

TOWN OF WOLFVILLE POLICY

Title: ADMINISTRATION OF MEDICATION AND HEALTH CARE PROVISION PROCEDURE	
Policy No.: 1227-36	Supersedes: N/A
Effective Date: NOVEMBER 16, 1999	Approval By Council Resolution No.: 11-11-99

Purpose:

This policy allows participant(s) the opportunity to participate in recreation programs and camps, even though he/she may require medication and/or health care provision throughout the program time.

This policy provides direction to the Town of Wolfville's Recreation and Parks staff members and volunteers, regarding medication administration and/or health care provision which may be required, in order for participants to be in attendance at recreation programs and camps.

Definitions:

Policy Statement:

It is the **policy** of Recreation Services of the Town of Wolfville that employees or volunteers do not administer prescription or non-prescription medication or be involved with the provision of health care with program participants.

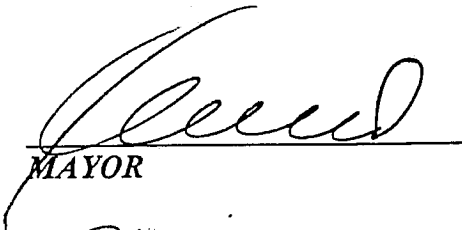
Exception:

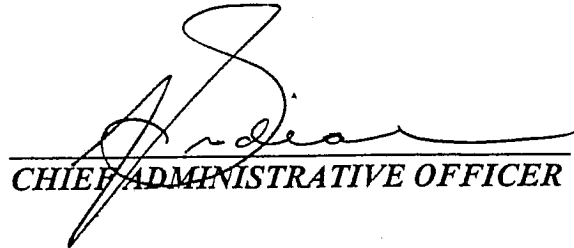
In exception to the above, if, in the opinion of his/her physician, a participant requires prescription or non-prescription medication or health care during the recreation program, in order to remain in attendance, the parent/guardian should make the following arrangements, in accordance with the Town of Wolfville's procedure for medication administration, and Health Care provision.

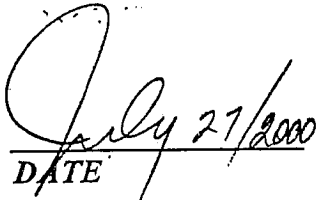
This policy applies to those full time or part time employees of Wolfville, who have received first aid training, and who come in contact with children in the course of their duties with the Town.

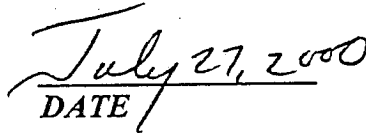
All Town staff members and volunteers, shall comply with the Administration of Medication and Health Care Provision procedure and requirements.

The Director of Recreation Services is responsible for bringing this policy to the attention of all staff members and volunteers to whom the policy applies. The Director of Recreation Services is also responsible for periodic training and discussion on this policy for staff members and volunteers to whom this policy applies.


MAYOR


CHIEF ADMINISTRATIVE OFFICER


DATE


DATE

Policy and Procedures

ADMINISTRATION OF EMERGENCY FIRST-AID

POLICY:

It is the policy of the Town of Wolfville Recreation Services, that employees and volunteers shall execute all knowledge and skills needed, to the best of their ability, to help a participant in an emergency situation.

PROCEDURE:

1. Apply Emergency First Aid. Call 911 and continue first aid care at the scene.
2. Follow Emergency Protocol as follows:
 - Call your Supervisor once the situation is under control.
 - Supervisor will notify the participant's parent/guardian or emergency contact.
 - Fill out an Accident Report Form and submit to your Supervisor.

Be sure to record all information about the accident immediately including details of what happened, witnesses to the accident, etc... Fill out an Accident Form, and submit it to your Supervisor within 24 hours of the accident.

PROCEDURE

Administration of prescription/or prescribed non-prescription medication

Medication Administration and Health Care Provision Form - Attached

- Section 1**
- The parent/guardian is required to complete and sign a consent/release agreement.
 - It is the responsibility of the parent/guardian to have someone available at all times as a contact person in case of an emergency.
- Section 2**
- The prescribing physician is required to complete all pertinent details for the administration of the medication, or health care treatment.
 - This form shall be carried with the instructor(s) at all times.
 - One copy of this form is also to be provided for the Summer Recreation Intern.

Daily Record of Medication, Health Care Form - Attached

A master record of all prescriptions and health care administered, shall be completed daily and retained in the recreation office. A copy can also be made available for "off site" activities, for recording purposes.

TOWN OF WOLFVILLE - RECREATION SERVICES

Medication Administration and Health Care Provision Form

SECTION 1: TO BE COMPLETED BY PARENT/GUARDIAN

Name of Participant _____
Parent/Guardian _____
Address _____
Postal Code _____ Home Phone # _____ Daytime# _____ Cell # _____
Recreation Program _____
Emergency contact (other than parent/guardian listed above):
Name _____
Phone _____

MEDICAL RELEASE:

I hereby request, authorize and empower Recreation Services to administer or supervise the administration of medication as described herein or health care, as described herein to my child named above. I release the Town of Wolfville and all staff members and volunteers of Recreation Services of any legal liability including personal injury or death of the participant that may result from the administration of such medication or by the giving of such treatment. I also agree to indemnify the Town of Wolfville and Recreation Services staff and volunteers against claims made on behalf of my child or by Nova Scotia Department of Health or by any other person at any time arising out of the administration of medication or treatment described herein.

_____ Date _____ Parent/Guardian's Name - Please Print
Participants Health Card # _____

_____ Witness _____ Signature of Parent/Guardian

SECTION 2: TO BE COMPLETED BY PHYSICIAN

Medical Condition requiring treatment _____

1. Taken orally
Medication Prescribed Dose Time(s) of administration

2. Health Care Treatment (ie. Inhalation, maxi mist, epi pens, anaphylaxis kits, ointments)
Treatment Name Dose Duration of each treatment

SPECIAL CONSIDERATIONS:

- 1) Possible Side Effects of medication/treatment: _____
- 2) Type of Storage required for medication: _____

It is my opinion that the administration of this medication or health care cannot be scheduled around the program and administered at home; and that this administration by the Town of Wolfville's Recreation personnel is necessary in order to permit this patient to participate in the recreation program.

_____ Date _____ Signature of Attending Physician

Physicians's Name (Please Print) _____
Phone Number _____

