



POLICY TITLE:

Health Issues Protocol/Policy

Board Approval: May 5, 2015

Board Review: March 1, 2023

I. ADMINISTRATION OF MEDICINE

Background

Staff members generally do not administer medication. However, situations may arise from time to time which may require one or more staff members to administer medication to a student when the student is deemed by a physician to be incapable of self-administration or in order to preserve the life or comfort of the student.

In all other situations, staff members must refrain from administering medication, even upon parental requests. Activities are to be restricted to:

1. Identification of students in need of medication;
2. Monitoring of the student's self-administration of the medication in accordance with the schedule established by the physician;
3. Provision of security for the medication;
4. Parental information regarding medication schedule;
5. At the end of each school year, the Principal shall ensure that medication is either picked up by the guardian, or safely disposed of; and
6. Medication of a non-prescriptive nature, such as, but not limited to, aspirin, shall not be distributed to any student without compliance with the statements above.

Procedures

1. Identification of students in need of medication:

1.1 SWIS shall make an effort to obtain, from the parent/guardian:

1.1.1 A voluntary statement of the student's health at the beginning of each school year, including susceptibility to particular illnesses, allergies or reactions;

1.1.2 A record of the name, address, and telephone number of the parent, including, where applicable, similar data relative to the parent's place of employment; and

1.2 A short list of names of all students who may need emergency medical attention shall be distributed to all staff members. Such a list shall include a notation as to symptoms, possible reactions, and responses. This list must be made available to substitute teachers.

1.3 If a parent wishes such information to remain confidential, available only to the Principal, this request should be made in writing to the Principal.

2.0 Where a student must receive medication prescribed by a medical practitioner during the school day, or during an extra or co-curricular school-sponsored activity, the Principal shall:

2.1 Obtain written consent from the parent attesting to:

2.1.1 The guardian's request for the school to provide for the administration of the medication;

2.1.2 The schedule for administration, including the exact dosage and duration of the treatment;

2.1.3 The student's ability to self-administer;

2.1.4 The possible effects of failure to comply with the medication schedule; and

2.1.5 The need to provide for the security of the medication.

3. Monitor the student's self-administration of the medication in accordance with the schedule established by the physician.
 - 3.1 In those instances where a student is deemed by the physician to be capable of self-administration, the designated staff member shall:
 - 3.1.1 Monitor the student's compliance with the schedule;
 - 3.1.2 Provide such security for the medication as is deemed appropriate by the physician and the Principal;
 - 3.1.3 Complete the record form, noting the action taken in accordance with the prescribed schedule.
 - 3.1.4 Provision of security for the medication.
 - 3.2 In those instances where the student is deemed incapable of self-administration, the designated staff member shall:
 - 3.2.1 Receive instruction in the correct means of administration from the physician;
 - 3.2.2 Administer medication in accordance with the schedule established by the physician;
 - 3.2.3 Provide such security for the medication as is deemed appropriate by the physician and the Principal; and
 - 3.2.4 Complete the record form, noting the action taken in accordance with the prescribed schedule.
4. Parental information regarding medication schedule:
 - 4.1 It shall be the responsibility of the guardian to advise the Principal, in writing, of any change in the medication schedule.
 - 4.2 If a change in schedule is required, a new schedule shall be prepared - the old schedule to be retained with the advice of need for change appended; and
 - 4.3 Administration of medication shall be limited to such period as established by the physician.
5. At the end of each school year, the Principal shall ensure that medication is either picked up by the guardian, or safely disposed of.
6. Medication of a non-prescriptive nature, such as, but not limited to, aspirin, shall not be distributed to any student without compliance with the above procedures.

II. STUDENTS WITH SEVERE (ANAPHYLACTIC) ALLERGIES

Background

Summit West Independent School recognizes the dangers faced by students with severe or anaphylactic reactions (allergies) to allergens. While the school cannot guarantee an allergen-free environment, it will take reasonable steps to ensure a safe environment for children with life-threatening allergies. The responsibility for communicating concerns about students with severe or anaphylactic reactions to allergens belongs to parents and to the students themselves, depending on the student's age and maturity. Schools have a supportive role to play in helping parents of students with severe allergies avoid exposure to pre-identified foods while the student is at school.

Anaphylactic reactions are those severe allergy reactions that are life threatening and require immediate medical attention. An Epi-pen injection will offer up to fifteen minutes time to get the affected person to emergency care at a hospital.

Procedures

1. It is the responsibility of parents/guardians with anaphylactic children to identify their children to the Principal and bus driver and to ensure that their child wears an allergy alert bracelet.
2. If parents identify their child to have severe or anaphylactic reactions to specific food allergies, school-based administration shall ask other parents in that student's class to refrain from sending those foods to school.
 - 2.1 Regular reminders shall be sent to staff, students, and parents regarding the problematic foods or allergen.
 - 2.2 If parents provide food for special occasions, they shall provide complete ingredient lists.
3. The Principal shall request from the parents/guardians written information regarding:
 - 3.1 The allergens that trigger an anaphylactic reaction;
 - 3.2 A treatment protocol, signed by the child's physician;
 - 3.3 Permission to post and/or distribute photographs and medical information in key locations such as classrooms, school bus, staff room, etc.
4. All staff members (certified and non-certified) must be made aware that a child with anaphylaxis is attending their school and that child shall be identified, either individually or at a staff meeting before or immediately after the child registers at the

school.

5. Students shall be taught of the dangers to anaphylactic students of sharing or trading lunches.
6. Parents shall communicate to staff the signs of anaphylactic shock and show staff how an Epic-Pen (the pen-shaped syringe loaded with adrenalin which many allergic children carry in case they have a reaction) is to be used.
7. The school shall avoid using the classroom(s) of an anaphylactic child as a lunchroom. If the classroom must be used for that purpose it must be established as an "allergen-free" area, using a cooperative approach with students and parents.
8. The school staff shall develop strategies for monitoring "allergen-free" areas and for identifying high-risk areas for anaphylactic students.
9. Storage for student's epinephrine auto-injector is under the supervision of the classroom teacher.

III. HEAD LICE

Background

Head lice are small insects that live and breed on the scalp. Head lice are not dangerous and they do not spread disease. Lice can and do spread from person to person. Both adults and children can be infected.

Procedure

1. Students, staff, and parents shall be offered information on head lice identification, prevention and treatment on a regular (annual) basis rather than just during an outbreak. It should be emphasized that head lice:
 - 1.1 are a community-wide problem, not only a school problem
 - 1.2 are just as likely to be caught at home or in the community as at the school,
 - 1.3 cannot live on pets or other animals
 - 1.4 do not jump or fly
 - 1.5 do not carry or transfer other diseases, and
 - 1.6 can infect children and adults.
2. Students and/or staff with head lice shall be support in a confidential, non-judgmental manner.
3. When school personnel become aware of a student with head lice, they (using telephone contact) will notify the parent/guardian.

3.1 If head lice is detected in a student, parents will be notified and student will be sent home immediately.

3.2 A treatment plan will be provided to parents and the child can return after initial treatment.

4. A treatment protocol as recommended by Alberta Health Services shall be provided to the parent/guardian.

5. The parent school community will be notified via email if there is a head lice outbreak.

6. School personnel, with parent permission, has the authority to conduct a head lice check.

7. Parents should be informed of their role and responsibilities regarding head lice including:

- 7.1 Becoming aware of signs and symptoms of infestation,
- 7.2 Learning correct method of identification through detection combing,
- 7.3 Examine their child's head weekly as part of routine hygiene,
- 7.4 Notifying the school if their child has lice,
- 7.5 Notifying others with whom their child may have been in contact including family members, neighbours, and friends.
- 7.6 Carrying out treatment protocols on family members with live moving lice,
- 7.7 Washing personal items such as combs, brushes, bedding, and hats.

Link: <https://myhealth.alberta.ca/health/AfterCareInformation/pages/conditions.aspx?Hwld=uh3261>