

NLSchools refers to all public K-12 English schools and school related facilities under the jurisdiction of the Department of Education, Education Operations Branch and all employees working therein providing services and supports to such schools, including those who work in the areas of school facilities, student transportation, program implementation, student services, and procurement.

Policy Name

Administration of Medications, Medical Interventions and Chronic Care

Policy Statement

The Department of Education recognizes that the administration of prescribed medications, medical interventions and chronic care is the primary responsibility of the parent/guardian. However, the Department of Education authorizes the administration of medications and medical interventions by school staff if, in the opinion of a practicing physician, the medication or intervention is necessary for the student to attend school. This applies only to medications and interventions that can be safely administered by a lay person with no or limited training. Staff will collaborate and work with parents/guardians and appropriate health professionals to maintain a student in school in a safe manner.

Background

In the course of a school day students may require various supports and medical interventions, ranging from the administration of medications to the administration of First Aid and other emergency procedures, to support for students with exceptionalities who require chronic care. The Department of Education promotes a philosophy of inclusive education and provides school-based services for students with exceptionalities in accordance with the [Department of Education Service Delivery Model for Students with Exceptionalities](#). Students with exceptionalities may require a range of services, depending on their needs and level of functioning.

Scope

This policy applies to all staff within NLSchools.

Definitions

Exceptionality

Exceptionalities recognized by the department, include acquired brain injury, developmental delay, gifted and talented, hearing loss, medical conditions, mental illness/mental health, neurodevelopmental and related disorders, intellectual disability, specific learning disorder, physical disability, speech and language disorder and vision loss.

Emergency Medication

Medication that is necessary for a specific condition or situation (e.g., auto-injector for anaphylactic reaction).

Long-Term Medication

Medication that is necessary on an ongoing basis (e.g., Ritalin)

Short-Term Medication

Medication that is necessary for a clearly specified period of time (e.g., antibiotics).

Non-Prescription Medication

Medication that is available without a physician's prescription (e.g., cough syrups; decongestants; and analgesics such as acetaminophen, ASA, ibuprofen).

Chronic Care

For the purposes of this policy chronic care refers to the provision of services such as positioning, assistance with mobility, feeding, toileting and the personal care needs of physically disabled students.

Good Samaritan Law

A legal principle that prevents a rescuer who has voluntarily helped a victim in distress from being sued successfully for 'wrongdoing'. Its purpose is to keep people from being reluctant to help a stranger in need for fear of legal repercussions if they make a mistake in treatment.

Policy Directives

1. The administration of medications to a student is primarily the responsibility of the parent/guardian. The Department of Education authorizes the administration of medications to students by staff when the medications are prescribed by a physician and must be taken during the school day/school-sponsored activities. An exception to this directive is the administration of naloxone in accordance with the related procedures.
2. The school administrator will designate an appropriate staff person to administer medications.
3. The school administrator must ensure that medications are securely stored, and that the administration to students is documented, in accordance with the Administrative Procedures outlined for this Policy.
4. The provision of chronic care for individual students is primarily the responsibility of the parent/guardian. However, teachers and/or student assistants may, under reasonable and normal circumstances, be responsible for the chronic care of students.
5. School administrators will be responsible for arranging appropriate training for staff, in consultation with parents/guardians, regarding medical interventions and care deemed necessary by a physician in order for a student to attend school.
6. School administrators will consult as necessary with Student Services and appropriate health professionals regarding training for, and the performance of, medical interventions, chronic and emergency care.
7. NLSchools will arrange for First Aid and CPR training as necessary for staff in accordance with the Occupational Health and Safety Act.
8. School administrators must ensure First Aid Kits are maintained in schools.
9. NLSchools personnel are expected to assist student(s) in an emergency situation and arrange for emergency intervention by a person trained in First Aid or by medical personnel, where necessary. When an accident, injury or other emergency involving student(s) occurs, an employee who is present shall stay with the student(s) and ensure that First Aid and medical attention, if necessary, is provided as quickly as possible.

Administrative Procedures

1. Administration of Medications to Students by Staff

The Department of Education authorizes the administration of medications to students by staff only when:

- 1.1 The medications are prescribed by a physician;
- 1.2 The medications must be taken during the school day/educational activities and the student's parent/guardian is not reasonably able to attend the school or event to administer the medication;
- 1.3 The parent/guardian has provided written consent for the administration of medications to the school (**Form: Administration of Medications**), with appropriate instructions for the administration; and
- 1.4 It is not appropriate for the student to self-administer the medication.

2. Parent/Guardian Responsibility

Parents/guardians requesting school personnel to administer medications, regardless of the duration, must make contact with the school administration to discuss requirements of the school and to obtain the necessary forms.

- 2.1 Parents/guardians must complete and submit to the school the following form:
 - a) Administration of Medications
- 2.2 This form must be submitted before any medication can be administered to the student.
 - a) Instructions and arrangements pertinent to the nature and administration of the medication must be clearly outlined by the prescribing physician on **Form: Administration of Medications**.
 - b) The form must be updated annually and/or when changes are made to the student's medication.
 - c) The form will be retained in the student's confidential file.
- 2.3 Prescribed medications in the original container must be delivered to the school by the parent/guardian or designated adult representative and given to the school administrator or designate.
- 2.4 The container in which the medication is kept must have an attached label showing **at least** the following:
 - a) Name of the prescribing physician;

- b) Name of student;
- c) Date prescribed;
- d) Dosage and times for administering; and
- e) Expiry date of the prescription.

It is recommended that, when a container is received, the dosages to be given at school/during school hours be highlighted on the label.

- 2.5 Parents/guardians are to provide to the school any additional information from the physician or pharmacist regarding storage, possible side effects, instructions on emergency procedures in the event of a reaction to the medication, etc.
 - a) This information must be stored with the medication at all times.
- 2.6 Parents/guardians must provide emergency contact telephone numbers. In the event of an emergency, if no contact can be made with the parent/guardian or an emergency contact, then 'Good Samaritan' action may occur.
- 2.7 At the request of the school, the parent/guardian will keep a student at home from school if medication to be given is not provided/available and the situation is life threatening or detrimental to the student or others.
- 2.8 The school, in consultation with the parent/guardian, will determine an adequate supply of medication to be left at the school at any one time.
- 2.9 Parents/guardians are expected to ensure that all medications provided to the school are current or not expired. Parents/guardians will provide a new supply to the school prior to the expiry date. Outdated medication will not be administered.
- 2.10 Parents/guardians will be responsible for disposing of any outdated or surplus medications.

3. School Responsibility

- 3.1 The school administrator will advise parents/guardians of the responsibilities as outlined above.
- 3.2 Medications must be kept in a locked cabinet or locked refrigerator as per the directions of the prescribing physician and/or pharmacist, in individual containers labeled with each student's medication.
 - a) The cabinet/refrigerator must be in a secure location with restricted access, and only be accessed by the school administrator and

person(s) administering the medication.

- 3.3 Outdated or surplus medications will be returned to the parent/guardian for disposal and the return documented. If it is not possible to return the medications to the parent/guardian, appropriate steps to dispose of the medications will be determined by the school administration, in consultation with the local Community Health Department.
- 3.4 For occasions when needles have to be administered at school, a sharps container is required and appropriate steps to dispose of the needles will be determined by the school administrator in consultation with the local Community Health Department.
- 3.5 The school administrator will designate appropriate staff person(s) to administer medications. School administrators, teachers and student assistants are the only staff permitted to administer medications prescribed by a physician. The number of staff accessing and administering medications should be kept to the minimum number possible, for safety and security reasons.
- 3.6 Where possible, staff are encouraged to have a witness present during administration of medication and the witness should initial the appropriate box in **Form: Daily Record of Medication Administration**. It is recognized that for various reasons, such as staffing levels (particularly in sole charge schools), the required timing of medications, and other emergent issues that may be happening at the school, that a witness may not always be available. In those cases, the person administering the medication should note "not available" in the witness box.
- 3.7 Wherever possible, medications will be regularly administered to a student by the same person. If necessary, another staff member who is familiar with the procedures should also be available to administer medication to a student.
- 3.8 School staff must not supply nor administer over-the-counter medications to students, **except where prescribed for an individual student by a physician** and administered in accordance with these procedures/ regulations.
- 3.9 The daily record of all medications administered to an individual student must be maintained by the school administrator or designate (person administering the medications) via **Form: Daily Record of Medication Administration**. The form must be updated each time medication is administered.

- 3.10 The school administrator will maintain a group record of all students who are administered medication during the school day on **Form: School Medications and Procedures**.
 - a) This form must be updated annually and as necessary throughout the school year when there are changes to a student's medication.
- 3.11 Medication will be administered in a manner allowing for student sensitivity and privacy, and encouraging the student to take an appropriate level of responsibility for the required medication.
- 3.12 In the event of any error or omission in the administration of medications, the school administrator or designate must contact the parent/guardian/ emergency contact and seek medical attention as necessary.
 - a) Any error in the administration of medications (e.g., wrong medication administered, too much medication administered) must be immediately reported to the Director of Schools (Student Services).

4. Student Responsibility

The student is expected to comply with taking medication as prescribed and approved by the school administration, and under no circumstances share his/her medication with other students.

5. Self-Administration of Medications by Students

- 5.1 A student may be permitted to self-administer medication with the approval of the school administrator and the consent of the parent/guardian. The type of medication and the age and maturity level of the student will be taken into account.
- 5.2 A student may be permitted to carry medication when the medication does not require refrigeration or security according to school or department policy.
- 5.3 Parents/guardians requesting permission for a student to self-administer their own medication shall complete and submit **Form: Student Self-Administration of Medications Consent and Release Form**.
- 5.4 Students may use puffers independently with parent/guardian approval and as approved by the school administrator.
- 5.5 Parents/guardians are responsible for ensuring that the student has been properly educated to administer the medication and to be

responsible for its safety and security.

- 5.6 The school reserves the right to discontinue self-administration in the event of a perceived safety risk to the student/others. It is the responsibility of the school administrator to meet with the parent/guardian to discuss any concerns in this area.
- 5.7 Inappropriate self-administration, distribution or other use of medications by students may be grounds for disciplinary action.

6. Medical Interventions and Chronic Care

Planning for students with exceptionalities who require medical interventions and/or chronic care is conducted in accordance with [Department of Education Guidelines and the Service Delivery Model for Students with Exceptionalities](#).

7. Medical Emergencies

- 7.1 All NLSchools personnel are expected to assist a student in an emergency situation where failure to act before qualified medical help arrives may prove injurious or life threatening to the student or other students placed in the person's care. If necessary, staff shall arrange for emergency intervention by a person trained in First Aid and/or medical personnel. Staff may also need to call for an ambulance or otherwise transport a student to a hospital or clinic in an emergency situation.
 - a) School personnel will accompany the student to the hospital or clinic in the absence of a parent/guardian.
 - b) Any medical costs associated with emergency treatment, including ambulance costs, are the responsibility of the parent/guardian.
 - c) The school administrator or designate will ensure that pertinent, concise information regarding the nature of the student's emergency is provided in both the emergency call and to the ambulance attendants upon their arrival.
 - d) All remaining emergency medication should be provided to the ambulance attendants or be brought to the hospital or clinic.
- 7.2 NLSchools will work with the Heart and Stroke Foundation of Newfoundland and Labrador to facilitate the installation of AEDs in schools as appropriate and as resources permit, and to provide relevant training in their use. An AED is a machine used to give an electric shock when a person is in cardiac arrest. Modern AEDs will analyze the individual's heart rhythm and apply a shock to restart it, or advise that

CPR should be continued. Voice and/or visual prompts will guide the rescuer through the entire process from when the device is first switched on or opened.

- 7.3 In addition to direct response by staff to the student in an emergency situation, every effort must be made to notify the parent/guardian or emergency contact of the student's condition.

8. Administration of Emergency/Relief Medication

- 8.1 Administration of emergency medication will follow procedures 1-3 as outlined in this document.
 - a) **Form: Administration of Medications** must be completed.
- 8.2 The school administrator will ensure that school personnel who have contact with a student who may require emergency medication are trained in the administration of the emergency medication, before permission is given for them to administer.
 - a) The school administrator will determine who will be trained/administer the student's medication.
- 8.3 All school personnel who have been trained should be prepared to administer emergency medication to a student in an emergency situation.
- 8.4 All school personnel (teaching and non-teaching staff) will be informed about any student with whom they have contact, who may require emergency medication as indicated by a physician (e.g., autoinjector, glucagon).
- 8.5 Emergency medications and relief medications will be kept close to the student at all times, both on school property and on school field trips. Emergency medications should not be locked away but should be stored in a known location that is easily accessible by staff but not by students, unless the school administrator, in conjunction with medical advice and parent/guardian consent, determines it is safe for the student to carry his/her own medication.
- 8.6 The student and appropriate staff will be aware of the location of the emergency medication.
 - a) If the school administrator determines that it is safe for the student to carry his or her own emergency medication, then procedures 5.1-5.5 apply.

- 8.7 Emergency medication should only be administered to the student for whom it has been prescribed.
- 8.8 The emergency medication must be clearly marked with the student's name and appropriate emergency dosage.
- 8.9 Medical supplies such as a glucometer, needles and other supplies will be stored in an area as determined by the school administrator, where the student or school personnel can access the supplies in the event of a medical emergency.
- 8.10 Substitute teachers and substitute student assistants will be alerted to all students in a class who require emergency medication, and the location of the emergency medication.
- 8.11 Schools will identify procedures to alert all staff about students who may require emergency medication.
- 8.12 The school will be responsible for developing an individual Emergency Response Protocol or Plan for a student and for communicating this to all staff, including:
 - a) Student Medical Plan and trained response intervention.
 - b) Notification to the parent/guardian that emergency medication has been administered, as per the student's medical plan.
 - c) Notification to parent/guardian whether a student is being transported to health clinic/hospital.
- 8.13 Notwithstanding Procedures 8.1-8.12, in a life-threatening situation due to possible opioid poisoning, NLSchools personnel are authorized to administer naloxone, in accordance with the relevant administrative procedures -12 (12.1-12.7 below).

9. Anaphylaxis/Life-Threatening Allergies

- 9.1 In order to maximize the safety of each student within the school system who may be subject to severe allergic reactions, NLSchools will promote awareness of anaphylaxis and implement plans to reduce the chance of exposure to life threatening substances and to provide prompt, appropriate responses if exposures do occur.
- 9.2 NLSchools will take every reasonable step to ensure a safe environment for students with anaphylaxis/life-threatening allergies. However, an allergen-free environment cannot be guaranteed.

- 9.3 A quick reference to the protocol in working with a student with anaphylaxis/ life- threatening allergies is outlined in [Appendix A \(School Protocol – Life Threatening Allergies – Anaphylaxis\)](#).
- 9.4 School administrators will follow [Department Guidelines for Anaphylaxis Management in Schools](#) and use the department forms provided.
- 9.5 In addition to the forms in the Department Guidelines, **Form: Administration of Medications** must be completed, and **Form: Student Self-Administration of Medications Consent and Release Form** must also be completed if the student will be self-administering medications.
- 9.6 Schools are encouraged to provide a copy of the [Department Guidelines for Anaphylaxis Management in Schools](#) to parents/guardians of students who have anaphylaxis.

10. Diabetes Management

- 10.1 In order to maximize the safety of each student within the school system who has been diagnosed with diabetes, school administrators will follow the [Department Guidelines for Diabetes Management in Schools](#) and use the department forms provided.
- 10.2 In addition to the forms in the Department Guidelines, **Form: Administration of Medications** must be completed, and **Form: Student Self-Administration of Medications Consent and Release Form** must also be completed if the student will be self-administering medications.
- 10.3 Schools are encouraged to provide a copy of the [Department Guidelines for Diabetes Management in Schools](#) to parents/guardians of students who have diabetes.

11. Reporting

School administrators may be required to report information to the Senior Management Official (Student Services) or designate regarding students who require an Emergency Response Protocol.

12. Emergency Response and Administration of Naloxone

Young Canadians aged 15 to 24 are the fastest-growing population requiring hospital care from opioid overdoses, and opioid substance abuse and related issues affect both urban and rural populations. The following procedures are

aligned with public health measures in place in the broader school community.

12.1 Provision of Naloxone Kits

NLSchools will provide a minimum of two naloxone kits, consisting of an injectable kit and/or a nasal spray kit, for each school serving junior-high and senior-high students. Additional distribution of kits will be considered where necessary.

Each injectable kit will contain:

- One (1) case;
- Three (3) syringes;
- Three (3) vials or ampoules of naloxone;
- One (1) one-way rescue breathing barrier/CPR Mask; and
- One (1) pair of non-latex gloves.

Each nasal spray kit will contain:

- One (1) case;
- Two (2) single-use spray devices;
- One (1) one-way rescue breathing barrier/CPR Mask; and
- One (1) pair of non-latex gloves.

12.2 Location, Replacement and Disposal

- It is recommended that the kits be placed in or near the AED, a site that will allow for quick access and timely response. In the most common AED cabinet in schools, the kits fit comfortably on each side of the AED unit.
- The kits generally have a life cycle of 24 months. NLSchools will assess the need for replacement of naloxone kits on an annual basis. However, if a kit is used, or a school administrator or designate (e.g. OHS Committee) identifies that a kit is close to its expiry date (the expiry date is located on or in the kit), they should contact the provincial OHS Team to obtain a replacement kit and instructions on what to do with an expired kit.
- Used syringes should be placed in a sharps container and disposed of in accordance with [existing practice](#).
- Used nasal sprays can be disposed of in regular garbage.
- The location of the naloxone kit, and who is trained to administer it, should be communicated to all staff, and posted on the OHS Board in

the school, along with the list of those trained in First Aid.

12.3 Training

Training will include the signs and symptoms of an opioid emergency and how to safely administer naloxone. Approved training is as follows:

- Training provided by our contracted first aid training provider (e.g. HeartZap), or by another approved first aid or emergency response training facility (e.g. Red Cross, St. John Ambulance); and
- Training provided by Mental Health and Addictions Consultants with the Department of Health and Community Services/NL Health Services.

NLSchools will offer voluntary training for school administrators, guidance counsellors, student success teachers working in the Positive Action for Student Success (PASS) Program and other staff as determined necessary, in consultation with school administrators.

12.4 Protocol for Emergency Administration of Naloxone

When dealing with a possible opioid poisoning, follow these steps:

1. Call **911**
2. Obtain naloxone kit and AED if required.
3. Send for first aider if needed, and manage emergency scene to help maintain safety and privacy (for example, by directing any student/bystanders away from the area).
4. Administer first aid and naloxone for suspected opioid poisoning.
5. Stay with the victim until medical aid arrives.

12.5 Post Incident

1. When naloxone is administered for a suspected poisoning, the school administrator will notify the parent or guardian, or emergency contact, at the earliest possible opportunity.
2. The school administrator or designate will notify the Superintendent of Schools at the earliest possible opportunity when naloxone has been administered.
3. An [incident report](#) as required by NLSchools must be completed within 24 hours of occurrence.

4. The appropriate crisis response team will provide counselling and support to staff and students as necessary following any traumatic incident, in line with the Traumatic/Critical Incidents Policy.

12.6 Liability

A person who provides assistance to a person who has experience an opioid related poisoning is protected under the Newfoundland and Labrador [Act to Protect Persons Rendering Aid Following any Accident or in an Emergency](#).

Protection of certain persons from action

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

- (a) A person other than a person mentioned in paragraph (a) voluntarily renders emergency first aid assistance, and that assistance is rendered at the immediate scene of the accident or emergency,
- (b) the physician, 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 or her part in rendering the medical services or first aid assistance, unless it is established that the injury or death was caused by gross negligence on his or her part.

12.7 Education and Awareness

The administration of naloxone is the last resort in responding to the opioid crisis. Education and awareness are important in the prevention and mitigation of opioid poisoning. There are a variety of resources available to help inform students and staff about the use and abuse of opioids and risks of opioids poisoning. They include:

- [Government of Newfoundland and Labrador – Mental Health and Addictions](#)
- [Government of Canada – Awareness Resources for Opioids \(Toolkit\)](#)
- [Bridgethegapp.ca](#)

Schools are encouraged to.....

- Promote awareness about opioid poisoning with students, in consultation with School Health Promotion Liaison Consultants and other health professionals.
- Provide information to families through school newsletters and community gathering opportunities such as “Welcome Back to School” and meet the teacher events and via school councils.
- Promote awareness with staff via various forms of communications including newsletters, the OHS information centre and staff meetings.

**Appendix A: School Protocol
Life Threatening Allergies (ANAPHYLAXIS)**

PLEASE SEE BELOW STEPS TO TAKE IN SUPPORTING STUDENT WITH ANAPHYLAXIS.	
For more detail, please refer to the Department of Education: Guidelines for Anaphylaxis Management in Schools	
STEP	ACTION
Step 1	Student/parent notifies school that student has life threatening (anaphylaxis) allergy.
Step 2	School administrator and other staff as necessary meet with parent/guardian and student.
Step 3	Student/parent immediately provides:
	<i>Medical diagnosis/physician's instructions</i>
	<i>A list of foods, substances or activities which trigger an anaphylactic reaction</i>
	<i>Information on any changes in the student's condition from previous years or since last report.</i>
Step 4	Parent/guardian completes necessary forms and authorizations.
Step 5	Parent/guardian supplies 2 doses of up-to-date epinephrine auto-injectors (e.g. 2 EPIPEN® or 2 ALLERJECTS ®).
Step 6	Student carries 1 auto-injector on his/her person at all times. Student wears MedicAlert® or information bracelet at all times. Second auto-injector to be kept in secure, accessible (not locked) area, in its original (labeled) case.
Step 7	School administrator or designate informs ALL staff members, including bus driver(s) as soon as possible (e.g. first day of school) that a student with anaphylaxis is attending school and/or riding the bus and <i>where to access the student's second auto-injector.</i>
Step 8	School administrator or designate to ensure emergency plan, with up-to-date photo and student information, is posted in visible location (e.g. office, staff room, classroom).
Step 9	School administrator or designate consults with parents/guardians and public health nurse as necessary and arranges for auto-injector/anaphylaxis training ASAP for ALL staff, including bus driver(s). Training should also be arranged on at least an annual basis when a student with anaphylaxis is attending school. <i>Schools can also avail of Food Allergy Canada's online course and resources: Anaphylaxis in Schools: What Educators Need to Know</i>
Step 10	Principal ensures allergy awareness actions and avoidance strategies implemented with students and staff (e.g. communications home; posters; education and awareness activities; mealtime safety messages). *

*Please note that schools cannot eliminate the risk of exposure to allergens. However, schools can take steps to reduce the risk of exposure and to create an allergy-aware environment.