

Administration of Medication to Students by School Personnel Policy

Policy Overview

This policy describes the administration of prescription and non-prescription medications to students by school personnel.

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Policy and Procedures History

- Policy approved June 22, 2005
- Procedures approved June 20, 2012

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 by school personnel 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. In such cases, school personnel will be trained in administration and documentation of such medications.
- 1.5 Medication will be administered to students in a safe and respectful manner during school hours by designated trained 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.

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2.0 Legislative Context

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 *C.012 Life-Threatening Allergies Policy*

2.1.3 *C.011 Severe Medical Conditions Policy*

2.1.4 *B.014 School Trips Policy*

2.1.5 *Department of Education and Early Development 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.

4.0 Policy Review

4.1 This policy will be reviewed every five years or on an as needed basis.

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1.0 Administration of Prescription Medications to Students

1.1 Principals shall:

1.1.1 Ensure Form A (4 pages) 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, the expiry date and the storage information.

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- 1.1.1.1.1.3 Ensure medications are safely stored according to label instructions.
 - 1.1.1.1.1.4 Keep emergency medications in a safe, unlocked and accessible location with individually labeled containers for each student.
 - 1.1.1.1.1.5 Store non-emergency medications in a locked space with individually labelled 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 B) is maintained for each student who requires a medication be administered during school hours;
- 1.1.2.1 An entry in Form B must be completed for each dose of medication administered during school hours.
 - 1.1.2.2 Form B 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;
 - 1.1.3.2 Notify emergency medical personnel if the correct dose is not available to be administered and a missed or insufficient dose may be life threatening, as indicated by a health care professional on Form A.
 - 1.1.3.3 Notify parent(s)/guardians(s) immediately if a student refuses or vomits a medication, or if unsure if total dose was taken.

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- 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, transported and stored according to label instructions and documented on Form B;
- 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 B 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 B;
 - 1.2.4 Document student absences on Form B;
 - 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;

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- 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).
 - 1.2.8 Notify principal immediately if a student refuses or vomits a medication, or if unsure if the total dose was taken.
- 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, the expiry date, and the storage information.
 - 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.

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- 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).

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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 Return of Medications to Parents/Guardians

The principal shall:

- 6.1 Return all unused medications to parents/guardians at the end of the school year.
- 6.2 Dispose of unclaimed medications appropriately at the end of the school year.

Appendix A
Administration of Medication to Students
Definitions

Bolus Medication: A prescribed dose of medication given quickly to rapidly achieve therapeutic concentration for intended purposes.

Ex: Insulin bolus may need to be delivered via the insulin pump when the student is requiring insulin during the day.

Buccal: By mouth, directed towards the inside cheek for absorption.

Emergency Medication: A medication required for the immediate first aid treatment of a specific medical condition; a delay in administration may have life threatening implications. An emergency medication will be specified in the student's emergency health care plan. All emergency medications must be stored in a safe, unlocked and accessible location.

Ex: May include but not limited to: epinephrine for anaphylaxis, Ventolin for an acute asthma episode, glucagon for severe blood sugar lows.

Enteral Feeding Tube: By tube that passes through the abdomen into the stomach (G-tube: gastrostomy feeding tube) or small bowel (J-tube: jejunostomy feeding tube).

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. Requires two people, one to administer, one to witness, and both signatures on Form B.

Inhalation: Inhaled directly into the lungs via a mouthpiece or face mask.

Intramuscular injection: Into a muscle.

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.

Non-prescription medication: Medication that does not require a physician's authorization.

Oral: By mouth.

Prescription(RX): Medication that can be purchased or given out only with written instructions from a licensed health care provider.

Rectal: By rectum.

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.

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.

Route: The path by which the medication enters the body.

Subcutaneous injection: Under the skin.

Authorization Form and Directions for Medication Administration

This form is to be completed by a parent/guardian to request that school personnel administer medication to a student during school hours or during an approved school activity in the event that medication is required for the student to be able to attend.

This form is valid for the current school year and must be completed annually or when there is a medication change. It will be stored in the student's record and a copy must be available to the staff administering the medication and kept with the Administration of Medication Record.

STUDENT INFORMATION		
Student's name:		School name:
Date of birth (mm/dd/yyyy):	Grade:	Homeroom teacher:
<p>Does the student have a Plan of Care for the current school year?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>If yes, what is the specific health care need and/or medical diagnosis(es):</p> <p>Please Note: If there is a Plan of Care that includes the authorization for the administration of emergency medication (e.g. epinephrine auto-injector, glucagon, seizure rescue medication, asthma reliever medication, etc.) this form is NOT required.</p>		
PARENT/GUARDIAN		
Name(s) of parent(s)/guardian(s):	Emergency number:	Email:
Name(s) of parent(s)/guardian(s):	Emergency number:	Email:

DIRECTIONS FOR ADMINISTRATION OF MEDICATION: (as per prescription label or non-prescription package directions)

	Medication 1	Medication 2	Medication 3
Name of Medication			
Reason for Medication (e.g., diabetes)			
Medication Administered By	<input type="checkbox"/> Self-administered, with staff monitoring <input type="checkbox"/> Administered by school staff	<input type="checkbox"/> Self-administered, with staff monitoring <input type="checkbox"/> Administered by school staff	<input type="checkbox"/> Self-administered, with staff monitoring <input type="checkbox"/> Administered by school staff
Dose (amount) and Time(s) Medication is Given During School Hours			
How (Route) Medication is Administered (e.g. by mouth, feeding tube*, etc.) <small>*See below for feeding tubes</small>			
Additional Instructions (e.g., how to store medication)			

In the rare instance that more than three medications are required, please discuss with your school administrator; additional documents may be required.

FEEDING TUBE MEDICATIONS ONLY (Also refer to *Plan of Care—Tube Feeding*.)

Amount of Water to Flush Through Feeding Tube	Before med: _____ ml	Before med: _____ ml	Before med: _____ ml
	After med: _____ ml	After med: _____ ml	After med: _____ ml

Additional Comments:

I hereby request, authorize, and empower my child's school and region to administer the prescribed medication(s) as described herein to the student named above. I release any staff member and the named school and its governing region from any legal liability that may result from the administration of the medication(s) or in the event insufficient medication is available.

I acknowledge and understand that as the student's parent/ guardian I am responsible for ensuring the school has a sufficient amount of the medication(s) to meet the student's needs while at school.

If there is insufficient medication I will be contacted and arrange for the transport of medication to school, or make alternative arrangements for my child for the remainder of the school day.

Parent/Guardian Signature

mm/dd/yyyy

Authorized Prescriber Signature Required for long-term use
(2 weeks or beyond) of non-prescription medications.

mm/dd/yyyy

Student name:

School year:

Authorization Form for the Administration of Medication(s) PAGE 2 OF 2

Administration of Medication Record

STUDENT INFORMATION		
Student's name:		School name:
Date of birth (mm/dd/yyyy):	Grade:	Homeroom teacher:
Place Photo Here	Signed copy of <i>Authorization Form and Directions for the Administration of Medication(s)</i> attached: <input type="checkbox"/> Yes	
PARENT/GUARDIAN		
Name(s) of parent(s)/guardian(s):	Emergency number:	Email:
Name(s) of parent(s)/guardian(s):	Emergency number:	Email:
SCHOOL STAFF ADMINISTERING AND/OR MONITORING MEDICATION		
Name	Signature	Initials

STUDENT NAME:

SCHOOL YEAR:

NAME OF MEDICATION:

MEDICATION EXPIRY DATE:

NOTE: Double-check every time that you are giving the correct student the correct medication and dose at the correct time and that you complete the documentation immediately. A separate Administration of Medication Record is required for each medication.

Date (dd/mm/yyyy)	Dose	Time	Route	Administered By	Witnessed By (as applicable)	Additional Comments

**Completed sheets and attached information are to be retained together for the current school year.
Photocopy this blank page as needed.**