

ADMINISTRATION OF MEDICATION TO STUDENTS

POLICY

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1.0 PRINCIPLES

- 1.1 The primary responsibility for administering medication to students is the parent(s)/guardian(s);
- 1.2 Only prescribed medication that is determined a necessity in order for the student to attend school may be administered during school hours.
- 1.3 The Halifax Regional School Board believes that students who require medication during school hours should receive appropriate care and support at school.
- 1.4 School personnel may be authorized to administer prescribed medications required during the school day.
- 1.5 Medication will be administered to students in a safe and respectful manner during school hours by designated school staff.
- 1.6 School personnel have the right to refuse a request to administer medication, unless such roles are specifically defined in their job description.

2.0 POLICY FRAMEWORK

- 2.1 Administration of medication to students will be in accordance with the *Nova Scotia Education Act* and the following acts and policies:
 - 2.1.1 *Nova Scotia Pharmacy Act*
 - 2.1.2 *B.007 Life-Threatening Allergies Policy*
 - 2.1.3 *C.011 Severe Medical Conditions Policy*
 - 2.1.4 *B.014 School Trips Policy*
 - 2.1.5 *Student Records Policy*
 - 2.1.6 *C.006 Special Education Policy*

3.0 AUTHORIZATION

- 3.1 The Superintendent is authorized to develop and implement procedures in support of this policy.

ADMINISTRATION OF MEDICATION TO STUDENTS

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1.0 ADMINISTRATION OF PRESCRIPTION MEDICATIONS TO STUDENTS

1.1 Principals shall:

1.1.1 Ensure Form A is completed in full prior to administering any medication(s) to a student during school hours;

1.1.1.1 Upon receipt of Form A and prescribed medication(s):

1.1.1.1.1 Assign a staff member(s) the responsibility for the administration of the prescription medication(s).

1.1.1.1.1.1 Arrange training and provide information regarding the medication with school staff as necessary.

1.1.1.1.1.2 Ensure each medication is labelled with the student's name, drug name, the prescribed dose, the time/administration schedule, and route the medication is to be administered.

- 1.1.1.1.1.3 Ensure medications are safely stored and according to instructions provided by the parent(s)/guardian(s).
 - 1.1.1.1.1.4 Keep emergency medications in a safe, unlocked and accessible location.
 - 1.1.1.1.1.5 Store non-emergency medications in a locked space with individual containers for each student.
 - 1.1.1.1.1.6 Ensure medications requiring refrigeration are kept in a secure space, accessible only to school staff.
 - 1.1.1.1.1.7 Ensure medication is administered in a manner which allows for sensitivity and privacy.
- 1.1.2 Ensure a medication administration record (Form C) is maintained for each student who requires a medication be administered during school hours;
- 1.1.2.1 An entry in Form C must be completed for each dose of medication administered during school hours.
 - 1.1.2.2 Form C should be retained in a safe location designated by the principal.
- 1.1.3 Contact the parent(s)/guardian(s) immediately if the correct dose is not available to be administered;
- 1.1.3.1 Notify the parent(s)/guardian(s) of their responsibility to immediately transport the medication to school or arrange for the student's return home for the remainder of the day;
- 1.1.4 Retain all forms relating to the administration of prescription medications for one year beyond the end of the school year to which the record pertains;
- 1.1.5 Inform all school staff, lunch supervisors and bus drivers of the students who require medication administration during school hours when there is potential for symptoms that would require an intervention, as determined on Form A;

- 1.1.6 Establish a plan to inform substitutes, student teachers and volunteers of the students who require medication administration during school hours when there is potential for symptoms that would require an intervention, as determined on Form A;
 - 1.1.7 Ensure medication required for students is taken on school trips;
 - 1.1.8 Include a current copy of Form A in the student's cumulative file.
 - 1.1.9 Contact the parent(s)/guardian(s) immediately if a medication error occurred;
 - 1.1.10 Call 911 in the event of a medication-related emergency.
- 1.2 Staff members administering prescribed medication shall:
- 1.2.1 Ensure the five "rights" of medication administration are followed:
 - 1.2.1.1 Right student
 - 1.2.1.2 Right medication
 - 1.2.1.3 Right dose
 - 1.2.1.4 Right time
 - 1.2.1.5 Right route
 - 1.2.2 Complete Form C on a daily basis when medication is administered during school hours;
 - 1.2.3 Ensure that high alert medications administered during school hours be witnessed prior to administration and co-signed on Form C;
 - 1.2.4 Document student absences on Form C;
 - 1.2.5 Report a medication error or near miss to the principal immediately;
 - 1.2.6 Notify the principal immediately if the prescribed dose of the student medication is not available;
 - 1.2.7 Support the student to take an appropriate level of responsibility for his or her medication as directed by the parent(s)/guardian(s).
- 1.3 Parent(s)/Guardian(s) shall:

- 1.3.1 Complete Form A when their child requires a medication be administered during school hours;
 - 1.3.1.1 Form A shall be completed on an annual basis and updated when a medication changes.
 - 1.3.1.2 Form A shall be submitted to the principal.
 - 1.3.1.3 No medication will be administered to students until Form A is completed.
 - 1.3.1.4 High alert medications shall be identified in collaboration with a health care professional and indicated on Form A.
- 1.3.2 Provide the school with medication doses in the original container dispensed by the pharmacy that is labelled with the student's name, the name of the drug, the prescribed dose, the administration time/schedule, and the route the medication is to be administered;
- 1.3.3 Provide a two-week supply at once of the prescribed medication to the school and when possible in single dose units;
 - 1.3.3.1 Exceptions to the supply may be made for those medications that require refrigeration.
 - 1.3.3.2 It is the responsibility of the parent(s)/guardian(s) to dispose of all prescribed medication in the event medication remains in the school following the treatment period.
 - 1.3.3.3 If the correct dose is not available, the parent(s)/guardian(s) will be asked to transport the correct dose of medication to the school immediately.
 - 1.3.3.4 Lack of medication in the correct dosage may result in a student being sent home.
 - 1.3.3.5 The Halifax Regional School Board is not responsible for failing to administer medication if parent(s)/guardian(s) have not delivered medication in sufficient dosage to the school.
- 1.3.4 Communicate medication storage requirements;
- 1.3.5 Provide clear instructions on what to do if the medication dose is late and/or missed;

- 1.3.6 Provide information on the type of medication(s) the student receives at home, including the time(s) in which the medication(s) is administered;
 - 1.3.6.1 The student may be required to be sent home should the medication scheduled to be administered at home be missed.
- 1.3.7 Provide the school with a plan of action in the event the student experiences side effects from the prescribed medication;
- 1.3.8 Provide an adequate amount of medication for their child when participating in school trips.
- 1.4 Students requiring medication during the school day shall:
 - 1.4.1 Communicate any side effects or symptoms of feeling unwell to a staff person prior to, or after receiving a medication, as age appropriate and according to ability;
 - 1.4.2 Carry an Epinephrine auto-injector device at all times while in school, participating in a school event, or travelling with a school group when diagnosed with a life-threatening allergy;
 - 1.4.3 Refrain from sharing medication with anyone.

2.0 ADMINISTRATION OF NON-PRESCRIPTION MEDICATION TO STUDENTS

- 2.1 No medications will be administered to students by school staff during school hours unless it is prescribed by a health care professional.
- 2.2 Schools may prohibit students from bringing non-prescription medications to school and self-administering during the school day. In such cases, the school will communicate this school policy to parent(s)/guardian(s).

3.0 ADMINISTRATION OF PRESCRIPTION INHALED MEDICATION TO STUDENTS

- 3.1 A request by a parent(s)/guardian(s) for a student under the age of sixteen to administer his or her own medication by inhalation (“puffer”) must be made in writing, by fully completing Form A annually and updating as needed if any changes occur to the medication.

- 3.2 Schools may require puffers to be stored in the school office. In such cases, the school will communicate this requirement to parent(s)/guardian(s) and students annually.

4.0 NON-EMERGENCY INJECTIONS

- 4.1 The injection of medication in non-emergency situations will be administered only by licensed health professionals, the parent(s)/guardian(s) or self-administered by an authorized student.

5.0 EMERGENCY INJECTIONS

- 5.1 The injection of prescription medication for emergency situations will be administered according to the Halifax Regional School Board's *Life-Threatening Allergies Policy* (B.007) and *Severe Medical Conditions Policy* (C.011).

6.0 POLICY REVIEW

- 6.1 This policy will be reviewed every three years.

APPENDIX A

ADMINISTRATION OF MEDICATION TO STUDENTS

DEFINITIONS

- High alert medication:** Medication that when used in error, has an increased risk for causing significant harm to one's body; serious medical consequences could result from failure to administer the medication(s) according to an exact schedule or specific manner prescribed.
- Near Miss:** As defined by the IWK, an event or circumstance with the capacity to cause harm, which has been detected and corrected before reaching the student. This "good catch" or "near miss" may not have reached the patient due to chance, corrective action and/or timely intervention.
- Route:** The path by which the medication enters the body.
- Oral:** By mouth.
- Buccal:** By mouth, directed towards the inside cheek.
- Inhalation:** Inhaled directly into the lungs via a mouthpiece or face mask.
- Subcutaneous injection:** Under the skin.
- Intramuscular injection:** Into a muscle.
- Prescription(RX):** Medication that can be purchased or given out only with written instructions from a licensed health care provider.
- Non-prescription medication:** Medication that does not require a physician's authorization.
- Reliever Medication:** A term used to describe a fast-acting or quick-relief medication. For example, Bricanyl and Salbutamol (Ventolin) are referred to as reliever medications and may be prescribed to treat asthma symptoms in an acute situation. Both of these medications work to relieve symptoms by relaxing the bands of muscle that surround the airways.
- Rectal:** By rectum.
- Rescue Medication:** A term used to describe a fast-acting or quick-relief medication. For example, Buccal Midazolam is referred to as a rescue medication and may be prescribed to give during a seizure to stop and/or shorten its duration.

APPENDIX B

Form A
Administration of Prescribed Medication to Students

SECTION 1 – TO BE COMPLETED BY PARENT/GUARDIAN

Student Information

Name of Student: _____

Home Address: _____

School: _____

Grade: _____

Emergency Contacts

Name: _____

Phone Number(s): _____

Name: _____

Phone Number(s): _____

Name: _____

Phone Number(s): _____

I hereby request, authorize and empower the Halifax Regional School Board to administer medication as described herein to the student named above. I release any staff member and the Halifax Regional School Board from any legal liability that may result from the administration of such medication. I also agree to indemnify the Halifax Regional School Board against claims at any time made by the student name or by MSI arising out of the administration of medication described herein. I also understand that no more than two weeks dosage of the medication(s) is to be in the school at any time and that I am responsible for completing this form in the event that the prescribed medication, amount or frequency of dosage, handling or storage requirements change.

I acknowledge and understand that as a parent or guardian I am responsible to ensure there is medication in sufficient amount and dosage to meet the needs of the student everyday the student is in school and requires the medication to be administered. I also understand and agree that if there is insufficient medication at the school I will be contacted to make arrangements to transport new medication to the school, or to make alternate arrangements for the care of the student for the remainder of the school day. I hereby release any staff member in the Halifax Regional School Board from any legal liability that may result from insufficient amounts of medication being available at the school for administration to the student."

If my child is bussed to school, I also understand that I must provide a current photo of him/her for the purpose of providing all information contained herein to the transportation provider.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

APPENDIX B:

FORM A: ADMINISTRATION OF PRESCRIBED MEDICATIONS TO STUDENTS

Form A

SECTION 2 – TO BE COMPLETED BY PARENT/GUARDIAN

Name of Student _____

Name of medical condition(s) requiring medication to be given during school hours: _____

Note: Where possible parent(s)/guardian(s) are asked to establish a schedule for the administration of medication outside of the school day.

	Medication #1	Medication #2	Medication #3
Name of medication			
High Alert	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required intervention	<input type="checkbox"/> Administer by staff <input type="checkbox"/> Self administer with staff monitoring	<input type="checkbox"/> Administer by staff <input type="checkbox"/> Self administer with staff monitoring	<input type="checkbox"/> Administer by staff <input type="checkbox"/> Self administer with staff monitoring
Dose of Medication			
Frequency			
Time(s) medication to be given during school hours			
Possible side effect(s) of medication			
Course of action in response to side effect(s)			
Route			

APPENDIX B:

FORM A: ADMINISTRATION OF PRESCRIBED MEDICATIONS TO STUDENTS

Storage Requirements for medication			
Duration of treatment (start-finish dates)			
Date when medication first prescribed			
Symptoms of overdose and suggested course of action			
State course of action in the event a dose is missed			

Parent/Guardian Signature

Date

APPENDIX B:

FORM A: ADMINISTRATION OF PRESCRIBED MEDICATIONS TO STUDENTS

Approved: June 22, 2005 / Revised: September 28, 2005; May 28, 2008, April 2011

APPENDIX C

Form C

Administration of Prescribed Medication Record
TO BE COMPLETED DAILY BY SCHOOL PERSONNEL

Student Name _____

Medications to be Administered/Monitored by:

Name _____ Signature _____ Initials _____

Name _____ Signature _____ Initials _____

Name _____ Signature _____ Initials _____

Parent(s) / Guardian(s) names, home and emergency telephone numbers:

Name _____

Home _____ Emergency _____

Name _____

Home _____ Emergency _____

Name and telephone number of health care professional prescribing the medication:

Name _____ Telephone _____

Date	Medication	Time	Dose	Administered by (and witnessed where applicable):

	Comments