



**Procedure MM - #1**

Title:	<b>ADMINISTRATION OF MEDICATION</b>
Adopted:	February 12, 2012
Revised:	November 2019
Authorization:	PPM 161
Related Documents:	PPM 161 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools Policy SHSM 014 Prevalent Medical Conditions Procedure
Appendix A :	Sample Letter Requesting Parents to Review and Update Medication

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**PURPOSE:**

The purpose of this guideline is to provide direction for the administration of medication to students during the school day.

**DEFINITIONS:**

**Emergency/Rescue Medication:** Medication that is necessary for a specific condition and situation, e.g. epinephrine for a severe anaphylactic reaction administered by an auto-injector.

**Long-term/Routine Medication:** Medication that is necessary on an ongoing basis, e.g. drugs that control hyperactivity, seizures.

**Medication:** For the purposes of this procedure, medication refers only to medication prescribed by a physician authorized to practice within the Province of Ontario. Non-prescriptive medication of any type is not to be administered by staff without written direction from a parent or physician.

**Short-Term Medication:** Medication that is necessary for a clearly specified period of time, such as antibiotics.

**PROCEDURES:**

**Prescribed Medication**

1. This procedure applies only to the administration of medications which may be safely administered by a layperson who is not a trained healthcare professional and

does not apply to medications which must be administered by a regulated health professional.

2. The primary responsibility for the treatment of the medical condition(s) of a student lie with parents/guardians and healthcare professionals; and the safety, health, and well-being of students is a shared concern of the Board, staff, students and parents/guardians.
3. Staff administering prescribed medication are acting in the place of the parent/guardian of the student and not as health professionals.
4. The Board authorizes the involvement of designated staff in the essential administration of prescribed medication **only when all of the following conditions apply**:
  - the use of the medication is prescribed by a physician;
  - the medication is essential for a student to continue to attend school;
  - it is necessary that the medication **must** be taken during school hours or during school-sponsored events;
  - it is not appropriate for the student to self-administer the medication; and
  - the student's parent/guardian or other authorized adult is not reasonably able to attend at school to administer the medication.

### **Non-Prescribed Medication**

5. The routine management in a Plan of Care may include the administration of non-prescription medication. As well, in certain circumstances, a request to administer non-prescription medication maybe made by a parent. Such a request would be infrequent and administered by designated staff according to the following conditions:
  - Parental request in writing
  - Administration of medication log maintained
  - Medication is received in the original, labelled container.

### **Roles and Responsibilities**

6. Parents/Guardians will:
  - Complete the appropriate Administration of Prescribed Medication Form # MM.02-01 and related appropriate Plan of Care if required
  - Comply with the delivery and disposal of medication criteria as outlined in Letter to Parents/Guardian
  - Meet with school staff as required, to demonstrate/review the manner of administration of the medication and any related issues
  - Provide up-to-date health and medical information about their child for purposes of this procedure
  - Provide up to a maximum of 7-10 days of medication in correct dosage under normal circumstances
  - Educate child about condition, safe transport and storage of own meds, responsibility etc

- Make minor adjustments to the administration of medication as outlined on Form #MM.02-01 will be communicated in writing in the student's Communication Book (for example a change of medication time to accommodate field trip).

7. Students

- May carry medication on their person as outlined in their Plan of Care
- Should understand and be knowledgeable about the proper care, security and respect for medication.

8. Staff will:

- Receive information and training as required, regarding the administering of a medication
- Administer medication which can safely be administered by a layperson
- Ensure that the daily log or record is completed and filed in the student's file in the office
- Develop a plan to access medication during outdoor activities, field trips, lockdown/evacuation.

9. The Resource Teacher will:

- Collect and maintain health and medical information for all students currently registered
- Ensure that staff designated to administer medication have received instructions and/or training on the administration of the medication
- Provide a letter to parents and necessary forms (Form #MM.02-01 and relevant Plan of Care) about the administering of medication
- Communicate with parents regarding the safe disposal and/or return of medications.
- Maintain and update information in Medical Risk Binders.

10. The Principal will:

- Designate staff to supervise the administration of medication and complete Form #MM.02-02 *Administration of Medication Monthly Record* located in school office filing cabinet
- Designate an alternate staff member to administer medication if designated staff is absent - Form #MM.01-07 *Back up Staff for Specialized Procedures and Administration of Medication*. Ensure teachers have a plan outlined in their Daily Plans to inform occasional teachers and support staff of individual students needing medication, and are knowledgeable about the location, dosage and storage of such medication as needed, and during outdoor activities, lockdown/evacuation
- Designate the filing cabinet and small refrigerator in the school office for safe storage of medication that is clearly labeled with student's name, physician's name, storage requirements

## 11. Steps to Follow Regarding the Administration of Medication

Action	Responsibility	
	Teacher	EA
1. Inform the Principal that you have been instructed to administer medication	✓	
2. Check medication label and confirm correct dosage to be administered	✓	✓
3. Designate who will administer and who will supervise	✓	
4. Use the form "Administration of Medication –Monthly Record" obtained from the principal to verify dosage, record date/time and initial each time medication is administered		✓
5. Ensure that two staff members have initialed the form verifying that the correct procedures have been followed. (Therapists can supervise but not administer)	✓	
6. Keep Form MM.02-02 Administration of Medication-Monthly Record with medication		✓
7. If medication needs to stay cool, use the designated office medical refrigerator		✓

### Storage and Disposal

12. With parental consent, some students with prevalent medical conditions will be required to carry, store and administer medication.
13. These students will be encouraged to wear MedicAlert pouches or 'safety sacks' to allow them to carry their medication(s) (including controlled substances) and supplies, as outlined in the Plan of Care.
14. Parents will supply sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care.
15. Parents will provide written directions regarding the safe transportation of medication between home and school.
16. Bloorview School staff will store medication according to the item's recommended storage conditions. The medical fridge is located in the school's main office. Other medications are stored in individual student files in the top drawer of the OSR cabinet in the main office.
17. The disposal of syringes and/or sharps will be in the HBKRH Sharp Safety disposal bins located in the school hallways.
18. Expired medication will be returned to parents or upon parent request brought to HBKRH pharmacy for safe disposal.

**Related Forms:**

MM.01-01 Prevalent Medical Condition Anaphylaxis Plan of Care

MM.01-02 Prevalent Medical Condition Asthma Plan of Care

MM.01-03 Prevalent Medical Condition – Type 1 Diabetes Plan of Care

MM.01-04 Prevalent Medical Condition –Epilepsy/Seizure Disorder Plan of Care

MM.01-05 Feeding Plan of Care

MM.01-07 Back up staff for Specialized Procedures and Administration of Medication

MM.01-09 Prevalent Medical Condition Staff Training – Attendance Record

MM.02-01 Administration of Prescribed Medication

MM.02-02 Administration of Medication Monthly Record



## Appendix A

### Sample Letter Requesting Parents to Review and Update Medication

**SAMPLE**

(Insert Date)

Dear Parent(s)/Guardian(s):

Thank you for advising us that (insert child/student name) requires support relating to (insert name of prevalent medical condition...asthma, anaphylaxis, epilepsy or diabetes).

Bloorview School supports children/students with prevalent medical conditions and values the opportunity to work collaboratively with parent(s)/guardian(s) and students .... completed consent forms for administration of medication at school.

A copy of the Board's policies/procedures pertaining to the Administration of Medication is included for you to review. If you have any questions you are welcome to contact me at xxxxxx (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

Sincerely,

(Insert name)

Principal