



Northeastern Catholic District School Board

PROVISION OF HEALTH SUPPORT SERVICES IN SCHOOLS

Administrative Procedure Number: APE012

POLICY STATEMENT

The Northeastern Catholic District School Board (NCDSB) is committed to promoting the school attendance of students including accommodating those with unique health needs. We encourage and promote the concept and principle of healthy lifestyle practices. Recognizing the right of students to a Catholic education, the NCDSB shall respond to individual health support needs of our students while honouring our faith traditions.

REFERENCES

PPM 81: Provision of Health Support Services in School Settings
Education Statutes and Regulations of Ontario
Ontario Student Record (OSR) Guidelines
Personal Information Management Provisions
NCDSB Policy E-6 Provisions of Health Support Services in Schools

LIMITATIONS

In accordance with PPM 81, the following limitations are defined:

The Home Care Program of the Ministry of Health, at the request of the school board, will be responsible for assessing pupil needs, and for providing such services as injection of medication, catheterization, manual expression of the bladder, stoma care, postural drainage, suctioning and tube feeding.

The Ministry of Community and Social Services will continue to be responsible for ensuring the provision of health support services in children's residential care and treatment facilities.

The school boards will be responsible for the administration of medication where such medication has been prescribed for use during school hours. For students with physical disabilities, the school boards will provide such services as lifting and positioning, assistance with mobility, feeding and toileting, and general maintenance exercises. Boards will also continue to be responsible for necessary speech remediation, correction and rehabilitation programs.

PROCEDURES

ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

- 1.0 When the Principal has been advised that a student requires/will require medication on a regular/ongoing basis or in an emergency situation, the Principal shall obtain from the parent/guardian and the physician a completed and duly signed *Authorization for Administration of Medication Form*. This includes all prescribed medication (including Asthma inhalers and EpiPens) and over-the-counter medication (i.e. Advil or Tylenol).

- 2.0 The request and authorization by the parent/guardian and the physician shall specify the medication, the dosage, the frequency and method of administration, the dates for which the authorization applies and any side effects as outlined by the physician.
- 3.0 Upon receiving the completed forms and authorization, the Principal shall:
 - 3.1. Ensure that the physician's instructions are clear;
 - 3.2. Ensure understanding of the instructions for administration;
 - 3.3. Complete the *Student Record form for the Administration of Medication* for each medication required for the student;
 - 3.4. Ensure anyone who may be required to administer medication in the Principal's absence (Teacher in Charge) understands the instructions for administration and knows where to find the *Student Record Form for the Administration of Medication* and how to complete it accordingly.
- 4.0 It is understood that no member of CUPE will be responsible for the administration of medication to students unless in the event of an emergency (i.e. student requires an inhaler or EPIPEN immediately).
- 5.0 The Principal shall ensure that the following will happen before administering the medication:
 - 5.1. Check the medication to ensure both dosage and timing of administration is accurate;
 - 5.2. Check the recipient's identification.
- 6.0 The Principal shall immediately contact the parent/guardian and/or physician, if necessary, and cease the administration of medication to a student if in his/her opinion the student is adversely affected.
- 7.0 The procedures for administering medication to students shall be established in such a manner as to allow for sensitivity and privacy, and shall encourage the student to take as much responsibility for his/her own medication as appropriate and desirable.
- 8.0 The procedures shall be applied only to those services, requested in writing by the parent/guardian and prescribed by a physician, which must be provided during school hours.
- 9.0 The Principal shall maintain a record of administration which shall include the student's name, the time of provision, dosage given, the name of the person administering the oral medication, and the telephone numbers of the parent/guardian and physician.
- 10.0 All medication shall be kept in a safe place and stored in accordance with the requirements stated on the label.
- 11.0 The original copy of all authorization and instructions shall be maintained in the student's Ontario Student Record (OSR) a copy retained by the parent, a copy retained by the Principal and a copy by the appropriate medical personnel. It is recommended that the authorization form be kept in close proximity to the Student Record Form for quick, easy access.

PROCEDURES FOR THE PROVISION OF OTHER HEALTH SUPPORT SERVICES TO STUDENTS

- 1.0 When the Principal suspects or has been advised that a student may or will require health support services, the Principal shall contact the parent/guardian to discuss the needs of the student and obtain

from the parent or guardian a completed and duly signed form: Authorization for the Provision of Health Support Services.

2.0 At a meeting with the parent/guardian, the Principal will explain:

- 2.1. the availability or services available from the Community Care Access Centre and/or Children's Treatment Centre;
- 2.2. the important need for obtaining a prompt medical referral to the Community Care Access Centre, if not already initiated;
- 2.3. the need for the Principal to release any pertinent information to the Community Care Access Centre concerning the student, and duly sign any release of information consent forms as required.

3.0 When the Authorization for the Provision of Health Support Services form has been completed and signed by the parent or guardian, the Principal shall immediately contact the Community Care Access Centre or the appropriate agency. A referral will be made accordingly.

4.0 The Principal will cooperate with agency coordinators and others as required to determine the needs of the student and participate in the development of a written plan of care to address assessed needs as required.

5.0 RELATED FORMS AND DOCUMENTS

FORM: Authorization for the Provision of Health Support Services

FORM: Authorization for the Administration of Medication

FORM: Student Record Form for the Administration of Medication

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Date:

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