



## MEDICAL PROTOCOL FOR ADMINISTERING MEDICINES TO STUDENTS

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Whenever it is necessary for a student to receive medicines at school or while engaged in school activities, the attached Medical Protocol and procedures must be followed. All parties involved are responsible to fulfill the requirements set out for them in these documents.

### PROTOCOLS

#### **Administration of Prescribed Medication (Prescription or Over-The-Counter)**

The Board of Trustees of the Sunrise School Division recognizes that many students attending schools require medication for the management of chronic diseases and illnesses. To ensure the safety and protection of students, staff and parent(s)/legal guardian(s), the following protocol must be followed by all trained divisional personnel who are assigned to administer medication to students within the division. In order for prescribed medication to be administered in school, the parent(s)/legal guardian(s) must comply with the procedures outlined in this regulation.

Medications not meeting the conditions of these guidelines presented to a school cannot be administered by divisional staff. The parent(s)/legal guardian(s) retain(s) full responsibility for administering the medication.

*These guidelines reflect the guidelines and procedures outlined in the provincial Unified Referral and Intake System (URIS) manual.*

#### **Self-Administration of Prescribed Medication (Prescription or Over-the-Counter in Pill or Liquid Form)**

In circumstances in which a student:

1. has a chronic medical condition which requires medication on a regular basis or for emergency situations and,
2. is able to safely, competently and consistently manage administration of their own medication:
  - (a) The parent(s)/legal guardian(s) will notify the school of the student's medical condition and will complete the Parent(s)/Legal Guardian(s) Authorization for Self-Administration of Prescribed Medication (JLDC-E3) and submit it to the school administrator. The parent(s)/guardian(s) must also provide a current school picture of their child.
  - (b) Medication for students must be brought to school in a container that clearly indicates the name of the student, and the name and dosage of the medication.
  - (c) Students in early and middle years schools will be required to bring and store narcotic medications (e.g., Ritalin, Demerol, morphine, etc.) in the school office.



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### **Administration of Prescribed Medication by School Personnel (Prescription or Over-the-Counter)**

“The administration of medication in a school setting by school personnel must be necessary for the health of a student” (URIS).

Whenever possible, parent(s)/legal guardian(s) are encouraged to make arrangements with their physician to have all medications (prescription or over-the-counter) administered outside of school hours.

When it is necessary for a student to take medication during school hours, it must be in accordance with the following procedures:

1. The parent(s)/legal guardian(s) must complete and submit the Authorization for Administration of Prescribed Medication (JLDC-E1) form. This will be considered the student’s Individual Health Care Plan (IHCP).
2. The first dosage of a new medication must be administered at home and should prove to be well tolerated prior to coming to school.
3. Medications must be delivered to the school by the parent(s)/legal guardian(s) or designated adult in a pharmacy-labeled container (i.e., medical bottle, tube, inhaler) which identifies clearly the:
  - Name of the student
  - Name of the medication
  - Dosage
  - Frequency and method of administration
  - Name of the prescribing physician
  - Name of the pharmacy
  - Date the prescription was filled

If requested, pharmacies will provide two original pharmacy-labeled containers. One container may be used exclusively in the school setting. This approach is recommended.

4. Medication must 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 should be brought to school accompanied by a measuring device which should provide the exact dosage.



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5. Ideally, at least 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. The identified staff or alternate who is responsible for administering medication to the student must complete the Record of Administration of Prescribed Medication form (JLDC-E2).

### RESPONSIBILITIES

#### Parent(s)/Legal Guardian(s) Responsibilities

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

1. Completing the Authorization for Administration of Prescribed Medication (JLDC-E1).
2. Ensuring that the first dose was administered at home and was well tolerated prior to the student coming to school.
3. Sharing accurate information regarding medication and notifying the school in writing of any changes in dosage or time of administration of medication. Failure to do so could result in instances of unsuccessful administration.
4. 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.
5. Ensuring that the child has been made aware of their responsibility to report at the designated time and location in order for the medication to be administered.
6. Picking up unused medication at the end of the school year.

#### School Responsibilities

Administrators are responsible for establishing a system for meeting the health care needs within their school, including:

1. Ensuring that all staff members designated to administer medication are properly trained and are knowledgeable about these guidelines and its procedures.
2. Identifying a minimum of two staff members each year that will be responsible for the administration and management of medication on a regular basis for students who do not have an individually-assigned caregiver. Preferably the staff member(s) assigned to administer medication will do so on a voluntary basis.
3. Maintaining a school medical book which lists:
  - (a) All students with significant health problems or special medical conditions
  - (b) A list of the primary and alternate staff members responsible for administering medication
  - (c) Authorization forms



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(d) Record of Administration of Prescribed Medication (see JLDC-E2)

### **Personnel Responsible for Administering Medication**

School administrators must ensure that two staff members will be trained for administering medication to a student. The primary staff will be responsible to administer medication and the alternate staff member will administer medication in the absence of the primary person.

Medications may be administered by:

1. A Health Care Professional

In rare circumstances, medication will be administered by a health care professional (i.e., Registered Nurse):

- (a) To students requiring complex administration of medication (i.e., via infusion pump, nasogastric tube or injection other than injectable adrenalin).
- (b) When other clinical interventions require judgments and decision-making by a medical or nursing professional.
- (c) In circumstances in which a medication must be administered by a health care professional. If the health care professional and an appropriate substitute or delegate are absent for any reason, then the medication will not be administered. In these circumstances the student cannot attend the school setting (i.e., the child must remain at home in the care and control of the parent(s)/legal guardian(s)).

2. A Non Health Care Professional

These individuals may be divisional staff with competency-based training in the administration of:

- (a) Oral medications requiring measurement
- (b) Instillation of medication (i.e., eye/ear drops)
- (c) Topical medication (i.e., ointment, therapeutic dressing)
- (d) Inhalation medication (i.e., bronchodilators)
- (e) Pre-set medication pumps and gastrostomy tubes
- (f) Injectable adrenalin as per the division's procedure on anaphylaxis (JLC)

All persons responsible for administering medication must be aware of the location of all Authorization for Administration of Prescribed Medication forms (JLDC-E1) and for the Record of Administration of Prescribed Medication forms (JLDC-E2).

**Volunteers must not administer medication.**



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### STORAGE AND SAFETY

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

#### Storage Guidelines for Medications Administered in School Settings

1. Medications must be stored in a locked location unless they are in the care and control of the person(s) responsible for administering them.
  - a. A locked location may be a cabinet, cupboard, drawer, steel box or other similar arrangement.
  - b. If a medication requires refrigeration, the locked location will be within a refrigerator.
  - c. Medications must be stored separately and apart from any other material, supplies or objects in the locked location.
  - d. Medications for more than one student may be stored in one locked location. Each medication will be separated by a clear physical means such as metal partitions, sealable plastic jars or boxes, individual plastic zipper bags or an appropriate equivalent. Each physical separation must be clearly labeled with the student's name.
2. The key to the locked location must be in the care and control of the person(s) responsible for administering the medications.
3. The key to the locked location must remain on the premises of the school setting at all times.
4. A spare key to the locked location must be reasonably available. All staff/designates who administer medication in the school setting during the normal course of their duties will be made aware of the location of the spare key.
5. Medication that may be required urgently must not be stored in a locked location. Such medication will be carried at all times by the student or by the adult responsible to administer the medication. Such medication includes, but is not limited to, inhalers and injectable adrenalin (adrenaline auto-injector [EPI-PEN] or equivalent).

#### Safety

Appropriate records and administration procedures must be implemented when administering any prescription or over-the-counter medication.

1. The staff identified to administer medication must be properly trained and must receive a review of the procedure on a yearly basis.
2. Each staff member responsible for administering medication to a student must be fully aware of:
  - (a) Specific details regarding the administration of medication for the student
  - (b) The location of the spare key to the locked storage location
  - (c) The location of the Authorization for Administration of Prescribed Medication (JLDC-E1) form for the student
  - (d) Emergency procedures relevant to the medication and student



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3. At each time of administration of the medication, the staff responsible must:
  - (a) Wash their hands and implement procedures of routine practices (see JLCC-R)
  - (b) Prepare supplies (e.g., measuring devices, installation appliances, etc.)
  - (c) Assure themselves of:
    - the right medication
    - the right student
    - the right dose
    - the right time
    - the right method
4. The staff administering the medication must read the medication label three times:
  - (a) When removing the medication from the locked storage location
  - (b) Before removing the medication from its container
  - (c) After removing the medication from its container but before administering it to the student
5. Each student who must receive medication during school hours will have a separate Record of Administration of Prescribed Medication form (JLDC-E2) stored in the area where their medication is dispensed.

Each record will include the:

  - (a) Name of the student
  - (b) Name of the person administering the medication
  - (c) Date and time of the administration
  - (d) Outcome of the administration
    - Successful (S)
    - Refused meds (R), missed (M) or otherwise unsuccessful (U)
  - (e) Reason for unsuccessful administration and/or other comments (See “Error in Administration of Medication” below)
6. The staff responsible for administration of the medication must complete the Record of Administration of Prescribed Medication form (JLDC-E2) immediately following each administration
  - Medication must not be signed as “given” until the administration is complete
7. Medications should be returned to the locked storage location immediately
8. Staff administering the medication should clean/wash any supplies, devices or appliances used in the administration, as well as their hands



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### **ERROR IN ADMINISTRATION OF MEDICATION**

At times, the administration of medication may be unsuccessful. The most common reason for an unsuccessful administration is refusal by the student. Other instances where administration of medication is unsuccessful or there is an error in medication administration may include:

- Failure to administer medication
- Overmedication
- Incorrect medication
- Miscommunication between home/school

If there is an error in administration of medication, the parent(s)/legal guardian(s) will be contacted and informed of the error. The division will determine a course of action following the error in consultation with the parent(s)/legal guardian(s) which may include:

- Contacting the student's physician
- Having the parent(s)/legal guardian(s) take the student home
- Taking the student to the hospital
- Determining another appropriate course of action

If the parent(s)/legal guardian(s) cannot be contacted, the school will contact the student's emergency contact, Poison Control Centre and/or dispensing pharmacist or physician.

### **FIELD TRIPS**

Children who require medication administered while attending a school may also require medications administered while on a field trip. For such students, each field trip should be planned in consultation with their parent(s)/legal guardian(s).

The medication administration guidelines may be adapted to permit students with medication administration needs to be included on a field trip.

*NOTE: There may be instances where medical services/emergency response cannot be guaranteed to be provided in a timely and appropriate manner while on a field trip. In these individual cases, the school team and/or the parent(s)/legal guardian(s) may choose not to have the student participate in the field trip.*



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In general, when planning for a student who receives medication during school hours to attend a field trip, staff and parent(s)/guardian(s) should consider:

1. Necessity – If it is not necessary to administer a medication during the field trip, it will not be administered.
2. Care and control – Except for inhalers and auto-injectors (EPI-PENs) which need to be on the student or designated staff at all times, medication will be kept in the care and control of a responsible adult.
3. Record of Administration of Prescribed Medication form (JLDC-E2) – If medication must be administered during the trip, the person responsible for administering it must keep a record of the administration.
4. Authorization – The person responsible to administer the medication should carry the Authorization for Administration of Prescribed Medication form (JLDC-E1).
5. Emergency communication – There should be reasonable and appropriate access to a telephone, cellular telephone or radio communication during a field trip.
6. Emergency medical response – Accessibility of emergency services must be determined and considered reasonable by the parent(s)/legal guardian(s) and administrator. They may determine this in consultation with physician if requested.

**EXPIRATION AND DISPOSAL**

Medications have expiry dates past which they are not considered effective. The parent(s)/legal guardian(s) will be responsible for replacing expired medication, as well as for removing expired medication from the school setting and disposing of it. Disposal of expired medication should occur through medically and environmentally appropriate channels (i.e., turned over to pharmacies).

<b>Cross Reference:</b>		
<b>Date Adopted:</b> August 1, 2017	<b>Date Amended:</b>	<b>Board Motion(s):</b>
<b>Procedure:</b> JLDC	<b>Guidelines:</b>	<b>Exhibit:</b> JLDC-E1, JLDC-E2, JLDC-E3