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ADMINISTRATION OF MEDICATION AND MEDICAL PROCEDURES

**Appendix A: Guidelines for the Administration of Medication to Students
(NS Department of Education, December 2006)**

Background

In December 2006, guidelines regarding the administration of medication during the school day were developed through consultations by the Department of Education with Doctors Nova Scotia, the Pharmacy Association, Nova Scotia Nurses Union, and school boards.

These 2006 guidelines outline procedures for the administration of oral or inhaled medication that requires, by law, a prescription by an authorized health care professional or is prescribed by a physician, and must be administered by school board personnel during school hours in order for the student to attend school.

Guidelines for the Administration of Medication to Students

- The Education Act states "...students should have a right and a responsibility to participate fully in learning opportunities...." In recognition of this right and responsibility, schools/boards are responsible to develop, in partnership with appropriate health care professionals, a plan for the administration of medication when medication must be administered during school hours.
- Administration of medication by any other route is deemed to be specialized health care requiring an individualized plan in order to be performed by persons designated in the plan with the appropriate training. Parties in the planning process should include parents/guardians, school board personnel and appropriate health care professionals.
- When a health care professional has deemed that medication must be administered during school hours in order for the student to attend school, a request for the administration of oral and inhaled medication must be made in writing by the parent to the school board. Accompanying the request must be copies of any written information provided by the pharmacy including, but not limited to, the name of the medication, the dosage, the frequency, the time and method of administration, storage and safekeeping requirements, the possible side effects, if any, and the dates for which the parental authorization applies. The parent is responsible for ensuring that the school board receive new documentation any time a medication change occurs.
- The medication must be in an original container provided by the pharmacy with the pharmacy label.

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- A record of administration of medication shall be maintained which includes:
 - _____ the pupil's name
 - _____ parent(s) name(s)/home and emergency telephone numbers
 - _____ name and telephone number of health care professional prescribing the medication
 - _____ dates and times of provision
 - _____ dosage given
 - _____ name of the person administering and supervising
- Medication must be administered in a manner which allows for sensitivity and privacy and which encourages the student to take an appropriate level of responsibility for his or her medication.

In addition, the Strait Regional School Board requires the following additional guidelines:

Medication Storage and Documentation

- The medication must be stored in a secure, locked medicine cabinet or locked filing cabinet drawer. The cabinet key must be kept in a secure location, with access limited to school administration and/or the designated staff members who administer the prescribed medication to the student.
- A written record of the administration of prescription medication shall be maintained for each student.
- Missing medication must be reported to the Principal as soon as the loss is noted. The missing medication must be immediately documented in writing and reported to the Superintendent of Schools by the Principal.

Supporting Students with Severe Allergies

- The Strait Regional School Board recognizes its responsibility to provide allergen-aware learning environments for students with life-threatening allergies, in partnership with parents/guardians, health care professionals and the school community. The risk of accidental exposure to an allergen can be significantly reduced, but it can never be completely removed. ***It is not possible to eliminate the risk of exposure to allergens, or to guarantee allergen-free schools.*** Therefore, the Strait Regional School Board cannot assume responsibility for providing allergen-free environments. However, through careful planning, prevention and education activities for school communities, the Board is committed to reducing exposure to triggering allergens. The Board is also committed to staff awareness and training in Emergency Medical Response to incidents of anaphylactic reactions, in collaboration with parents/guardians and healthcare providers.

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- Strait Regional School Board Allergen Aware signage and How to use EpiPen® and EpiPen® Jr Auto-injectors posters shall be displayed in prominent areas of the school, as required, to promote public awareness and reduce allergen exposure in schools where students have severe allergies.
- For each student with severe allergies, an Emergency Medical Plan must be developed, reviewed and shared with school personnel each year. Emergency Medical Plans will be stored in Technology for Improving Education Network (TIENET) and will also be posted in appropriate areas of the school as per the Strait Regional School Board Policy IV-B-2. The Plan will be completed on annual basis in collaboration with the student (as developmentally appropriate), school personnel and parents/guardians and signed by a physician. Following an emergency response for anaphylaxis, Auto-injectors will be replaced immediately and the emergency response will be reviewed.
- School personnel who work in schools with students with severe allergies must receive annual training in emergency medical response for anaphylaxis.
- Periodic training for approved Board casual staff and substitute teachers will be made available by the Board.
- Two Auto-injectors for severe allergies must be provided by the parents/guardians at the start of each school year. The Auto-injectors must have expiry dates beyond June 30 of the current school year. One Auto-injector must be securely stored in a clearly labelled location in the school office with provision for rapid access by school personnel in the event of an anaphylactic reaction. The other Auto-injector is to be carried on the body of the student through the use of a fanny pack or similar pouch. Parents/guardians are responsible to provide a fanny pack or similar carrying case. Students must carry the Auto-injector on their persons at all times, as soon as developmentally appropriate.

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Appendix B: Roles and Responsibilities of Partners

Students

- Work toward independence in meeting their own medical needs, including carrying an Auto-injector for severe allergies on their person at all times as soon as developmentally appropriate;
- Cooperate with all other partners.

Parents/Guardians

- Provide the school with all required medical information, documentation and supplies necessary to enable school personnel to provide a safe, secure and appropriate educational program for their child;
- Provide the school with written documentation and information from a physician(s) describing their child's medical condition and specific emergency medical instructions from the physician;
- Assist with the formulation of Student Emergency Medical Plans and have them signed by a physician;
- Provide a Medic Alert® bracelet (or equivalent) for their child;
- Provide the school with two non-expired auto-injectors including one to be carried with the child and a second one to be stored in a safe but accessible area of the school. (Auto-injector's must be clearly labeled with the child's name and prescription details as per Strait regional School Board Medication Policy);
- Provide the school with a fanny pack or other means for the student to carry the auto-injector on their person;
- Provide the school with emergency contact information;
- Support the school's efforts to foster their child's full participation in school life;
- Provide the school with written documentation and information from a physician(s) describing child's allergies, including a detailed description of the allergy, features of the allergic reaction, and emergency medical instructions from the physician;

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- Assist with the formulation of Student Emergency Medical Plans for anaphylaxis and have them signed by a physician;
- Are willing to provide safe foods for special occasions such as Halloween for students with severe allergies;
- Teach their child about their severe allergy and the substances that trigger it;
- Respond to school requests for assistance;
- Promptly update school personnel regarding any changes to their child's medical needs.

Support Staff

- Perform designated duties as per their job descriptions, pertinent collective agreements and Board and Provincial policies and guidelines;
- Maintain confidentiality at all times;
- Promptly communicate to school administrators any developments with regard to the student's medical needs;
- Must maintain current CPR and First Aid as per job requirements;
- Must appropriately document information re: student's medical needs;
- Foster the comfort, privacy and safety of all parties while meeting the medical needs of the student.

Teachers

- Participate in the training for and implementation of emergency medical plans as per their job description and collective agreements;
- Contributes to and practices the Emergency Medical Plan(s) for students in his/her classroom with severe allergies;
- Displays Medical Alert Emergency Protocol;
- Leaves allergy and Emergency Medical Plan in the substitute folder in his/her classroom;

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- Discusses anaphylaxis with the class, in age-appropriate terms;
- Encourages students not to share lunches or trade snacks;
- Encourages/organizes celebrations and activities that are not focused on food and are inclusive of all students;
- Reinforces with all students the importance of hand washing before and after eating;
- Plans appropriately for field trips: ensures that access to an Auto-injector and preparation for Emergency Response are planned before the school trips;
- Maintain confidentiality at all times;
- Promptly communicate to school administrators any developments with regard to the student's medical needs;
- Must appropriately document information re: student's medical needs;
- Foster the comfort, privacy and safety of all parties while meeting the medical needs of the student.

Administrators

- Oversee all aspects of policy implementation, including the safe and secure storage, administration and documentation of prescribed medications for students;
- Provide leadership in the creation and maintenance of allergen aware school environments, as necessary;
- Work closely with the parents/ guardians of the student with severe allergies;
- Share all relevant Board and school policies and procedures with parents/ guardians;
- Oversee the completion of all relevant forms and maintenance of up-to-date emergency contacts;
- Notify the school community of the allergens that could trigger a severe allergy and asks for their support.

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- Provide school staff with information and/or training as required, including annual training in the use of the Auto-injector for students with severe allergies;
- Work with School Advisory Council to increase community awareness of severe allergies, its avoidance, and its treatment;
- Arrange the review of prevention and emergency response procedures with the school staff at the beginning of each school year, and when a new student entry occurs;
- Must guide the development of emergency medical health plans for students, as required;
- Oversee the completion of student Emergency Medical Plans so that they are properly completed, updated, documented, accessed and displayed to address student medical needs;
- Maintain confidentiality at all times;
- Foster the comfort, privacy and safety of all parties while meeting the medical needs of the student;
- Must make the arrangements to accommodate visiting health care professionals;
- Work with the SRSB Transportation Division and School Bus Drivers to ensure that Drivers are aware of the students on their buses with severe allergies and the Emergency Response procedures required for those students.

Health Care Professionals

- Support school personnel as required in meeting student medical needs;
- Provide training and assistance for school personnel as necessary, including training in Emergency Medical Response using the Auto-injector for students with severe allergies;
- Facilitate professional development activities and information sessions for students, parents/guardians and school staff including prevention and awareness strategies for severe allergies;
- Work with educators on interagency policies and procedures for meeting student medical needs at school;

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- Respect the school board policies and procedures while working in school board facilities;
- Maintain confidentiality at all times;
- Keep the school administrator up to date on their activities while at school sites;
- Notify parents/guardians in advance of school visits and obtain required written consent.

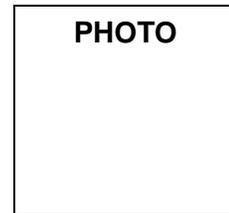
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Appendix C: SRSB Forms

Strait Regional School Board Emergency/Medical Plan Form
TO BE COMPLETED ANNUALLY BY THE PRINCIPAL AND PARENT/GUARDIAN

School Year: 2____ - 2____

School: _____
 Student: _____
 Date of Birth: _____
 Grade & Homeroom Teacher: _____



1) Medical Condition(s) _____

2) Symptoms: _____

3) Emergency Plan: > First Contact: _____ at _____.
 > Alternate Contact: _____ at _____.

Steps to Follow: _____

4) Evacuation Procedure _____

Safe refuge * in the event of fire is located in _____
 * The local fire department **must be** notified of the school's designated safe refuge area.

5) Medication(s): This student must have the following prescription medication administered during the school day and/or in the event of an emergency:

Medication: _____ Dosage: _____
 Prescribed by: _____
 Method of administration (oral, inhaled, etc.): _____
 Administered by: _____

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6) Training and Orientation to Medical Procedures:

This Emergency/Medical Plan, including the steps to follow, was reviewed with designated school staff on _____ by _____.

7) Permission to Post Emergency/Medical Plan Form

I **give permission** for my child's Emergency/Medical Plan Form to be posted in appropriate areas of the school following my consultation with the school administration and my child (as age appropriate).

Parent/guardian signature: _____

I **do not give permission** for my child's Emergency/Medical Plan Form to be posted in appropriate areas of the school following my consultation with the school administration and my child (as age appropriate).

Parent/guardian signature: _____

8) Approval of Plan and Associated Training Arrangements:

This Emergency/Medical Plan and the related training are approved by the following parties:

Parent: _____ Date: _____

Principal: _____ Date: _____

Family Doctor: _____ Date: _____

Other (Specify): _____ Date: _____

_____ Date: _____

NOTE: Following prior written consent from the parent/guardian, this form is to be copied and posted in an appropriate area of the school and a copy is to be placed in the cumulative record.

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Strait Regional School Board
PERMISSION FOR RELEASE OF INFORMATION

As parent/guardian of _____

Whose birth date is _____
(Day) (Month) (Year)

and attends _____
(Name of School)

I hereby give permission for an exchange of information concerning my son/daughter between

the Strait Regional School Board and _____

The following information will be exchanged: _____

I understand that this information is to be sent to _____

and shall be used solely for the purpose of educational programming for my son/daughter.

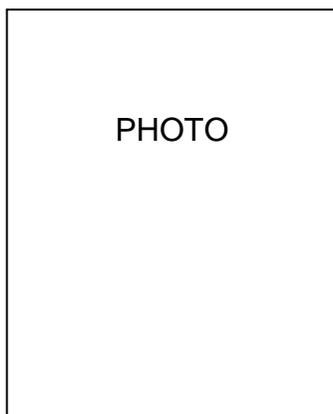
Date _____ **Signature of Parent(s)/Guardian(s)** _____

Witness

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Anaphylaxis Emergency Plan: _____(name)

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



(Check the appropriate boxes.)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Medication: _____ |

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a “*may contain*” warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

- Dosage:**
- | | |
|---|--|
| <input type="checkbox"/> EpiPen® Jr 0.15 mg | <input type="checkbox"/> EpiPen® 0.30 mg |
| <input type="checkbox"/> Twinject® 0.15 mg | <input type="checkbox"/> Twinject® 0.30 mg |

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.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling, itching, warmth, redness, rash
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of “impending doom”, headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person’s life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Twinject®) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** in 5 to 15 minutes or sooner IF the reaction continues or worsens.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).

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

Emergency Contact Information.

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature **Date** **Pediatrician Signature** **On file** **Date**



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How to use EpiPen® and EpiPen® Jr Auto-injectors.

Remove EpiPen® Auto-injector from carrier tube.

1.



- Hold firmly with orange tip pointing downward
- Remove blue safety release

2.



- **Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'**
- Hold on thigh for several seconds



Built-in needle protection

- When the EpiPen® Auto-injector is removed, the orange needle cover automatically extends to cover the injection needle



After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

For more information go to www.EpiPen.ca

EpiPen® and EpiPen® Jr Auto-injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

This product may not be right for you. Always read and follow the product label.

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EPI-09-115B

EPIPEN®.ca

(Epinephrine) Auto-Injectors 0.3/0.15mg
Emergency response at hand.