

Yukon Education

Policy Subject: Administration of Medication to Students

Date Passed: November 15, 2005, Amended May 11, 2006

Policy Number: 4003

Legislation:

Education Act: Section 18(1)

Cross Reference:

Purpose and Principles:

1. In recognition that some students have severe and life-threatening illnesses and allergies which may lead to diabetic shock, anaphylaxis and chronic allergy conditions including asthma, there are times that school staff may need to administer medication and/or call for medical support.
2. It is the responsibility of parents to complete and submit to the administrator an "Administration of Medication Plan" that outlines the roles and responsibilities of parents, school staff, administrators and the student. This form will also provide authorization to the school to administer the medical plan.

Standards and Procedures

Section I Administration of Medication

1. When a student requires medication in order to function within the school environment, a parent/legal guardian shall:
 - a) Inform the administrator of a student's medical needs if prescribed or non-prescribed medication will be required during school hours and of any modifications to these in type or dosage;
 - b) Submit, on an annual basis, a completed Administration of Medication Plan form (attached)
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to the administrator;

- c) Discuss any procedures that may be required and the priority that those procedures should be followed;
 - d) Ensure that accurate and up-to-date telephone contacts are available to the school.
3. The administrator shall advise and keep informed school staff and transportation staff , including bus drivers, of those students where parents/legal guardians have issued instructions under Appendix 1 or 2.
4. The Administrator shall determine if specific training and/or support for staff is required of staff members to administer medication and will, to the extent possible, arrange for the training to be made available to staff when required.
5. Students experiencing a medical ailment or condition including an allergic reaction or anaphylaxis shall not be left unattended in the school.
6. The following elements shall be included in an Administration of Medication Plan:
- a) Accurate telephone contact numbers and emergency contacts with general times and dates with detailed up to date instructions as to when contacts should be called and in order of priority;
 - b) Emergency transportation arrangements shall be identified. Ambulance services may be used at the discretion of the administrator;
 - c) A written consent form "Administration of Medication" (attached) will be completed and signed by the parent(s)/legal guardian;
 - d) A physician signature may be required;
 - e) Parent/legal guardian authorization for the release of relevant information to those involved in the care of students for whom a Medical Plan has been

submitted including the bus company/driver.

- f) Information concerning appropriate medical procedures;
 - g) Detailed up to date instructions as to how student medication will be stored or transported to the school on a regular basis;
7. It is the responsibility of the parent/legal guardian to report any changes to the medication routine to the administrator and to ensure that a revised, signed Administration of Medication Plan is submitted.
 8. The administrator shall ensure that a log is kept of the administration of medicine using the “Administration of Medication Log Form” (attached).
 9. An administrator or parent/guardian may at any time request a meeting to debrief and revise the plan.
 10. Copies of plan will be retained by both the school and the parent/guardian.
 11. Staff of the Department of Health and Social Services i.e., public health nurses, may be contacted for advice and/or training when required and local emergency facilities may be utilized.

Section II Do Not Resuscitate Orders

1. In situations involving a medically fragile student who has an emergency care plan that includes a Do Not Resuscitate Order (DNR), Appendix 2 must be signed and notarized by both a parent/legal guardian and a physician.
2. In a situation where a student is in a critical medical emergency and a DNR Order has been issued in accordance with this policy, Administrators/teachers must call an ambulance and provide the DNR Order instructions to ambulance attendants in order to minimize any vicarious trauma to students and staff.
3. Any Do Not Resuscitate Order (DNR) must clearly identify:

- (a) any required procedures to be followed and the priority and order that those procedures should be followed within.
 - (b) accurate telephone contact numbers and emergency contacts with general times and dates with detailed up to date instructions as to when contacts should be called and in order of priority;
4. The administrator shall meet with to advise and keep informed all school staff and transportation staff, including bus drivers, in instances where parents /guardians have issued a Do Not Resuscitate Order.
5. The Administrator shall determine if specific training and/or support for staff is required of staff members to administer the DNR Order and will arrange for the training to be made available to staff when required.
6. In the event that a DNR Order is carried out, the Department of Education shall provide support as required after the incident has occurred.
7. It is the responsibility of the parent/legal guardian to report any changes to the medication routine to the administrator and to advise of any changes once the DNR has been issued.
8. An administrator shall request and conduct as early as practicable a meeting with the parent/guardian and appropriate staff members to clarify the terms of the DNR.
9. Staff of the Department of Health and Social Services i.e., public health nurses, may be contacted for advice and/or training when required.
10. The Department of Education shall monitor the number and location of all students for whom a DNR has been issued.

Appendix 1

Administration of Medication Plan

Student Name _____ Date of Birth _____

School _____ Grade _____ Teacher _____

Student Medical Condition

IS THIS A LIFE-THREATENING MEDICAL CONDITION OR ALLERGY? ____ YES ____ NO

PARENTS/LEGAL GUARDIANS: Please specify in detail the procedures to follow in the event that your child requires medical attention or medication. Please specify in detail and in the order of priority that you wish these instructions to be carried out, as these are your instruction to school staff:

Contacts (in order of priority/times etc)

Emergency

Type(s)of Medication Required:

Dosage (amount, regime, administration procedures)

Possible Side Effects e.g. hyperactivity, drowsiness etc.

Medication will be transported or stored in the following manner:

List of parties that need to be advised of Student's Conditions (i.e. bus company):

Parent/Guardian _____ **Date** _____

Administrator _____ **Date** _____

Physician Signature (if required) _____ **Date** _____

Do Not Resuscitate Order

Student Name _____

Date of Birth _____

School _____ **Grade** _____

Primary Teacher/s _____

Record of Meetings Held:

Medical Care Plan: (itemized list of steps to be taken in the case of an emergency situation,)

1. (attach separate form if required)
- 2.
- 3.
- 4.

Emergency Contacts, to be called in order of priority:

**Valid only with attached, signed and notarized letter from
Parents/Legal Guardians and Physician)**