

SD 42 PROCEDURE: 9610.1

MEDICAL INTERVENTION

Purpose(s)

To provide step by step guidelines for documentation and implementation of a medical intervention for a student while attending school.

Process

1. The following is to be communicated to parent(s)/guardian(s) at the beginning of each school year in a special memo or in the first regular newsletter.

"Regarding Health Care Needs of Children at School:

If your child has any health care needs that require support at school, including the administration of any medications, medical forms must be completed. The school cannot assist with any medical intervention unless these forms are completed. Please contact the school as soon as possible to complete a form. This procedure complies with the policy regarding the health care needs of children at school. If there are any questions, please contact the school."

2. If the Principal learns from information provided on the standard pupil registration form or from any other source that a student is or may be required to have medication administered or specific intervention for a Health Care need while he/she is attending school, the Principal will immediately contact the student's parent/guardian.
3. The parent/guardian will complete the form entitled "Medical Intervention Form" (see attached) EXCEPT if the child has Anaphylaxis (complete the Anaphylaxis Emergency Action Plan), Type 1 Diabetes (complete the Type 1 Diabetes Action Plan) or Seizures (complete the Seizure Action Plan).
4. A medical intervention will be administered only upon receipt of the appropriate completed form and following adequate instruction to school personnel.
5. The Principal will make certain that procedures are in place to ensure that:
 - a) the completed form is received by the school prior to the medical intervention;
 - b) the parent/guardian is informed of his/her responsibility to update medical information as the need arises;
 - c) all forms returned by parent(s)/guardian(s) are to be kept in a safe accessible location;
 - d) TTOCs and Education Assistant floats are informed of the medical needs of the students in their classes.
6. Upon the request of a parent/guardian, the Principal shall convene a meeting to review circumstances and procedures under which a medical intervention is to be administered.

7. If medication is to be stored at a school:
 - a) the Principal will arrange to have the medication stored in a safe and appropriate place;
 - b) the parent/guardian must provide medication in the original container including prescription directions and doctor's name;
 - c) the parent/guardian must renew the supply and provide the school with additional medication;
 - d) any unused or expired medication will be returned to the parent/guardian.

8. A record-keeping system in a medical alert binder will be kept in a designated location in the school and in the Student Information System for each student for whom medication is being administered or a specific intervention for health care is needed. This system will include copies of all pertinent forms including the Medical Intervention Form (see attached).

9. If required, the Principal will contact the public health office to arrange for the appropriate training of the school personnel as per the Inter-Ministerial Protocols. In all such cases, more than one staff member will be trained in the medical intervention in order to provide an alternate person in cases of absence or unavailability.

10. The Medical Intervention, Anaphylaxis Emergency Action Plan, Type 1 Diabetes Action Plan or Seizure Action Plan must be reviewed annually and updated when there are changes to the medical condition, symptoms, medication or medical intervention.

RECEIVED FOR INFORMATION: September 23, 2015

MEDICAL INTERVENTION FORM



NOTE: NO MEDICATION WILL BE GIVEN UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE SCHOOL.

NOTE: Complete an Anaphylaxis Emergency Procedure Plan for Anaphylaxis; a Type 1 Diabetes Action Plan for Diabetes Management; a Seizure Action Plan for Seizures INSTEAD of this form.

This form is to be completed by the parent or legal guardian
A copy of this form must accompany the student to hospital

A. EMERGENCY CONTACT INFORMATION	
Student's Name:	School:
Care Card #:	Birthdate:
Address:	
Parent/Guardian #1:	
Phone #1:	Phone #2:
Parent/Guardian #2:	
Phone #1:	Phone #2:
Family Physician:	Phone:
Other Physician:	Phone:
Medical Condition:	
Life Threatening: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any known allergies:	
<i>DO NOT COMPLETE SECTIONS B, C, D and E FOR STUDENTS WHO ARE FOLLOWED BY NURSING SUPPORT SERVICES (NSS) – SEE NSS CARE PLAN</i>	

B. SIGNS AND SYMPTOMS
Please describe the signs and symptoms of your child's medical condition that staff should be aware of:

C. MEDICATION: IS MEDICATION REQUIRED AT SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/>					
	NAME OF MEDICATION:	DOSAGE:	WHERE KEPT?	Prescribed for:	Directions for use (see Section D)
1.					
2.					
3.					

D. MEDICAL INTERVENTION(S):
Please describe the action(s) to be taken (i.e. Administering medication, calling home, calling 911):

E. AUTHORIZATION:

I agree:

- To supply medication to the school in the original container with the child’s name, prescribing physician and pharmacist’s directions for use, including dosage.
- To supply the medication in the original container with directions for use, including dosage, if an over the counter medication is used.
- To keep an adequate supply of current medication at the school.
- To provide my child with a medical alert bracelet/necklace, as required.
- To contact the school and provide revised instructions if changes occur. I am aware I am required to update this information as needed and no less than annually.
- That the Public Health Nurse for the school may be informed of my child’s condition and treatment and that the Nurse may contact me as necessary.
- That the staff working with my child may need to know of my child’s condition and/or the medication required.

Parent / Guardian signature: _____ Date completed: _____

Principal’s signature: _____ Date completed: _____

Copies: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Student File <input type="checkbox"/> Medical Alert Binder <input type="checkbox"/> TTOC File <input type="checkbox"/> Student Information System Inputted

*June 2015.
This Medical Intervention Form has been collaboratively developed by Fraser Health, Maple Ridge, and School District No. 42. The information collected on this form is subject to and protected by the provisions of the Freedom of Information and Protection of Privacy Act.*

