



Administration of Medication and Health Support Procedures

The following is the text of the NLTA's policy regarding the provision of medication and health support procedures to students by teachers. Teachers are advised that their own school board policies and procedures, and/or provincial legislation and regulations may differ from the NLTA's policy. Specific questions in relation to this topic should be directed to Programs and Services.

1. All school aged children have a right to attend school regardless of special health support needs which they may need during school hours providing their condition does not expose other people in the school setting to serious risk.
2. Student-specific health support procedures should be administered in school only as necessary. Whenever possible, to avoid interruption of school activities and to minimize the involvement of teachers in such procedures, arrangements should be made for such health support procedures to be administered outside of school hours.
3. Responsibility for providing those health support services lies with and should be coordinated by the Ministries of Education, Health and Community Services, and Human Resources, Labour and Employment. Adequate finances should be made available by those agencies and guidelines agreed upon should be communicated to all school boards and their teachers.
4. a) Teachers, other than those working in categorical special education positions, should not be expected to perform student-specific, health-related procedures unless an emergency situation arises and failure to act before qualified medical help arrives may prove injurious or life-threatening to the child or to other children placed in the teacher's care.
 - b) Where children routinely require such student-specific, health-related and personal care procedures in order to be in regular attendance at school, such procedures should be the responsibility of a student assistant. Subject to statement 4, teachers working in categorical special education positions will only undertake such procedures if the student assistant service is not available. Student assistants should be provided to all students needing such care.
5. a) Qualified health professionals should be provided at the local level through the appropriate ministries named in number 2 above. These professionals should provide training, demonstration, monitoring, assessment and certification for student assistants and teachers in the provision of the following services:
 - i) positioning, assistance with mobility, oral feeding, toileting and personal assistance for physically disabled students;
 - ii) manual expression of bladder/stoma;
 - iii) postural drainage and tube feeding;
 - iv) recommended physical exercises in connection with physio/occupational therapy.
- b) The services of qualified health professionals should be available to provide the following student-specific services. Where a student assistant is provided for such student(s), responsibility for providing these services may be transferred to the student assistant, or after appropriate training is provided by the qualified health professional. Responsibility for providing these services may be transferred to the categorical special education teacher provided for such student(s), with the consent of the teacher, after

appropriate training is provided by the qualified health professional:

- i) gastrostomy feeding;
 - ii) colostomy/ileostomy care;
 - iii) clean catheterization;
 - iv) suctioning;
 - v) open-site skin care.
- c) The following student-specific procedures will be administered only by the appropriate health professionals:
- i) injections;
 - ii) dressings;
 - iii) intravenous therapy;
 - iv) ventilator therapy;
 - v) insertion of nasogastric tube.
6. Where teachers are requested, and agree, to administer prescribed oral and/or inhalant medication to students, the following procedures should apply:
- a) School boards shall supply authorized oral medication request forms to all schools.
 - b) These forms shall contain:
 - i) the signature of the parent or guardian.
 - ii) the signature of the physician prescribing the medication.
 - iii) the name, dosage, frequency, and method of administration.
 - iv) the dates for which the authorization applies.
 - v) any side effects of the medication.
 - vi) specific request that the teacher perform the administering.
 - vii) consent statement allowing the teacher to administer the medication.
 - viii) acknowledgement that the teacher is not a medically trained person.
 - ix) storage and safekeeping requirements for the medication as directed by the prescribing physician.
 - x) name and telephone number of the physician to be contacted in case of an emergency.
- c) All signed forms shall be kept in the principal's office to ensure that all regular and substitute teachers have access to such records.
- d) i) Prescribed oral medication shall be brought to the school by a parent or guardian, shall be clearly labelled, and shall be kept in a locked and secure place to prevent access to any child.
- ii) The medication shall be stored as per the direction of the prescribing physician.
 - iii) A record of administration of the medication shall be kept and stored in a safe place and shall include the child's name, place and quantity of dosage given, and the signature of the administering teacher.
- e) With the written consent of the student's parent/legal guardian and where the student is competent and capable to administer same, the student should be responsible for the safe-keeping and administration of his/her own prescribed inhalant medication.
- f) Medication is to be administered in a manner which allows for sensitivity and privacy and which encourages the child to take an appropriate level of responsibility for the required drug.
- g) Stale or outdated medication shall be disposed of upon written direction of the prescribing physician.
7. At no time shall teachers administer over-the-counter oral medication to students.
8. The Association recognizes that despite the above precautionary and prudent measures, teachers may still be potentially liable should the health of the child be detrimentally affected by the teacher's involvement in administering prescribed oral medication.
9. Legislation should be enacted without delay to protect teachers from claims arising from the administration of prescribed oral medication to students and action taken by teachers who must deal with other medical procedures during a time of emergency.

[Policy reconfirmed at BGM 2015.]