to receive medical treatment during the course of the school day.

The Division recognizes that while it is not the mandate of schools, staff may be requested to administer medicine or emergency first aid treatment to a student in order to preserve the life or physical well-being of the student. This is a natural extension of the school personnel's duty to exercise reasonable care and skill in attending to the safety, health and comfort of their pupils.

The Division further believes that medical treatment of students including the administration of medication is to be limited to the resources available in the school. The Superintendent delegates responsibility to the school principal to provide for the administration of medication and/or treatment as defined on Form 26 – Medical Release Form and signed by the parent and physician.

Notwithstanding the above, the Division reserves the right to reject requests for the administration of medication/treatment to students.

Guidelines

1. The following guidelines shall apply to the administration of medication or emergency first aid to a student:

    a. In situations relating to the medical treatment of students, the Board recognizes that its employees are subject to the responsibilities inherent in the common law doctrine of "in loco parentis". Specifically, in loco parentis requires that:

    1.1 An employee acts as would a reasonable and prudent parent in the same circumstances and conditions.

        1.1.1 The principal shall ensure the school has a lockable storage area for student medications.
        1.1.2 The principal shall have a procedure, including the keeping of a written log, on the administering of medications.
        1.1.3 Medical information should only be shared with staff that need to know or are involved in administering medication.

1.1.4 Staff who may be required to administer medication or other health-related support services to students shall be trained by qualified professionals or other individuals with expertise, including parents.

1.1.5 A master list of all students requiring ongoing, long-term medication or who may require emergency medical treatment shall be posted in an area of the school accessible to staff but which provides a reasonable level of confidentiality for the student (i.e. school office or staffroom).

1.2 The employee does not have all of the authority that a parent would have; eg. employees do not have the authority to provide consent for the medical treatment of a student.

1.3 The employee recognizes the limitations of his/her ability to provide direct assistance.

2. Scope of Routine Medical Services

The level of service provided by Division staff for students requiring routine medical attention will be determined by application of the following criteria:

2.1 The attending physician may indicate in writing that:

2.1.1 The service requested is of such a simplistic nature that a lay person, e.g. teacher, teacher assistant, could successfully perform the function.

2.1.2 The service has to be performed during regular school hours and/or approved school activities.

2.1.3 The service is critical to the well-being and functioning of the student.

2.1.4 No other reasonable alternative service is available, e.g., through Alberta Health Services, Community Health Services Division.

2.2 The principal deems that appropriate resources are available and that the services will not be disruptive to the educational program.

3. Emergency Assistance

Employees may, from time to time, encounter situations that necessitate taking immediate action supportive of a student's physical well-being. Staff members who render assistance to a student who is ill, injured or unconscious as a result of accident or emergency will be protected from legal action as outlined in Section 2 of the Emergency Medical Aid Act. (See Appendix 'A' attached.)

Procedures

1. ADMINISTRATION OF PRESCRIPTION DRUGS TO STUDENTS

1.1 If a student who is incapable of self-administration must receive medication, administered at the written request of the parent, (Form 26 – Medical Release Form) and prescribed by a medical practitioner, during the school day or during an extracurricular or co-curricular activity, the principal will provide a monitoring function.

1.2 Where staff members are designated by the principal to monitor the administration of medication, it is essential that medical directions be obtained and followed explicitly and that adequate records are kept. E.g.

1.2.1 Student's name;
1.2.2 Name of medication or preparation;
1.2.3 Prescription number;
1.2.4 Physician;
1.2.5 Prescribed dosage during school hours;
1.2.6 Observed dates and times of consumption;
1.2.7 Notes of any related incidents, if applicable;
1.2.8 Reactions, if any;
1.2.9 Breaks in routine, if any;
1.2.10 Related communication with parents, guardian or physician;
1.2.11 Extenuating circumstances.

Refer to "Medical Release Form" (Form 26).

1.3 All students known to have a life-threatening allergy should have available an Epi-Pen to be used for such an emergency. Epi-Pens and other forms of adrenalin are prescribed by a physician. (Appendix 'B')

1.4 Principals shall ensure that staff monitoring the administration of any medication are informed in advance concerning possible reactions which may occur and the appropriate procedures to follow. Parents or guardians should be consulted as necessary.

2. LIFE-THREATENING MEDICAL CONDITIONS

2.1 The principal, through registration procedures and in consultation with parents or guardians, shall attempt to identify any students who are subject to medical conditions which may be life-threatening and who, therefore, may require specific medical attention.

2.2 Having secured advice in such cases, the principal shall attempt to ensure that all who may be involved with the student, e.g. school staff, volunteers,

school bus drivers and substitutes, are informed concerning any required emergency procedures.

2.3 Specific instruction by medically qualified personnel should be sought for staff members who may be required to apply respiratory equipment or give injections; e.g. severe allergic reactions, etc.

2.4 Prevention measures will be taken at all schools to minimize the risk of allergen exposure of an anaphylactic individual without depriving the individual of normal peer interactions and placing unreasonable restrictions on the activities of students and other school personnel.

See Appendix 'C', "Avoidance" and Appendix 'D', "Emergency Response Plan".

3. SERIOUS INJURY OR ACCIDENT

In the event of serious injury or accident, the following procedures should be followed:

3.1 The staff member should apply first aid treatment if required and practical, and if the staff member is competent to do so.

3.2 In all instances of serious injury or illness, the staff member should stay with the injured person and direct a responsible person to notify the school office. The principal shall notify the parents or guardians.

3.3 The paramedics should be called to arrange for treatment and transportation to the nearest medical facility.

3.4 In the event that paramedics are not available, eg. on camping trips, excursions, etc., appropriate arrangements should be made to access medical attention or transport the injured student to a medical facility.

3.5 Coaches, or school supervisory staff, will be required to remove from play, any athlete who exhibits signs or symptoms of concussion. The athlete will not be permitted to return until he or she has received written medical clearance from a doctor.

4. NON-PRESCRIPTION DRUGS

Non-prescription drugs shall not be purchased on the accounts of the Board or the school nor distributed to any student enrolled in a school operated by the Board.

5. LEGAL CONSENT FOR MEDICAL TREATMENT

Under no circumstances will employees of the Board give legal consent to medical treatment of students in their charge. In the event medical treatment is refused by a medical practitioner because of lack of valid consent, the employee shall:

5.1 Defer to the opinion of the medical practitioner;

5.2 Advise the principal (or designate) of the problem and the recommendation of the medical practitioner;

5.3 Continue to attempt to contact the parents or legal guardian;

5.4 In circumstances involving an emergency of an anaphylactic individual, the exposed individual will be given Epi-Pen and transferred to the hospital and given medical treatment even if a parent or guardian is not available to give consent. Permission to administer Epi-Pen and transport should be included on the parent consent form, Appendix ‘E’.

5.5 The principal shall inform bus drivers and other non-school staff that may need to know about a student medical condition.

Revised: November 2005, April 2011, April 2016

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APPENDIX 'A'

EMERGENCY MEDICAL AID ACT
CHAPTER E-9

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1. In this Act,

    a) "Physician" means a person who is registered as a medical practitioner under the Medical Profession Act;

    b) "Registered health discipline member" means a person who is registered under the Health Discipline Act;

    c) "Registered nurse" means a person who is a registered nurse under the Nursing Profession Act.

    RSA 1980 cE-9 s1; RSA 1980 cH-5.1 s34; 1983 cN-14.5 sl26; 1984 c53 s27

PROTECTION FROM ACTION

2. If, in respect of a person who is ill, injured or unconscious as the result of an accident or other emergency,

    a) A physician, registered health discipline member, or registered nurse voluntarily and without expectation of compensation or reward renders emergency medical services or first aid assistance and the services or assistance are not rendered at a hospital or other place having adequate medical facilities and equipment, or

    b) A person other than a person mentioned in Clause (a) voluntarily renders emergency first aid assistance and that assistance is rendered at the immediate scene of the accident or emergency, the physician, registered health discipline member, registered nurse or other person is not liable for damages for injuries to or the death of that person alleged to have been caused by an act or omission on his part in rendering the medical services or first aid assistance unless it is established that the injuries or death were caused by gross negligence on his part.

    RSA 1980 cE-9 s2; RSA 1980 cH-5.1 s34; 1984 c53 s27
    Repealed RSA 1980 c7(Supp.)sl.

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APPENDIX 'B'

EPINEPHRINE (ADRENALIN) ADMINISTRATION

Epi-Pen is Epinephrine in a disposable spring-loaded self-injectable syringe with a concealed needle.

DIRECTIONS:

1. Place the black tip on the outer thigh, at a right angle to the leg. (Can administer through clothes.)

2. Pull off the grey safety cap. (This prepares the injector to be triggered.)

3. Press hard into thigh until auto-injector mechanism functions (constrain the individual, if necessary) and hold in place for 15 seconds (counting slowly). (Do not release pressure when the Epi-Pen clicks -- keep right on outer thigh.) Remove unit. Massage injection area for 10 seconds.

4. After injection, immediately phone for ambulance and transport to Emergency Department.

5. A second or subsequent injection may be necessary if medical care is not immediately available.

6. Dispose of used Epi-Pen unit in a safe place.

7. Periodically check the expiration date on the medication and whether it has become discoloured.

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APPENDIX 'C'

AVOIDANCE

Appendices 'C' and 'D' are taken from the document entitled, ANAPHYLAXIS: A Handbook for School Boards, produced by Health Canada and the Canadian School Boards Association.

II Avoidance

The goal of the board's policy is to provide a safe environment for children with life-threatening allergies, but *it is not possible to reduce the risk to zero.* However, the following list of precautions offers school boards suggestions of ways to minimize the risk and allow the anaphylactic child to attend school with relative confidence. It is strongly recommended that policies and procedures be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the allergens which trigger reactions, as well as the organizational and physical environment in different schools. It should also be noted that precautions may vary depending on the properties of the allergen. The viscosity of peanut butter, for example, presents particular challenges in terms of cross-contamination and cleaning; and while it may be possible to eliminate peanut products from school cafeterias, it would be virtually impossible to do so with milk or wheat products.

All of the following recommendations should be considered in the context of the anaphylactic child's age and maturity. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

Schools are encouraged to find innovative ways to minimize the risk of exposure without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school. One school developed a "red card" system, where any child who ate peanut butter left a red card on the table, signaling it as a high-risk area for the anaphylactic student until properly cleaned.

A. Providing Allergen-Free Areas

Eliminating allergens from areas within the school, where the anaphylactic child is likely to come into contact with food, may be the only way to reduce risk to an acceptable level.

- If possible, avoid using the classroom of an anaphylactic child as a lunch room.

- If the classroom must be used as a lunch room, establish it as an “allergen-free” area, using a co-operative approach with students and parents.
- Establish at least one common eating area, or a section of the single common eating area, as “allergen-free”.
- Develop strategies for monitoring allergen-free areas, and for identifying high-risk areas for anaphylactic students.
- As a last resort, if allergen-free eating areas cannot be established, provide a safe eating area for the anaphylactic child.

B. Establishing Safe Lunchroom and Eating-area Procedures

The most minute quantities of allergen can trigger a deadly reaction. Peanut butter on a friend’s hand could be transferred to a volleyball or a skipping rope. Therefore, protection of the anaphylactic child requires the school to exercise control over all food products, not only those directly consumed by the anaphylactic student.

- Require anaphylactic students to eat only food prepared at home.
- Discourage the sharing of food, utensils and containers.
- Increase lunch-hour supervision in classrooms with an anaphylactic child.
- Encourage the anaphylactic child to take mealtime precautions like:
  - Placing food on wax paper or a paper napkin rather than directly on the desk or table;
  - Taking only one item at a time from the lunch bag to prevent other children from touching the food; and
  - Packing up their lunch and leaving it with the lunch supervisor, if it is necessary to leave the room during lunchtime.
- Establish a hand-washing routine before and after eating. Success will depend on the availability of hand-washing facilities.
- If the school has a cafeteria, keep the allergen, including all products with the allergen as an ingredient, off the menu. Provide in-service for cafeteria staff, with special emphasis on cross-contamination and labeling issues.
- If the school has a vending machine, ensure that products containing the allergen are not available.
- Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use. This is particularly important for peanut-allergic students because of the adhesive nature of peanut butter.

C. Allergens Hidden in School Activities

Not all allergic reactions to food are a result of exposure at meal times.

- Teachers, particularly in the primary grades, should be aware of the possible allergens present in curricular materials like:
  - Play dough;
  - Bean-bags, stuffed toys (peanut shells are sometimes used);
  - Counting aids (beans, peas);

    - Toys, books and other items which may have become contaminated in the course of normal use;
    - Science projects; and
    - Special seasonal activities, like Easter eggs and garden projects.
- Computer keyboards and musical instruments should be wiped before and after use.
- Anaphylactic children should not be involved in garbage disposal, yard clean-ups, or other activities which could bring them into contact with food wrappers, containers or debris.
- Foods are often stored in lockers and desks. Allowing the anaphylactic child to keep the same locker and desk all year may help prevent accidental contamination.

D. Holidays and Special Celebrations

Food is usually associated with special occasions and events. The following procedures will help to protect the anaphylactic child:

- Establish a class fund for special events, and have the classroom teacher or the parent of the anaphylactic child provide only safe food.
- If foods are to come into the classroom from home, remind parents of the anaphylactic child's allergens, and insist on ingredient lists.
- Limit the anaphylactic child to food brought from his or her own home.
- Focus on activities rather than food to mark special occasions.

E. Field Trips

In addition to the usual school safety precautions applying to field trips, the following procedures should be in place to protect the anaphylactic child.

- Include a separate "serious medical conditions" section as a part of the school's registration/permission forms for all field trips in which the details of the anaphylactic student's allergens, symptoms and treatment can be recorded. A copy of this information should be available on site at any time during the field trip.
- Require all supervisors, staff and parents to be aware of the identity of the anaphylactic child, the allergens, symptoms and treatment.
- Ensure that a supervisor with training in the use of the auto-injector is assigned responsibility for the anaphylactic child.
- If practical, consider providing a cell phone for buses used on field trips.
- Require the parent of the anaphylactic child to provide several auto-injectors to be administered every 10 to 15 minutes en route to the nearest hospital, if breathing problems persist or if symptoms reoccur.
- If the risk factors are too great to control, the anaphylactic child may be unable to participate in the field trip. Parents should be involved in this decision.

F. Substitute Teachers, Parent Volunteers and Others with Occasional Contact
All schools involve adults in their classrooms who are unfamiliar with individual students and school procedures. The following suggestions would help to prepare them to handle an anaphylactic emergency.

- Require the regular classroom teacher to keep information about the anaphylactic student's allergies and emergency procedures in a visible location.
- Ensure that procedures are in place for informing substitute teachers and volunteers about anaphylactic students.
- Involve substitute teachers and volunteers in regular in-service programs, or provide separate in-service for them.

G. Anaphylaxis to Insect Venom
Food is the most common trigger of an anaphylactic reaction in school children, and the only allergen which schools can reasonably be expected to monitor. The school cannot take responsibility for possible exposure to bees, hornets, wasps and yellow-jackets, but certain precautions can be taken by the student and the school to reduce the risk of exposure. It should also be noted that desensitization treatment for allergies to insect venom is available, and has a 95 percent success rate (Ontario Allergy Society, "Information Notes: Allergic Reactions to Insect Stings").

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing, and fragrances.
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal.
- If soft drinks are being consumed outdoors, pour them into a cup and dispose of cans in a covered container.
- Ensure that garbage is properly covered.
- Caution children not to throw sticks or stones at insect nests.
- Allow students who are anaphylactic to insect stings to remain indoors for recess during bee/wasp season.
- Immediately remove a child with an allergy to insect venom from the room, if a bee or wasp gets in.

In case of insect stings, never slap or brush the insect off, and never pinch the stinger, if the child is stung. Instead, flick the stinger out with a fingernail or credit card.

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APPENDIX 'D'

EMERGENCY RESPONSE PROTOCOL

III Emergency Response Protocol

Even when precautions are taken, an anaphylactic student may come into contact with an allergen while at school. It is essential that the school develops a response protocol, and that all staff is aware of how to implement it. A separate emergency plan should be developed for each anaphylactic child, in conjunction with the child's parents and physician, and kept in a readily accessible location. The plan should clearly identify individual roles. (See Appendix G1-G2)

Anaphylactic children usually know when a reaction is taking place. School personnel should be encouraged to listen to the child. If he or she complains of any symptoms, which could signal the onset of a reaction, they should not hesitate to implement the emergency response. There is no danger in reacting too quickly, and grave danger in reacting too slowly.

School boards should be aware of local ambulance regulations and take them into account when developing their own procedures. In some cases, ambulance attendants are not qualified to administer epinephrine. In some jurisdictions, school staff is not permitted to accompany the child in the ambulance.

A. Emergency Plans

Every emergency plan should include procedures to:

- Communicate the emergency rapidly to a staff person who is trained in the use of the auto-injector;
- Administer the auto-injector (NOTE: Although most anaphylactic children learn to administer their own medication by about age 8, individuals of any age may require help during a reaction because of the rapid progression of symptoms, or because of the stress of the situation. Adult supervision is required.);
- Telephone 911 or an ambulance (Inform the emergency operator that a child is having an anaphylactic reaction; in some areas, hospitals will send a physician on the ambulance to begin emergency treatment at once);
- Transport the child to hospital at once, if no ambulance service is available (School boards should ensure that their insurance policies cover such an emergency situation.);
- Telephone the hospital to inform them that a child having an anaphylactic reaction is en route;
- Notify the provincial police and provide them with a description of the vehicle and license number if transportation is by car;
- Telephone the parents of the child;

- Re-administer epinephrine every 10 to 15 minutes while waiting for the ambulance and en route to the hospital, if breathing does not improve or if symptoms reoccur; and
- Assign a staff person to take extra auto-injectors, accompany (or follow, if necessary) the child to the hospital, and stay with him or her until a parent or guardian arrives.

B. Location of Auto-injectors

- Auto-injectors should be kept in a covered and secure area, but unlocked for quick access. Although epinephrine is not a dangerous drug, the sharp needle of the self-injector can cause injury, especially if injected into the fingertip.
- As soon as they are old enough, students should carry their own auto-injectors. Many young children carry an injection kit in a fanny pack around their waist at all times.
- An up-to-date supply of auto-injectors, provided by the parents, should be available in an easily accessible, unlocked area of the child's classroom and/or in a central area of the school (office or staff room). NOTE: Auto-injectors are expensive. If families have difficulty supplying the school with an adequate supply, the school board should consider seeking financial assistance to ensure that medication is available, whenever and wherever it is required.)
- All staff should know the location of the auto-injectors. Classmates should be aware of the location of the auto-injector in the classroom.

C. Training Older Students to Assist

Older students may be trained to administer the auto-injector, and can play a role in the emergency response, particularly in a secondary school setting. Information about anaphylaxis and auto-injector training may be included in the health curriculum.

D. Role-playing

The school should occasionally simulate an anaphylactic emergency – similar to a fire drill – to ensure that all elements of the emergency plan are in place.

E. Review Process

School emergency procedures for each anaphylactic student should be reviewed annually with staff and parents. In the event of an emergency response, an immediate evaluation of the procedure should be undertaken.