

ADMINISTRATION OF PRESCRIBED MEDICATION PROCEDURES

(A) ADMINISTRATION OF PRESCRIBED MEDICATION

Preferably, parent/legal guardians should make arrangements with their physician to have prescribed medications administered outside of school hours. When it becomes necessary for a student to take any prescribed medication during school hours, it shall be in accordance with the following procedures:

- (1) Authorization for the Administration of Prescribed Medication to Students (JLCD-E1) shall be completed by the parent/legal guardians.
- (2) The first dosage of new medication shall not be administered at school. It is the parent/legal guardian's responsibility to ensure the first dose has been well tolerated prior to coming to school and no adverse reactions have occurred. An exception to this procedure occurs under the following conditions:
 - (a) the medication is prescribed by a physician for an emergency situation, and
 - (b) the medication and procedure for administration is articulated in the student's health care plan.
- (3) Medications must be delivered to the school by the parent/legal guardians or designated adult in the original pharmacy labeled container which identifies clearly the:
 - (a) name of the student;
 - (b) name of the prescribing physician;
 - (c) name of the pharmacy;
 - (d) dosage;
 - (e) frequency and method of administration;
 - (f) name of the medication;
 - (g) date the prescription was filled.

The label must be on the container itself, such as medication bottle, tube, inhaler, and not merely on the package.

If requested, pharmacies will provide two original pharmacy labeled containers. One container may be used exclusively in the school setting. It is recommended that this container be a blister pack dispenser for medication that is administered routinely.

Upon receipt of the medication, the school shall complete JLCD-E4 – Medication Receipt/Disposal Record.

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- (4) Medication shall be sent to the school in the proper dosage. If pills are to be taken in a dosage that is less than one pill, they must be cut to the appropriate size before being delivered to the school. Liquid medication shall be brought to school accompanied by a measuring device that shall provide the exact dosage.
- (5) A one-month supply of medication should be provided to the school when medication is to be given over an extended period of time.
- (6) Once signed by the parent/legal guardians and the administration, the Authorization for the Administration of Prescribed Medication to Students (JLCD-E1) will be considered the Individual Health Care Plan for the administration of medication.
- (7) The Administration of Prescribed Medication Record (JLCD-E2) shall be completed by the identified staff or alternate who shall be responsible for administering the medication to the student. (See Section D – Storage and Safety.)

(B) **PERSONNEL RESPONSIBLE FOR ADMINISTERING MEDICATION**

(For more information, please refer to the URIS handbook.)

Medications may be administered by:

- (1) A Health Care Professional.
Medication shall be administered by a registered nurse, as provided by URIS, to students presenting the following:
 - (a) complex administration of medication, i.e., via infusion pump, nasogastric tube or injection other than injectable epinephrine;
 - (b) other clinical interventions requiring judgments and decision-making by a medical or nursing professional.
- (2) Division staff, other than health care professionals, with suitable training and supervision.
 - (a) Medication may be administered to students by division staff with suitable competency-based training and ongoing supervision and who are knowledgeable of the student's needs. Medications include those administered by:
 - (i) oral route requiring measurement;
 - (ii) instillation (i.e., eye/ear drops);
 - (iii) topical (i.e., ointment, therapeutic dressing).

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- (b) Medication may be administered to students by division staff trained by a URIS nurse and who are knowledgeable of the student's needs. Medications include those administered by:
- (i) inhalation (i.e., bronchodilators);
 - (ii) Gastrostomy;
 - (iii) administration of epinephrine auto-injector.

All persons responsible for administering medication shall be aware of the location of the medication and the Administration of Prescribed Medication Records (JLCD-E2).

Volunteers to the school system shall not administer medication. Exceptions may occur, with parental consent, during school excursions at the discretion of the school administrator.

(C) SCHOOL PROCEDURES

Administrators are responsible for establishing a system for meeting the health care needs within their schools, which include the following:

- (1) When a student requires medication on a regular basis (for more than 14 days), one staff member (designated employee) shall be responsible for administering the medication to the student. An alternate staff member shall also be identified to administer medication in the absence of the primary person.
- (2) A minimum of two staff members each year must be identified that shall be responsible for the administration and management of medication for students who do not normally take medication on a regular basis. Preferably the staff member(s) assigned to administer medication shall do so on a voluntary basis.
- (3) All staff who are designated to administer medication must be trained and be knowledgeable about this regulation and its procedures.
- (4) Case managers will provide direction and support to parent/legal guardians and designated staff.
- (5) Policy JLCD – Administration of Medications and its regulation and exhibits must be distributed to parent/legal guardians.

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- (6) A school medical book must be maintained which lists:
 - (a) all students with significant health problems or special medical conditions;
 - (b) designated employees responsible for administering medication and the alternates;
 - (c) authorization forms.
- (7) In circumstances in which a medication must be administered by a health care professional, and that health care professional and appropriate substitute or delegate are absent for any reason, the medication shall not be administered. In these circumstances, the student shall not attend the school setting. The child shall remain at home in the care and control of the parent/legal guardians. In the event that the child has already arrived at school, the parent/legal guardians or emergency contact person will be notified to pick up the child.

(D) **STORAGE AND SAFETY**

Storage and safety are important concerns when medication is administered in school settings.

(1) **Storage**

Guidelines for medications administered in school settings:

- (a) Medication must be stored in a locked location [see exception (f) below]. A locked location may be a cabinet, cupboard, drawer, steel box or other similar arrangement. If a medication requires refrigeration, the locked location (container) shall be within a refrigerator.
- (b) The key to the locked location shall be in the care and control of the person(s) responsible for administering the medications. The key to the locked location shall remain on school premises at all times.
- (c) A spare key to the locked location shall be reasonably available. All staff/designates who administer medication in the school setting during the normal course of their duties shall be made aware of the location of the spare key.

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- (d) Medications shall be stored separately and apart from any other material, supply or objects in the locked location.
- (e) Medications for more than one student may be stored in one locked location. Each medication shall be clearly labeled.
- (f) Medication that may be required urgently shall not be stored in a locked location. Such medication shall be carried at all times on the child's person or, in the case of a child not developmentally able to carry their own medication, the medication will be kept in an unlocked, safe, easily accessible location and a staff member will be designated its responsibility. Such medication includes, but is not limited to:
 - inhalers,
 - epinephrine auto-injector (e.g., EpiPen™).

(2) **Safety**

Appropriate records and administration procedures shall be implemented.

- (a) The staff designate and alternate identified to administer medication shall be trained on a yearly basis with a review of procedures.
- (b) Each person responsible for medication administration shall be fully aware of:
 - (i) specific details of medication administration for a student and its location;
 - (ii) location of the spare key to the locked storage location;
 - (iii) location of the Authorization for the Administration of Prescribed Medication to Students (JLCD-E1) for a student;
 - (iv) emergency procedures relevant to the medication and student.
- (c) To prepare for administration of medication, all persons shall:
 - (i) wash their hands and implement Routine Practices and Additional Precautions (JLCEA-R);
 - (ii) prepare supplies (e.g., measuring devices, installation appliances);
 - (iii) in each and every administration, assure themselves of:
 - a) the correct medication,
 - b) the correct student,

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- c) the correct dose,
 - d) the correct time,
 - e) the correct method.
- (d) The person administering the medication shall read the label three times:
- (i) when removing the medication from the locked storage location;
 - (ii) before the medication is removed from its container;
 - (iii) after the medication is removed from its container but before it is administered to the student.
- (e) Each student who is administered medication shall have a separate Administration of Prescribed Medication Record (JLCD-E2). Each record shall include the:
- (i) name of the student;
 - (ii) name of the person administering the medication;
 - (iii) date and time of the administration;
 - (iv) outcome of the administration;
 - successful,
 - refused, missed, or otherwise unsuccessful;
 - (v) reason for unsuccessful administration and/or other comments (See Section 3 – Unsuccessful Administration).
- (f) The Administration of Prescribed Medication Record (JLCD-E2) shall be completed immediately following each administration. Medication shall not be signed as given until complete.
- (g) The medication record shall be stored in the area where the medication is dispensed.
- (h) Medications shall be returned to the locked storage location immediately.
- (i) Persons administering the medication shall clean/wash any supplies, devices, or appliances used in the administration, and shall wash their hands and implement Routine Practices and Additional Precautions (JLCEA-R) as appropriate.

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(3) **Unsuccessful Administration**

A medication administration may be unsuccessful. The most common reason for an unsuccessful administration is refusal by the student.

In instances where medication administration is unsuccessful or where there is a medication error:

- (a) Determine if unsuccessful due to:
 - (i) refusal by student;
 - (ii) missed administration;
 - (iii) incorrect medication time (more than 30 minutes before or after the designated time of administration);
 - (iv) over- or under-medication
- (b) Medication error:
 - (i) incorrect medication;
 - (ii) over- or under-medication

Procedure to follow:

- (a) Parent/legal guardians shall be contacted and informed.
- (b) Determine a course of action in consultation with the parent/legal guardians, which may include:
 - (i) contacting the student's physician;
 - (ii) having the parent/legal guardians take the student home;
 - (iii) bringing the student to the hospital.
- (c) If the parent/legal guardians cannot be contacted, the dispensing pharmacist or physician shall be contacted.

(4) **Excursions**

(School sponsored activity that is held off school property)

Children who require medication administered while attending school may accompany other students on an excursion only after the excursion has been planned in consultation with their parent/legal guardians.

This medication administration regulation may be adapted to permit students with medication administration needs to be included on an excursion. The school administrator will exercise his/her discretion to determine if volunteers may act as the responsible adult who would administer medication.

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In general, consideration should be given to:

- (a) **Necessity** – If it is not necessary to administer a medication during an excursion, it shall not be administered.
 - (b) **Care and Control** – Medication shall be in the care and control of a responsible adult.
 - (c) **Administration of Prescribed Medication Record (JLCD-E2)** – The Record and the student's parent/legal guardians and emergency contact numbers shall be carried and completed by the person responsible for administering the medication during the excursion.
 - (d) **Emergency Communication** – There should be reasonable and appropriate access to a telephone, cellular telephone, or radio communication during an excursion in case of emergency.
 - (e) **Emergency Medical Response** – A protocol for emergency medical response must be determined and considered reasonable by the parent/legal guardians and the administrator in consultation with the physician, as necessary.
- (5) **Expiration and Disposal**
- (a) Medications have a finite usable period of effectiveness. The parent/legal guardians shall be responsible for replacing expired medication, as well as for the removal and disposal of expired medication.
 - (b) Medication is the property of the child's family. It is expected that medication will be taken home by the parent/legal guardians for any school closure exceeding two weeks.
 - (c) School will dispose of any medication left at the school after June 30 in accordance with Workplace Hazardous Materials Information Systems (WHMIS) guidelines. A record of the disposal shall be maintained by the school using JLCD-E4 – Medication Receipt/Disposal Record.
 - (d) In the event of a class suspension or school closure longer than 2 weeks, parent/legal guardians will have the option of choosing to have the medication returned or disposed of on June 30th as described in (b) and (c). If parent/legal guardians do not respond to request by June 30, the school will dispose of any medication left at school in accordance with WHMIS guidelines.
 - (e) In the event of mandated social distancing, medication left will be counted by school personnel with a witness present to verify the quantity being returned. Both the school personnel and witness will initial JLCD-E4 and identify the number of items being returned.

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Medication left would then be placed in the original container and placed in a sealed envelope with a photocopy of JLCD-E4 attached to the front of the envelope. Parent/legal guardians would sign JLCD-E4 and leave with school staff. If (c) is being considered, then the regular process would be followed.

(6) **Parent/Guardian Responsibilities**

Parent/legal guardians are to make every effort to make arrangements with the student's physician to have medication taken at home. When this is not possible, parent/legal guardians are responsible for:

- (a) completing the Authorization for the Administration of Prescribed Medication to Students (JLCD-E1);
- (b) confirming that the first dose was administered and was well tolerated before coming to school, with the exception of medication required in an emergency situation;
- (c) notifying the school in writing of any changes in dosage or time of administration of medication;
- (d) ensuring that their child has received the necessary information and training if he/she is to be responsible for the administration and/or storage of his/her own medication;
- (e) ensuring that an adequate supply of medication in the proper dosage is at the school or is brought to school each day and that it is replaced prior to expiry dates; where the child is responsible to carry the medication on his/her person, that the child has been supplied with the medication;
- (f) ensuring that their child has been made aware of his/her responsibility to report at the designated time and location in order for his/her medication to be administered;
- (g) picking up unused medication at the end of the school year.

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