



COMMISSION SCOLAIRE EASTERN SHORES
EASTERN SHORES SCHOOL BOARD

MEDICATIONS IN SCHOOLS, FIRST AID GUIDELINES, AND STUDENT ACCIDENTS

Policy ES-174

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Resolution: C13-12-311
C20-04-548

POLICY SCOPE

Eastern Shores School Board is committed to safety within our schools and centres by following procedures, staying informed and communicating with stakeholders in the best interest of all ESSB students. This policy encompasses many stakeholders and their roles in working toward safe schools and centres for all ESSB students. The term 'schools' is used and intended to encompass both ESSB schools and centres. The term 'principals' is used and intended to encompass both ESSB principals and centre coordinators.

DEFINITIONS

Severe allergic reactions (e.g. anaphylactic shock): occur when the body's immune system reacts to a particular allergen or irritant. These reactions can be triggered by certain foods or food ingredients, insect stings and medications. Severe allergic reactions affect primarily the skin, the upper and lower respiratory systems, the gastrointestinal system and the cardiovascular system." *Health Canada*

First aid: is the immediate treatment or care given to someone suffering from an injury or illness until more advanced care is accessed or they recover. The aims of first aid are to: preserve life, prevent illness or injury from becoming worse. This applies to problems whether they are caused accidentally or not.

MEDICATIONS IN OUR SCHOOLS

1. Purpose

- 1.1. It may be necessary for medication to be administered during school hours or outings (during the regular school day, field trips, extra-curricular activities, etc.).
- 1.2. When the parent cannot administer the medication, they may request the assistance of school personnel by following the school's procedures sent home every September.
- 1.3. ESSB schools may use the forms found in Appendix A, *Request and Authorization for the Distribution of Medication at School* and *Release of Liability for Distributing Medication at School*, or a similar format of the school's creation.
- 1.4. Non-prescription drugs and/or medication with a prescription will not be distributed to pupils without the written request, consent and signature of the parent who will also be responsible for supplying the medication.

2. ROLES AND RESPONSIBILITIES

2.1 Parents are responsible for the following:

- 2.1.1 Ensure that the school has up-to-date information including the physician's name and phone numbers;

- 2.1.2 Take responsibility for tracking the expiration dates of all medications;
- 2.1.3 Ensure that the prescription drugs be packaged in the original container as supplied by a pharmacist with the prescription label indicating: the child's name, the name of the drug, the dosage of the drug, the frequency of use, the date of purchase, the instructions for storage, the directions for distribution and the prescribing physician's name;
- 2.1.5 Inform the school promptly of any health changes to their child(ren) during the school year;
- 2.1.6 Ensure that the school has their current and functional contact information as well as emergency contact.

2.2 The Principal is responsible for the following:

- 2.2.1 Make all forms available to parents at the beginning of each school year and throughout the year upon request;
- 2.2.2 Maintain all forms in the Administrative area;
- 2.2.3 Maintain a medication log with each medication dispensed;
- 2.2.4 Assign an alternate for medication distribution in his/her absence;
- 2.2.5 In cases where the distribution protocol is too complex for the staff member's comfort level, the staff member may request to be relieved of this responsibility and the principal will designate someone else;
- 2.2.6 Ensure that all designated staff have access to the medical binder and are kept informed of medical updates concerning the students;
- 2.2.7 Ensure that the medication is stored in an appropriate secured location;
- 2.2.8 Ensure the implementation of procedures which allow for sensitivity and confidentiality.

2.3 Reporting

- 2.3.1 Form Appendix A may be used for the distribution of medication at school.
- 2.3.2 Form Appendix C must be used for reporting accidents.

2.4 Exceptional Medical Situations Requiring Auto-Injectors

- 2.4.1 An ambulance must be called immediately following the self-administration or staff administration of an auto-injector.

2.5 Parents must do the following:

- 2.5.1 Provide their child with an auto-injector to be worn at all times;
- 2.5.2 Ensure that their child wears a Medic Alert bracelet or other suitable identification;
- 2.5.3 Advise the school bus driver of the student's severe allergies in writing;
- 2.5.4 Advise the school, in writing, of any specific procedures required to ensure the safety of their child, including the severity of his/her condition;

2.6 Principals must do the following:

- 2.6.1 Coordinate an annual training session through the CISSS for the distribution of auto-injector medication in their school;
- 2.6.2 Ensure that there are trained First Responders among staff within their respective buildings;
- 2.6.3 Ensure that staff, students and community members are aware of the ESSB First Aid Protocol;
- 2.6.4 Ensure that all student health files are up-to-date;
- 2.6.5 Ensure that a procedure is in place to alert staff (CPI team) and substitutes;
- 2.6.6 Ensure that an Accident Report is completed in cases of seizure, allergic reaction, asthma, choking or illness if resulting from an accident.

3. ESSB FIRST AID PROTOCOL

3.1 Guidelines

- 3.1.1 Every emergency requires a team of at least 2 adults who are trained to handle the situation;
- 3.1.2 One of the first responders in every school must always stay with the person in need;
- 3.1.3 These trained responders must assess and take the required action;
- 3.1.4 They may deem it necessary to call an ambulance or call the parent to transport their child to a health clinic or home. (This is not applicable to post auto-injections when an ambulance must be called as identified in 3.4.1)
- 3.1.5 If a parent cannot be reached, the team of at least 2 first responders may transport the student to a clinic (elementary aged level) or have a student (secondary aged level) transported by taxi;

- 3.1.6 In the case of an ambulance or taxi, the parent is responsible for all associated fees;
- 3.1.7 Provide an easily accessible location for First Aid supplies and ensure that the location is known to all staff members. First Aid supplies kits should be verified annually;
- 3.1.8 All first responders must use disposable gloves in order to avoid contacting open lesions and change gloves if treating more than one person;
- 3.1.9 All clean-up of the area must follow the guidelines in Appendix B;
- 3.1.10 The school principal or a designated responsible adult will advise the family of any accident suffered by a student. He or she must keep a record of reports on accidents and illnesses suffered by students, including the time and nature of the first aid administered at the school;
- 3.1.11 In the case of an elementary pupil, every effort shall be made by the school authorities to have an adult (two if transporting) accompany the child to a clinic or to a hospital if a parent cannot be reached.
- 3.1.12 The persons accompanying the student may leave the health center as soon as the student is in the care of the emergency staff and the parents or guardians have arrived.

4. CLEANING PROCEDURE

Form Appendix B provides schools with cleaning procedures following a medical emergency.

5. REPORTING STUDENT ACCIDENTS

5.1 Student Accidents

- 5.1.1 When an accident occurs while a student is under the care of the school or centre, it should be documented. The accident report must be sent to ESSB. ESSB will submit the report to the insurance provider in the event that subsequent costs could be incurred due to the accident.
- 5.1.2 Glasses and contact lenses are not covered by the ESSB's insurance plan.
- 5.1.3 Form Appendix C provides schools with the Accident Report form.



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Guidelines for the Distribution of Medication at School and Release of Liability for Distributing Medication at School

School: _____
Date: _____
Parent/Guardian: _____
Telephone: _____

Student name: _____
Grade: _____
Home Address: _____
Physician's name: _____

Name of medication: _____
Precautions to be taken in storing medication: _____

The medication is to be:

- Self-administered by student under supervision of staff member.
- Distributed to student by staff member designated by the principal.

Medication distribution instructions:

Parent Signature: _____

Date: _____

THIS FORM IS VALID ONLY UNTIL COMPLETION OF MEDICATION AS PRESCRIBED OR ONE YEAR FROM THE STARTING DATE

The undersigned _____, being the parents/guardians of _____, a student attending _____ do hereby request and authorize personnel employed by ESSB to provide necessary medication to _____, and for so doing, this will serve as a release and indemnification of and from any action or inaction of any personnel of ESSB associated with the distribution of medication to _____. The undersigned recognize and acknowledge that the personnel employed by ESSB who may, as a result of this request, be distributing medication as indicated on the Prescription Label, to _____, are not medical practitioners.

Dated at _____, in the Province of Quebec, this day of 20____.

Parent's/Guardian's Signature: _____



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Cleaning Procedures Following a Medical Emergency

- The designated person or custodian responsible for cleaning must wear disposable rubber or vinyl gloves;
- Wash the soiled surface with soap and water and then disinfect the area at least one minute with chlorine bleach solution (1-part chlorine bleach to 9 parts water);
- Use disposable materials to clean the soiled area such as paper towels;
- If a mop is used, it should be rinsed in disinfectant before being used again;
- If applicable, clothing should be sent home with the student in a sealed plastic bag with instructions to machine wash in hot water;
- Disposable articles, which have been soiled, should be placed in a plastic bag and tied off or sealed and put in a garbage pail.



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STUDENT ACCIDENT REPORT

Name: _____

Contact Person: **Melanie Hayes-Dow**
40 Mountsorrel, New Carlisle, Quebec G0C 1Z0
Tel.: (418) 752-2247 Ext. 224

School: _____ Tel.: _____

PUPIL

Last Name: _____ Given Name: _____

Date of Birth: _____ - _____ - _____

Father's Name: _____ Perm. Code: _____

Mother's Maiden Name: _____ Given Name: _____

Address: _____

City / Town: _____ Postal Code: _____

Tel. (Home): _____ Tel. (Work): _____

DESCRIPTION OF ACCIDENT

Date of accident: _____ - _____ - _____ Time: _____

Location: _____ Activity: _____

Describe the accident: _____

Was there supervision at the time of the accident? Yes No

Name of supervisor: _____

Did the supervisor see the accident? Yes No

Describe the injury: _____

Extent of first aid: _____

Further action taken: Sent home CLSC – Hospital Stayed in school or Other (explain): _____

Were parents notified? Yes No

Name of witness: _____ Tel.: _____

_____/_____-_____-_____/_____/_____-_____-_____/_____
Signature of Supervisor / Date / Signature of Principal / Date

This form must be completed and the original forwarded to Melanie Hayes-Dow at ESSB