

Administration of Prescribed and Emergency Medication - Elementary and Secondary

Administrative Procedure

Topic:	Administration of Prescribed and Emergency Medication – Elementary and Secondary
Status:	Active
Effective:	January 2014
Revision Date:	January 2024
Review Date:	January 2028
Responsibility:	Superintendent of Education - Student Health

INTENDED PURPOSE:

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 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 Ministry of Education has stated in PPM 81, that “no child shall be denied access to education. 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 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(s)/guardian(s) 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(s)/guardian(s) cannot be available.

In such instances, the Halton District School Board may accept responsibility for the administration of a prescribed medication, in loco parent(s) is, in accordance with this Procedure.

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A parent(s)/guardian(s) may alternatively or additionally submit authorization for their child to administer their own medication at school, using “Form 2” (Appendix B).

“Prescription Medications” are medications or drugs that are dispensed by a person registered as a pharmacist under the Pharmacy Act, 1991. Board staff will not administer non-prescription oral medication to a student. In Ontario, “regulated health professionals” are health care providers governed under the Regulated Health Professions Act, 1991 (RHPA) and health profession Acts (i.e., Medicine Act, 1991).

PROCEDURE:

1. Parent(s)/Guardian(s) Administration of Medication

A student’s parent(s)/guardian(s) may be permitted to attend 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(s)/guardian(s) 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(s)/guardian(s) may submit a request that staff members:
 - 2.1.1. administer a prescribed oral medication to their child, on a regular basis; or
 - 2.1.2. In an emergency, administer a prescribed medication taken orally, by inhalation, injection or suppository, by submitting a Form 1 “Request for School Staff to Administer Prescribed Medication” (Appendix A) to the school Principal.
- 2.2. Form 1 must be reviewed and/or updated no less frequently than within the first 30 days of each school year and whenever there has been any change to the prescription and/or administration. Where there are no changes, the updated parent(s)/guardian(s) signature and date is required (Appendix C).
- 2.3. A completed Form 1 must include:
 - 2.3.1. name of medication(s) prescribed
 - 2.3.2. dosage
 - 2.3.3. frequency and/or time of day that the prescribed medication must be administered
 - 2.3.4. duration of the prescription
 - 2.3.5. method of administration and any special instructions
 - 2.3.6. storage/refrigeration requirements

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- 2.3.7. name of prescribing physician or prescribing health care provider
- 2.3.8. information sheet from pharmacist, or dispensary detailing potential reactions caused by the medication.
- 2.4. A completed Form 1 must be signed by the student's parent(s)/guardian(s) and a health professional. All costs associated with completion of the Form are the responsibility of the parent(s)/guardian(s).
- 2.5. The signed Form 1 will be retained in the school's Medication Binder and in the Student Medical File, if required by this procedure or other related Board procedures.

3. Principal or Designated Staff

- 3.1. Where a Principal has approved a parent(s)/guardian(s) request that staff administer a prescribed medication, the Principal shall have the primary responsibility, but may seek volunteers and/or 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 in the school's Medication Binder and, if applicable, on the student Plan of Care.

4. Administration of a Prescribed Oral Medication

- 4.1. Designated staff will administer prescribed oral medication as follows:
 - 4.1.1. 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.
 - 4.1.2. The designated staff person will compare the medication container to the Form 1 to ensure consistency of dispensing information.

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- 4.1.3. The medication will be dispensed to the student in accordance with the instructions on the container and the information on the Form
- 4.1.4. The designated staff person who has administered the medication shall observe the student to ensure the medication is consumed.
- 4.1.5. 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.
- 4.1.6. Each entry in the Medication Binder shall be initialled by the person who administered the medication.
- 4.2. Prescribed medication should be administered in a manner which respects the student's privacy, as determined in consultation with the student and/or parent(s)/guardian(s).
- 4.3. A parent(s)/guardian(s) 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(s)/guardian(s) cannot be reached, the Principal shall determine whether Emergency Medical Services are required.
- 4.4. If Emergency Medical Services are called, the Principal shall record the incident in the Medication Binder or on the Medical Emergency Record in the Student Medical Folder, if applicable, and file an OSBIE Incident Report online.

5. Administration of Emergency Medications

- 5.1. 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."
- 5.2. 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.
- 5.3. 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 staff.

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- 5.4. 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.
- 5.5. At the request of a parent(s)/guardian(s), 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 Administrative Procedure.
- 5.6. Where prescribed medication is to be administered on an emergency basis, a Plan of Care must be co-created in accordance with this procedure or other Board procedures. The Plan of Care must be reviewed and/or updated annually.
- 5.7. The Principal must share the Plan of Care with all parties identified in the plan, as authorized by the parent(s)/guardian(s).

6. Request for Student Self-Administration of Medication.

- 6.1. A parent(s)/guardian(s) may authorize student self-administration of medication by completing Form 2 "Authorization for Self-Administration of Prescribed Medication by Student" (Appendix B).
- 6.2. Form 2 must be reviewed and/or updated no less frequently than within the first 30 days of each school year and whenever there has been any change to the prescription. Where there are no changes to the prescription, the updated parent(s)/Guardian(s) signature and date is required (Appendix C).
- 6.3. Student self-administration of medical cannabis requires a valid medical document from the prescribing health care provider, along with a completed Form 2.
- 6.4. The student self-administration of medical cannabis must comply with the restrictions set out in the Smoke Free Ontario Act.
- 6.5. The signed Form 2, and other required documentation, will be retained in the school's Medication Binder and in the Student Medical File, if required by this procedure or other related Board procedures.

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7. Record-Keeping

- 7.1. The Principal shall ensure that contact information for parent(s)/guardian(s), and for the student's current 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 staff 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.
- 7.4. Where a Plan of Care is required, the Principal shall maintain a Student Medical File.

8. Provision of Medication

- 8.1. The parent(s)/guardian(s) must provide the Principal with the medication to be administered in its original pharmacy container, labelled by the pharmacist or dispensary. The label on the container must clearly show the following information:
 - 8.1.1. name of student
 - 8.1.2. the name of the medication
 - 8.1.3. dosage
 - 8.1.4. name of prescribing health care provider
 - 8.1.5. frequency of administration
 - 8.1.6. expiration date
- 8.2. 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 Board staff will only be required to administer one dose per day unless otherwise directed by the prescribing health care provider.
- 8.3. Under exceptional circumstances, such as field trips and excursions 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(s)/guardian(s) must provide explicit written instructions, along with a prescription label and a pharmacist medication information sheet for each medication included.

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- 8.4. The parent(s)/guardian(s) 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.

9. Storage of Medication

- 9.1. Medications may be stored at school, provided they can be kept in a safe and secure location, and in accordance with the health care provider's, pharmacist's, and/or dispensary requirements. Some medications cannot be stored at school. Please consult the appropriate student health procedure (e.g., Supporting Students with Diabetes).
- 9.2. The Principal or designate shall be responsible for ensuring any medications so stored are appropriately labeled and kept in the original container, along with the required documentation set out in this procedure.

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Reference number: Pending

Cross-Reference:

Legislation

Regulated Health Professions Act 1991; Health Care Consent Act 1996
Ontario Human Rights Code; Ontario Ministry of Education
Policy/Program Memorandum 81; Good Samaritan Act, 2001, SOS 2001, c.2
Municipal Freedom of Information and Protection of Privacy
Act, RSO 1990, c.M56
Personal Health Information Protection Act, 2004, SO 2004, c3; Smoke Free
Ontario Act, 2017

Ministry Policy & Program Memoranda

PPM 161 Supporting Children and Students with Prevalent Medical Conditions in
Schools

Board Policies, Procedures & Protocols

Administration of Prescribed and Emergency Medication (Forms)
Supporting Students with Anaphylaxis
Supporting Students with Asthma; Supporting Students with Diabetes
Supporting Students with Epilepsy and Seizure Disorders
Day Field Trips and In-School Presentations; Student Excursion

Revision History

- January 24, 2024 - Administrative Procedure Update Report 24010

APPENDIX A

FORM 1: REQUEST FOR SCHOOL Staff TO ADMINISTER PRESCRIBED MEDICATION

Form 1 is to be completed by a parent(s)/guardian(s), in consultation with a health care provider, in order to request that school staff administer a prescribed medication to a student during school hours or during an approved school activity.

Form 1 must be reviewed annually and, if there are no changes to the prescription and the administration of the medication, an updated parent(s)/guardian signature (Appendix C) is required. A new Form 1 must be submitted whenever there is any change to the student's medication(s).

A. To be Completed by Parent(s)/Guardian(s) (please print):

Name of Student:		Student's Date of Birth:	
Name of Parent/Guardian:			
Address:			
Home Telephone:		Daytime Telephone:	
Cell Phone:		Email:	

Contact in Case of Emergency:			
1. Name:		Telephone:	
2. Name:		Telephone:	

Prescribing Health Care Provider Information:			
Name:		Telephone:	
Health Care Provider Office Address:			

B. 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:
What are the possible side effects of this medication, including ability to safely participate in all areas of the program (such as Technical Programs, Food School, Physical Education)?
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:

☐

A Plan of Care has been co-created with the school.

C. If medication is to be administered routinely, please list:

Prescribed Medication				
Dosage				
Time of Administration				
Possible side effects, including effects of a delayed or missed dosage				
Additional instructions (e.g., storage)				

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

- a. School staff will be administering the prescription medication in the place of a parent(s)/guardian(s).
- b. School staff are not health care provider 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 cannot be stored at school (please consult the school administration regarding the appropriate student health procedure).
- d. I/we have considered the possible side effects of the medication and confirm that our child will be able to safely participate in all aspects of his/her program (such as Technical Programs, Food School, Physical Education).
- e. I/we will supply the prescribed medication in the original container(s) from the pharmacist or dispensary, 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 health care provider,
 - v. frequency of administration, and
 - vi. date of expiry.
- f. School staff may in some circumstances be unable to administer the medication described above as required, in which case I/we will be contacted in a timely manner at the phone number(s) provided on this Form.
- g. I/we 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 child will be disclosed as necessary to school staff and volunteers, as well as board and Transportation Consortium staff.

☐ Yes, a copy of the pharmacist's instruction for the administration of the prescribed medication is attached.

I acknowledge that I am aware and understand my child's medical condition and the risks associated with its care and emergency treatment, and that the Halton District School Board and its staff and volunteers are acting in their role as educators and not health professionals.

Parent(s)/Guardian(s) Signature

Date

D. To be completed by the Health Care Provider :

The information in this form has been reviewed by a health care provider.

Name (Please print)

Signature

Date

Personal information is collected on this form in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56, and is collected under the authority of the Education Act, R.S.O. 1990, c. E.2. and will be used for purposes related to the regular operational requirements of the educational and administrative functions of the Halton District School Board. For additional information about how the HDSB uses personal information please see the HDSB Statement of Personal Information Practices or, contact your school Principal.

APPENDIX B

FORM 2: AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIBED MEDICATION BY STUDENT

Form 2 is to be completed by a parent(s)/guardian(s) in order to request authorization for a student to self-administer a prescription medication while at school or at a school sponsored event.

Form 2 must be reviewed annually and, if there are no changes to the medication, an updated parent(s)/guardian(s) signature (Appendix C) is required. A new Form 2 must be submitted whenever there is any change to the student's medication(s).

This request will only be considered if:

- (a) The medication is prescribed by a 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.

A. To be Completed by Parent(s)/Guardian(s) (please print):

Name of Student:		Student's Date of Birth:	
Name of Parent(s)/Guardian(s):			
Address:			
Home Telephone:		Daytime Telephone:	
Cell Phone:		Email:	

Contact in Case of Emergency:			
1. Name:		Telephone:	
2. Name:		Telephone:	

Prescribing Health Care Provider Information:			
Name:		Telephone:	
Health Care Provider's Office Address:			

B. 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:			
What are the possible side effects of this medication?			
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:			

☐ A Plan of Care has been co-created with the school.

APPENDIX B**C. If medication is to be administered routinely, please list:**

Prescribed Medication				
Dosage				
Time of Administration				
Possible side effects, including effects of a delayed or missed dosage				
Additional instructions (e.g., storage)				

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

- (a) If 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 procedure).
- (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) 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.
- (d) I/we will immediately notify the Principal of any change to the student's medication(s), and will forthwith complete a revised Form 2.
- (e) I/we acknowledge and agree that the personal information provided on this Form and otherwise in support of our child will be disclosed as necessary to school staff and volunteers, as well as board and Transportation Consortium staff.

☐

A copy of the pharmacist's instruction for the administration of the prescribed medication is attached.

I acknowledge that I am aware and understand my child's medical condition and the risks associated with its care and emergency treatment, and that the Halton District School Board and its staff and volunteers are acting in their role as educators and not health professionals.

Parent(s)/Guardian(s) Signature

Date

Personal information is collected on this form in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56, and is collected under the authority of the Education Act, R.S.O. 1990, c. E.2.

Personal information will be used for purposes related to the regular operational requirements of the educational and administrative functions of the Halton District School Board.

For additional information about how the HDSB uses personal information please see the HDSB Statement of Personal Information Practices or, contact your school Principal.

ANNUAL REVIEW OF MEDICAL
INFORMATION

A. To be Completed by Parent(s)/Guardian(s) (please print):

Name of Student: _____

Student's Date of Birth: _____

Name of Parent(s)/ Guardian(s):

B. Administration of Prescribed Medication

Select one of the options below

- ☐ There are no changes to my child's prescription and administration of medication for the _____ school year .
- ☐ There are changes to my child's prescription and/or administration of medication. I will complete an updated Form 1 or Form 2.
- ☐ Not applicable

C. Plan of Care (i.e., Anaphylaxis, Diabetes, Epilepsy, Asthma)

Select one of the options below:

- ☐ There are no changes to the requirements set out in my child's Plan of Care. Please update staff names as appropriate for the school year.
- ☐ There are changes to my child's Plan of Care. I will provide updated information to the school.
- ☐ Not applicable.

I acknowledge that I am aware and understand my child's medical condition and the risks associated with its care and emergency treatment, and that the Halton District School Board and its staff and volunteers are acting in their role as educators and not health care providers.

Parent(s) / Guardian(s) Signature_____
Date