

NUMBER:	<i>to be determined</i>
TOPIC:	Administration of Prescribed & Emergency Medication – Elementary & Secondary
EFFECTIVE:	February 2009
CROSS-REFERENCE:	Health Support Services in Schools, Anaphylaxis Protocol 2006, Asthma Protocol 2007, Diabetes Protocol 2008, Policy/Program Memorandum 81
REVISION DATE:	February 2012
RESPONSIBILITY:	Superintendent of Education

INTENDED PURPOSE:

The Halton District School Board is required by Ministerial Directive (Policy Program Memorandum 81) to administer prescribed routine medication to students only at the request of the parent/guardian and upon the prescription of the attending physician or other health care professional that such prescribed routine medication has been prescribed for use during school hours.

The Principal has the primary responsibility for the administration of the medication but may designate the task to an employee. The Principal must list the staff member(s) in writing in Form 1. An employee has the right of refusal. Alternate arrangements must be identified to administer the prescribed routine medication in the absence of the regularly designated person. It is understood that the staff person is administering the medication under the principle of “in loco parentis”, and not as a health professional. The following procedures shall be followed and staff acting under these procedures are covered by the Board’s liability insurance.

PROCEDURE:

Non-prescription medication, that is medicine of any kind not ordered by prescription, should not be handled by school personnel.

If suitable arrangements cannot be made for the administration of medication at the school level, the Principal will consult with the appropriate Superintendent of Education.

Administration of Prescribed Routine Medication:1. Consultation Process

Parents, and the student, when appropriate, as well as the principal and employees designated to administer the prescribed routine medication, should be aware of pertinent information as per the attached Form 1, and in the procedures for the administration of the prescribed routine medication.

2. Right of Information

2.1 A signed authorization form, indicating parent request to administer prescribed routine medication by school personnel, as attached to this procedure, is to be updated and submitted annually, and when changes occur, by the parent to the school principal PRIOR to the administration of prescribed routine medication.

The authorization Form 1, as attached to this guideline includes:

- a) medication(s) prescribed
- b) special instructions
- c) dosage
- d) the time of administering the routine prescribed medication

- e) the duration of continuing the routine prescribed medication
 - f) method of administration
 - g) storage requirements
 - h) possible side effects, if any
- 2.2 The signed authorization will be retained in the Medication Binder and indication of medication should be recorded on the student's O.S.R. card .

3. Administration

- 3.1 The parent/guardian must provide to the Principal, the medication in its original container outlining the following information on the container:
- name of student;
 - the name of the medication and dosage
 - when medication is to be given to the student
 - name of physician or health care professional
- 3.2 Each parent/guardian shall deliver to the Principal the student's prescribed routine medication in its original container at intervals as may be determined in consultation with the Principal by the parent/guardian or physician/health care professional. The parent/guardian shall retrieve any unused routine prescribed medication. If this medication is not retrieved, the Principal, or designate, can dispose of medication by returning it to the local pharmacy.
- 3.3 Administering routine, prescription medication may be of a long term or short term nature. Where the prescription directions state "give 3 times per day", this is interpreted to mean morning, noon and night with approximately 8 hours between each dose. For oral, liquid prescription medication, the dosage size must be clearly identified on the prescription label.
- 3.4 The Principal must secure prescribed routine medication in a locked location, except in situations specified in 3.7 and 4.3.
- 3.5 It is mandatory that a daily record be kept of the time, date, dosage and type of routine prescribed medication given and initialled by the person who administered the medication. This information will be retained in the medication binder in the medication storage area. Form 2
- 3.6 Prescribed routine medication should be administered in the manner, which allows for sensitivity and privacy in consultation with the student and/ or parent(s)/ guardian(s).
- 3.7 The parents will provide, upon request, an information sheet, which can be obtained from pharmacist, detailing potential reactions caused by certain drugs.
- 3.8 Prescribed routine medications need to be readily accessible for many students with asthma. Students whose parents and physician/health care professional judge that they have sufficient maturity to control the use of these inhaled medications should be allowed to retain these inhalers in their possession. This information should be recorded on the Parent/ Physician Request to Self-Administer Medications Form. Refer to the Asthma Protocol,2007 for details.

Administration of Emergency Medications

4. Allergic Reactions

- 4.1 In emergency situations, the provision of a health service by designated staff shall be provided by school board personnel, administered in accordance with section 5.2 (2) (a) of the *Health Disciplines Act* and section 10 (c) of the *Drugless Practitioners Act*, and under the policies and procedures of the Board.

- 4.1.1 Section 5.2 (2) (a) of the *Health Disciplines Act* states:
 - 52 (1) “No persons shall engage in or hold himself, herself or itself out as engaging in the practice of medicine unless he is licensed under this Part.”
 - 52 (2) “For the purpose of Subsection (1), (a) rendering first aid or temporary assistance in an emergency without fee; shall be deemed not to be engaging in the practice of medicine.”
- 4.1.2 Section 10 (c) of the *Drugless Practitioners Act* states:
 - “nothing in this Act applies to or affects, (c)the furnishing of first aid or temporary assistance in cases of emergency.”
- 4.2 School authorities may approve the administration of medication when the Principal receives a parent/physician/health care professional request indicating that the student may be at risk because of potential severe asthma or allergic reactions to insect stings, food products or other allergies such as latex.
- 4.3 Administration of Adrenaline (EpiPen) is required to counteract a severe allergic reaction i.e. anaphylactic shock. The EpiPen is the preferred form of administration. Refer to the Anaphylaxis Protocol 2006 for details.



Halton District School Board

PARENT/PHYSICIAN/MEDICAL PROFESSIONAL REQUEST FOR SCHOOL PERSONNEL TO ADMINISTER PRESCRIBED ROUTINE MEDICATION

**TO BE COMPLETED BY PARENT/GUARDIAN
and returned immediately to the school office before the commencement of the
Administration of the Prescribed Routine Medication.**

Name of Student: _____ Ontario Health Card No. _____

Name of Parent/Guardian: _____

Address: _____

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

Date of Birth: _____ / _____ / _____
Year Month Day

Contact in Case of Emergency:

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

Name of Physician/Medical Professional _____

Telephone: _____

School: _____ Grade: _____

For School Use Only:

Date Received: _____

Action Taken: _____

Personnel Administering Prescribed Routine Medication: _____

Principal's Signature: _____



Halton District School Board

Why is this medication required?

Special Instructions (storage, training required for staff involved):

Medication Prescribed: _____ Dose: _____

Time of Administration: _____
a.m. / noon / p.m.

Duration of Continuing Medication(s): _____

What are the specific side effects to your child? _____

With an increasing number of children on daily medications, it is essential that the above information be known.

I understand that the Halton District School Board has been authorized by the parent/guardian to administer routine prescribed medication to my child but I release any staff member and the Halton District School Board from any legal liability that may result from the administration of medication.

I will complete a revised form if there are any changes or modifications to the administration of my child's prescribed routine medication.

Date: _____ Signature of Parent/Guardian: _____

The information gathered on this form is collected pursuant to the Education Act and the Municipal Freedom of Information & Protection of Privacy Act, 1989.

Note: This request will terminate on July 31 of each school year.

INDIVIDUAL STUDENT LOG OR PRESCRIBED ROUTINE MEDICATION ADMINISTERED

Student's Name: _____

Teacher: _____

Class: _____

MEDICATION

Name of Medication: _____

Dosage to be administered: _____

Prescription No: _____

Time(s) to be administered: _____

Pharmacy: _____

Person to administered: _____

MEDICATION REPORT

** Place initials in appropriate space to confirm that prescribed routine medication has been administered**
 Indicate abnormal or unusual circumstances on reverse

Day	SEPT		OCT		NOV		DEC		JAN		FEB		MAR		APR		MAY		JUN		
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
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