

## Medical Emergencies and Administration of Medication in School

---

Although the occurrence of medical emergencies that are life-and-death matters is quite rare in the school population, certain medical illnesses and injuries do occur while children are in school and require immediate assessment. Since it is unrealistic to expect a school nurse or physician to be immediately available for this assessment, school administrations should develop a set of written policies and procedures to handle these emergencies until such time as a nurse or physician can be contacted or be physically present. Two or more regular members of the school staff, depending on school size, should be designated as the responsible persons to handle the assessment, and one member should be available at all times to give whatever first aid is needed. These persons should be trained in a standard Red Cross course, including cardiopulmonary resuscitation, or have training as an emergency medical technician. This training should be updated as often as necessary to keep them competent in this area.

An emergency medical kit should be available in each school and checked regularly by the responsible staff persons who are trained in this area.

A detailed account of medical emergencies in school, including a list of equipment necessary for an emergency medical kit and how to classify medical emergencies and their treatment, is contained in chapter 18 of the school health manual of the American Academy of Pediatrics.<sup>1</sup>

The emergencies related to participation in athletics should be handled by a member of the athletic staff. Chapter 15 of the school health manual details procedures for management of athletic injuries.<sup>1</sup>

When students with handicapping conditions require emergency care, the nurse or designated staff person should act as a liaison between the

physician, the family, and the school in providing inservice education for the teachers on how to cope with an emergency.

The Committee on Drugs of the AAP has published a position statement on anaphylactic reactions that may be of benefit to schools in preparing their personnel to handle such situations.<sup>2</sup>

Description and disposition of illnesses or injuries of a serious nature (those injuries or illnesses in which a student, staff member, or visitor is released from school to see a physician or be seen at a hospital) should be recorded on an illness and accident form with a copy included in the permanent record and copies sent to the principal and superintendent.

### ADMINISTRATION OF MEDICATION IN SCHOOL

Ideally, all medication should be given at home. If medications are to be given during school hours, the school board should provide a clearly defined policy in this area. It is recognized that at the present time many children are able to attend regular schools because of the effectiveness of medication in the treatment of chronic disabilities and illnesses. Any student who is required to take prescribed medication during regular school hours should comply with school regulations. These regulations should include the following:

1. Written orders from a physician should detail the name of the drug, dosage, time interval that the medication is to be taken, and diagnosis or reason for the medication to be given.
2. Written permission should be provided by

---

This statement has been reviewed and approved by the Academy's Council on Child Health.

the parent or guardian requesting that the school district comply with the physician's order.

3. Medication should be brought to school in a container appropriately labeled by the pharmacy or physician.

4. One member of the staff should be designated to handle this task, ideally the health personnel if available.

5. A locked cabinet should be provided for the storage of medication.

6. Opportunities should be provided for communication between the parent, school personnel, and physician regarding the efficacy of the medication administered during school hours.

7. A designated member of the school staff should notify the parent or guardian as quickly as possible after an emergency occurs. The parent's current telephone number should be available in the student's record specifically for this purpose.

Nonprescription medication, e.g., aspirin, ointments, cold tablets, should not be given without prior written permission of parent or guardian.

There should be close cooperation between

school officials and the child's physician so that the medical program can be modified as warranted by changes in the student's condition.

School districts that assume the responsibility for giving medication during school hours should provide liability coverage for the staff, including the nurse, teachers, athletic staff, principal, superintendent, and school board.

#### COMMITTEE ON SCHOOL HEALTH, 1976-1977

*Members:* Donald E. Cook, M.D., Chairman; Karl W. Hess, M.D.; Samuel R. Leavitt, M.D.; Norman B. Schell, M.D.; Ned W. Smull, M.D.; J. Ward Stackpole, M.D.; Casper E. Wiggins, M.D.

*Liaison Representatives:* Lauren M. Brown, M.D., American Academy of Family Physicians; Stephen J. Jerrick, Ph.D., American School Health Association; William H. Carlyon, Ph.D., American Medical Association

#### REFERENCES

1. Committee on School Health, American Academy of Pediatrics: *School Health: A Guide for Health Professionals*. Evanston, Ill, American Academy of Pediatrics, 1977.
2. Committee on Drugs, American Academy of Pediatrics: Anaphylaxis. *Pediatrics* 51:136, 1973.

---

### MEDICAL COSTS SOARING EVERYWHERE

The French government is desperately seeking more means of reducing social security expenditure combined. It is common for a patient in a teaching hospital with mild abdominal pain to have full gallbladder and bowel x-rays in addition to the full battery of blood and urine tests which means that each patient in a Paris teaching hospital now costs Social Security nearly 600 francs a day (\$200). As Mr. Barre states, "we are heading for disaster," something will have to be done about it.

At a recent meeting on the cost to France of chronic renal failure, Professor Sournia, chief medical advisor to Social Security, stated that 7,000 patients were now being treated and were costing 1,000 million francs yearly, i.e. 1% of the whole Social Security budget. Considerable economy would be obtained if more kidney donors were available for transplantation and if more patients could undergo dialysis at home which costs about half that of a specialized unit. The Social Security are even prepared to pay for the telephone to be installed, but many patients who have tried home dialysis return to hospital because of the emotional strain for their families. According to Professor Sournia only 15% of patients with chronic renal failure in France undergo home dialysis as against 29% in Germany and 65% in Britain.

From *Proc R Soc Med*, vol 70, July 1977.

**Medical Emergencies and Administration of Medication in School**  
Committee on School Health  
*Pediatrics* 1978;61;115

**Updated Information & Services**

including high resolution figures, can be found at:  
<http://pediatrics.aappublications.org/content/61/1/115>

**Permissions & Licensing**

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:  
<http://www.aappublications.org/site/misc/Permissions.xhtml>

**Reprints**

Information about ordering reprints can be found online:  
<http://www.aappublications.org/site/misc/reprints.xhtml>

**American Academy of Pediatrics**

DEDICATED TO THE HEALTH OF ALL CHILDREN®



# PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

**Medical Emergencies and Administration of Medication in School**  
Committee on School Health  
*Pediatrics* 1978;61;115

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/61/1/115>

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 345 Park Avenue, Itasca, Illinois, 60143. Copyright © 1978 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

