

Topic:	Administration of Prescribed and Emergency Medication -- Elementary and Secondary
Effective:	January 2014
Cross-Reference:	Regulated Health Professions Act 1991; Health Care Consent Act 1996; Ontario Human Rights Code; Ontario Ministry of Education Policy/Program Memorandum 81 Halton District School Board Health Support Services in Schools; Halton District School Board Administrative Procedures; Anaphylaxis Protocol 2006; Asthma Protocol 2015; Diabetes Protocol 2009; Epilepsy and Seizure Disorder Management Protocol 2009; Administration of Prescribed and Emergency Medication (Forms)
Review/Revision Date:	January 2018
Responsibility:	Superintendent of Education (Health)

INTENDED PURPOSE:

The Ministry of Education has stated in PPM 81, that “no child shall be denied access to education because of special health support needs during school hours”.

The *Ontario Human Rights Code* imposes a duty on school boards to accommodate the disability-related needs of each student to the point of undue hardship.

The Halton District School Board is committed to ensuring the provision of support services and the appropriate staff training to enable students with health or medical needs to attend and participate in school, provided they can do so without undue risk.

The primary responsibility for the administration of prescription and/or non-prescription medications to a student rests with the student’s parent(s)/guardian(s). Therefore, wherever possible, a treatment regime should be adjusted to avoid administration of medication during school hours. Where such an adjustment is not possible, a parent/guardian should attend at school to administer medication to their own child.

However, there may be circumstances, including where a medical condition requires the administration of a medication on an emergency basis, under which a student must have prescribed medication administered during school hours or during an approved school activity, and a parent/guardian cannot be available.

In such instances, the Halton District School Board may accept responsibility for the administration of a prescribed medication, *in loco parentis*, in accordance with this Procedure.

A parent/guardian may alternatively or additionally submit authorization for their child to administer their own medication at school, where approved by a physician, using “Form 2”, a copy of which is attached as Appendix B to this Procedure.

Board staff will not administer non-prescription medication to a student.

PROCEDURE:**1. Parent Administration of Medication**

A student's parent(s)/guardian(s) may be permitted to attend at their child's school and administer medication to their child during school hours, provided that the Principal has been provided with notice in advance and the parent/guardian first reports to the office. Every attempt will be made to arrange times for such administration with the least disruption to all concerned, and in a setting which allows for privacy.

2. Request for Staff Administration of Medication

2.1 A parent/guardian may submit a request that staff members:

- a. administer a prescribed oral medication to their child, on a regular basis; or
- b. in an emergency, administer a prescribed medication taken orally, by inhalation, injection or suppository,

by submitting a Form 1 "Request for School Personnel to Administer Prescribed Medication" to the school Principal, a copy of which is attached as Schedule A to this Procedure.

2.2 Form 1 must be updated no less frequently than before the start of each school year, and whenever there has been any change to the prescription.

2.3 A completed Form 1 must include:

- a. name of medication(s) prescribed
- b. dosage
- c. frequency and/or time of day that the prescribed medication must be administered
- d. duration of the prescription
- e. method of administration and any special instructions
- f. storage/refrigeration requirements, (when necessary, in accordance with student health protocol permissible practices)
- g. name of prescribing physician or prescribing regulated health care provider
- h. information sheet from pharmacist, detailing potential reactions caused by the medication.

2.4 A completed Form 1 must be signed by the student's parent/guardian and prescribing regulated health care provider. All costs associated with completion of the Form are the responsibility of parent(s)/guardian(s).

2.5 The signed Form 1 will be retained in the Principal's Medication Binder, and the Principal shall ensure that the student's OSR includes a record of the medication requirement.

3. Principal or Designated Staff

3.1 Where a Principal has approved a parent/guardian request that staff administer a prescribed medication, the Principal shall have the primary responsibility, but may designate the task to other staff members.

3.2 A Principal will designate no fewer than two staff members to be responsible for the administration of a student's routine medication.

3.3 The Principal shall ensure that designated staff have received appropriate training.

3.4 Only designated staff may administer medication to a student, except in an emergency.

3.5 The Principal and designated staff are responsible for maintaining their knowledge of the content of the student's Form 1, including any updates, and of the provisions of this and related Board procedures.

3.6 The Principal shall list the designated staff members for each student on the student's Form 1.

4 Provision of Medication

4.1 The parent/guardian must provide the Principal with the medication to be administered in its original pharmacy container, labelled by the pharmacist. The label on the container must clearly show the following information:

- a. name of student
- b. the name of the medication
- c. dosage
- d. name of prescribing regulated health care provider
- e. frequency of administration
- f. expiration date

4.2 Where the prescription directions state "give 3 times per day", this shall be interpreted to mean morning, noon and night with approximately 8 hours between each dose, and it will be assumed that Board personnel will only be required to administer one dose per day unless otherwise directed by the prescribing regulated health care provider.

4.3 Under exceptional circumstances, such as field trips where multiple medications are required by the student more than once daily, compartmentalized boxes or blister pack type devices may be used, at the discretion of the Principal. In such instances, the parent/guardian must provide explicit written instructions, along with a prescription label and a pharmacist medication information sheet for each medication included.

4.4 The parent/guardian shall retrieve any unused prescribed medication. If the medication is not retrieved upon request, the Principal, or designate, shall dispose of medication by returning it to the local pharmacy.

5 Administration of a Prescribed Oral Medication

5.1 Designated staff will administer prescribed oral medication as follows:

Prior to each administration, the designated staff person will examine the medication container to review the student's name, medication name, dosage, frequency, expiration date, physical description of medication and any special instructions regarding emergency procedures or side effects.

- a. The designated staff person will compare the medication container to the Form 1 to ensure consistency of dispensing information.
- b. The medication will be dispensed to the student in accordance with the instructions on the container and the information on the Form 1.
- c. The designated staff person who has administered the medication shall observe the student to ensure the medication is consumed.
- d. The designated staff person will record in the Medication Binder the medication given to the student, noting the date and time, medication name, and amount administered.
- e. Each entry in the medication binder shall be initialled by the person who administered the medication.

5.2 Prescribed medication should be administered in a manner which respects the student's privacy, as determined in consultation with the student and/ or parent/guardian.

5.3 A parent/guardian shall be notified immediately if a student suffers an adverse reaction to a medication, or if a student refuses to comply with the authorized administration of

a medication. If a parent/guardian cannot be reached, the Principal shall determine whether emergency services are required.

5.4 If emergency services are called, the Principal shall record the incident and the reason for the call in the Medication Binder. Also record the Incident using the On-line OSBIE Incident Report Form.

6 Request for student Self-Administration of Medication.

Please complete Form 2 "Authorization for Self Administration By Student"

7 Record-Keeping

7.1 Principals shall ensure that contact information for parents/guardians, and for the student's current regulated health care provider is readily available to all staff.

7.2 The Principal is responsible for ensuring that an accurate daily record of all prescription medications administered by school personnel is maintained in the medication binder.

7.3 The medication binder shall be kept in the medication storage area, and shall be accessible to all designated staff.

8 Storage of Medication

8.1 Medications may be stored at school, provided that they can be kept in a safe and secure location, and in accordance with the prescribing regulated health care provider's and/or pharmacist's requirements. Some medications can not be stored at school. Please consult the appropriate student health protocol- e.g. Diabetes Protocol

8.2 The Principal or designate shall be responsible for ensuring that any medications so stored are appropriately labeled and kept in the original container, along with the pharmacist's information sheet describing side effects and any emergency procedures.

9 Administration of Emergency Medications

9.1 The *Health Care Consent Act 1996* provides that an emergency exists "if the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk, if the treatment is not administered properly, of sustaining serious bodily harm".

9.2 The *Regulated Health Professions Act* states that only a member of a regulated health profession authorized by the *Act* may perform a controlled act, such as administering a substance by injection or inhalation, or putting an instrument, hand or finger into an opening of the body. However, there is an exception to this restriction where a person is rendering first aid or temporary assistance in an emergency.

9.3 PPM 81 states the designation of the roles and responsibilities for health support services in school settings does not preclude, in emergency situations, the provision of a health service by school board personnel.

9.4 The *Good Samaritan Act 2001* provides that an individual who offers emergency assistance to a person who is ill, injured, or unconscious as a result of an accident or other emergency, is not liable for damages if the individual provides the assistance at the immediate scene of the accident or emergency, and unless it is established that the damages were caused by the gross negligence of the person providing assistance.

9.5 At the request of a parent/guardian, and as approved by the Principal, Board staff may administer a prescribed medication to a student in an emergency, including orally, or by inhalation, injection or suppository, in accordance with this Procedure.

9.6 Where prescribed medication is to be administered on an emergency basis, a parent/guardian must include on the Form 1 the physician's description of:

- a. the student's condition;
- b. the symptoms which signify that an emergency has or is occurring;
- c. the prescribed response; and
- d. contra indicators.

9.7 A parent/guardian must also consent to disclose the information to school board and transportation staff as required for the student's safety.

9.8 The Principal shall display this information in a prominent place such as the staff or health room (recognizing privacy concerns), and the school office, and shall ensure that a copy is included in the day book of the student's teacher(s), as well as provided to transportation staff as appropriate.

9.9 The Principal shall take additional steps as necessary to ensure that school staff are aware of which students in the school require medication for a life threatening condition, where the medication is stored, and which staff members have been trained in the appropriate method of administration of the medication.



**REQUEST FOR SCHOOL PERSONNEL TO
ADMINISTER PRESCRIBED MEDICATION
TO BE COMPLETED BY PARENT/GUARDIAN**

and

PRESCRIBING REGULATED HEALTH CARE PROVIDER

This Form is to be completed by a parent/guardian, and the student's prescribing regulated health care provider, in order to request that school personnel administer a prescribed medication to a student during school hours or during an approved school activity.

A new Form 1 must be submitted whenever there is any change to the student's medication(s), and before the start of each school year.

Your request will only be considered if:

- (a) the medication is prescribed by a regulated health care provider;
- (b) the administration of medication on a routine or emergency basis is necessary for the student to attend school or a school sponsored event;
- (c) the student's parent/guardian is not able to attend school in order to administer the prescribed medication; and
- (d) it is not appropriate for the student to self-administer the prescribed medication.

To be Completed by Parent/Guardian

Name of Student: _____ Name of School: _____

Name of Parent/Guardian: _____

Address: _____

Home Telephone: _____ Daytime Telephone: _____
(Parent/Guardian)

Cell Phones: _____

Student's Date of Birth: _____ Student's Grade: _____

Year Month Day

Contact in Case of Emergency:

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

Name of Physician: _____ Telephone: _____

Physician's Office Address: _____

In submitting this request that school personnel administer the above noted prescription medication to our child, I/we acknowledge and agree that:

- (a) School personnel will be administering the prescription medication in the place of a parent/guardian.
- (b) School personnel staff are not health care professionals and have not received any medical training, which may constitute an additional risk to the student, for which I/we accept complete responsibility.
- (c) I/we are solely responsible for providing the prescribed medications to the school, in an adequate supply for up to two weeks. Some medications can not be stored at school. (Please consult the school administration regarding the appropriate student health protocol)
- (d) I/we will supply the prescribed medication in the original container(s) from the pharmacist, and will ensure that the container clearly displays:
 - (i) the name of the student,
 - (ii) the name of the medication,
 - (iii) the dosage,
 - (iv) the name of prescribing regulated health care provider,
 - (v) frequency of administration, and
 - (vi) date of expiry.
- (e) A copy of the pharmacist's instruction for the administration of the prescribed medication will be provided along with the submission of this Form, and shall include any general and specific information regarding possible side effects and the appropriate response.
- (f) School personnel may in some circumstances be unable to administer the medication described above as required, in which case I will be contacted in a timely manner at the phone number(s) provided on this Form.
- (g) I will immediately notify the Principal of any change to my child's medication(s), and will forthwith complete a revised Form 1.
- (h) I/we acknowledge and agree that the personal information provided on this Form and

otherwise in support of our request will be disclosed as necessary to school, board and Transportation Consortium personnel.

I/we further hereby release the Halton District School Board, its employees and agents from any liability for loss, damage, illness or injury, howsoever caused to my/our child's person or property, or to me/us as a consequence, arising from the administration or a failure to administer, correctly or at all, the medications identified in this Form and/or provided to the school.

Parent/Guardian Signature

Date

To be Completed by Prescribing Regulated Health Care Provider

If medication is only to be administered in the event of an emergency, please list:

Prescribed Medication: _____ Dosage: _____

Circumstances under which the medication should be administered: _____

Any indicators that the medication should not be administered: _____

What is the expected result of administering the medication: _____

If medication is to be administered routinely, please list:

	Prescribed Medication	Time of Administration	Dosage
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

For Routine and Emergency Medications:

What are the possible side effects of this medication? _____

Are there any other possible side effects specific to this student? _____

What if any are the effects of a delay in the administration of the medication, or a missed dosage? _____

Any additional instructions? _____

Instructions for storage/refrigeration? _____

Signature of Prescribing Regulated Health Care Provider

Date

The personal and/or health related information gathered on this form is being collected, retained used and disclosed in accordance with the *Municipal Freedom of Information and Protection of*

Privacy Act, Education Act and Personal Health Information Protection Act, for the purpose of administering medication.

For School Use Only:

Date Received: _____ Indicate if Approved: _____

Personnel Designated to Administer Prescribed Routine Medication: 1.

2.

Pharmacy Instructions Received?

Principal's Signature: _____



**AUTHORIZATION FOR SELF-ADMINISTRATION
OF PRESCRIBED MEDICATION BY STUDENT**

TO BE COMPLETED BY PARENT/GUARDIAN

and

PRESCRIBING REGULATED HEALTH CARE PROVIDER

This Form is to be completed by a parent/guardian in order to request authorization for a student to self-administer a prescription medication while at school or at a school sponsored event.

A new Form 2 must be submitted whenever there is any change to the student's medication(s), and before the start of each school year.

This request will only be considered if:

- (a) the medication is prescribed by a regulated health care provider;
- (b) the administration of a prescribed medication on either a routine or emergency basis is necessary for the student to attend school or a school sponsored event; and
- (c) it is appropriate for the student to self-administer the prescribed medication.

To be Completed by Parent/Guardian

Name of Student: _____ Name of School: _____

Name of Parent/Guardian: _____

Address: _____

Home Telephone: _____ Daytime Telephone: _____

Cell Phone: _____

Student's Date of Birth: Year _____ Month _____ Day _____

Student's Grade: _____ How and where will medication be stored at school: _____

Contact in Case of Emergency:

1. Name: _____ Telephone: _____
2. Name: _____ Telephone: _____
Name of Physician: _____ Telephone: _____
Physician's Office Address: _____

In submitting this request, I/we acknowledge and agree that:

- (a) If the student's medication is to be stored at school, I/we are solely responsible for providing the prescribed medication in an adequate supply for up to two weeks. Some medications can not be stored at school. (Please consult the school administration regarding the appropriate student health protocol)
- (b) Any medication will be provided in the original container(s) from the pharmacist, which will clearly display:
 - (i) the name of the student,
 - (ii) the name of the medication,
 - (iii) the dosage,
 - (iv) the name of prescribing regulated health care provider,
 - (v) frequency of administration, and
 - (vi) date of expiry.
- (c) A copy of the pharmacist's instruction for the administration of the prescribed medication will be provided and shall include any general and specific information regarding possible side effects and the appropriate response should the student show any signs of such side effects.
- (d) Because I/we are giving our permission for the student to self-administer the medication, I/we acknowledge and agree that school staff will not be designated or trained to administer the medication.
- (e) I/we will immediately notify the Principal of any change to the student's medication(s), and will forthwith complete a revised Form 2.
- (f) I/we acknowledge and agree that the personal information provided on this Form will be disclosed as necessary to school board and Transportation Consortium personnel.

I/we further hereby release the Halton District School Board, its employees and agents from any liability for loss, damage, illness or injury, howsoever caused to my/our child's person or property, or to me/us as a consequence, arising from the above-named student self-administering the medications identified in this Form and/or provided to the school.

Parent/Guardian signature

Date

To be Completed by Prescribing Regulated Health Care Provider

Condition(s) for which this medication is required: _____

Method of Administration: _____

What is the expected result of administering the medication: _____

List any indicators that the medication should not be administered: _____

List any indicators that the student has had an adverse reaction to the medication: _____

In your opinion, is the student able to self-administer the prescribed medication? _____

Signature of Prescribing Regulated Health Care Provider

Date

The personal and/or health related information gathered on this form is being collected, retained, used and disclosed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act, Education Act and Personal Health Information Protection Act*, for the purpose of administering medication.

For School Use Only:

Date Received: _____ Indicate if Approved: _____

Personnel Designated to Administer Prescribed Routine Medication:

Pharmacy Instructions Received?

Principal's Signature: _____