

## **ADMINISTRATION OF PRESCRIPTION/NON-PRESCRIPTION MEDICATION TO STUDENTS**

### **GOVERNANCE POLICY**

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#### **1.0 PRINCIPLES**

- 1.1. The South Shore Regional School Board (SSRSB) will comply with the Department of Education's Guidelines for the Administration of Medication to Students (Appendix "F" of the Nova Scotia Department of Education Special Education Policy).
- 1.2. As much as possible, school personnel's involvement in the administration of medication to students should be minimal. Families are responsible for making arrangements to minimize the need for school staff to be involved in the administration of medication to students.
- 1.3. If medication administration is deemed necessary during school hours, the school shall follow this policy and its procedures under the direction of the school principal. The school principal may assign a staff member to administer the medication.
- 1.4. Unless written authorization and instructions are received from a physician or authorized health care professional, school personnel shall not administer any over-the-counter medication. In an extenuating circumstance, the principal or designate may use their discretion and decide to administer an over-the-counter medication at the family's request. If non-prescription medications are required, the same administration of medication procedures for prescription medication must be followed.
- 1.5. The injection of medication and procedures other than oral/inhaled medication required in life threatening emergency situations shall be administered only by a person who is a health professional or has been trained to perform the injection or other procedures by a health care professional, as indicated in the Transfer of Function Document.
- 1.6. The initial dose of any medication will not be given at school.
- 1.7. When the morning dose of medication has not been administered to students before arriving at school, families may be contacted by the school and the student returned home for the remainder of the day, or alternate arrangements shall be made by the family for the care of the student or administration of necessary medication.
- 1.8. Families must ensure the prescribed medication in sufficient amounts and appropriate for storage is available at the school on every day that the medication is to be administered to a student. Lack of medication may result in a student being returned home to the family for the remainder of the day. Medication for one student will never be substituted for another student.

#### **2.0 POLICY FRAMEWORK**

- 2.1. This policy complies with the Education Act and other related provincial acts and policies.

- 2.1.1. Guidelines for the Administration of Medication to Students (Appendix F of the Department of Education's Special Education Policy)
- 2.1.2. Model for Health Care within Schools: Transfer of Function Document (Appendix "A")

### **3.0 AUTHORIZATION**

The Superintendent is authorized to issue procedures in support of this policy.

## ADMINISTRATION OF PRESCRIPTION/NON-PRESCRIPTION MEDICATION TO STUDENTS

### ADMINISTRATIVE PROCEDURES

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#### 1.0 PROCEDURES

#### 2.0 RESPONSIBILITIES

#### 1.0 PROCEDURES

- 1.1. Prior to administering any medication to students, the Check List for Staff Administering Medication must be followed.
- 1.2. Families requesting school personnel to administer prescription medications must do so by fully completing the Authorization of Administration of Medication Form and returning it to the principal. Information the school must have prior to administering medication will include, but is not limited to:
  - The student's name.
  - Parent/Guardian name(s) and home and emergency telephone numbers.
  - Name and telephone number of health care professional prescribing the medication.
  - Dates and times of provision.
  - Dosage given.
  - Name of the person administering and supervising.
- 1.3. The Authorization of Administration of Medication Form must be completed and signed by family and health care professionals before any prescription medications will be administered by school personnel. This form must be completed at the beginning of each school year or if a student starts any new medication.
- 1.4. Once the appropriate forms have been completed, families must ensure the prescribed medication is given directly to the principal or designate. It must be in the original pharmacy container with the pharmacy label intact, indicating name of student, directions for the administration and storage of medication, and contain sufficient medication for every day the medication is to be administered to the student. Lack of medication in the correct dosage may result in a student being returned home to the family for the remainder of the day. When medication has not been provided to the school by the family, any ill effects and associated risks are the responsibility of the family. Any remaining medication no longer required is to be picked up by the family.
- 1.5. No medication should be brought to school by students of elementary age, or stored in a non-secure area, as some students may have adverse reactions to improper usage if other students inadvertently obtain these medications. Elementary schools should inform families that children who are ill (e.g.: colds, influenza, etc.) who need oral non-prescription medication during school hours should be cared for at home.
- 1.6. Any prescription changes (including dose changes) to be made during the school year must be in writing from a physician or authorized health care professional clarifying the changes or a new prescription container with a new prescription label indicating dose change is provided to

the school. This change must also be noted on the Authorization of Administration of Medication Form and the Medication Administration Record.

- 1.7. The principal will assign staff members who accept the responsibility for the administration of the prescription medications(s), as per this policy. The person(s) who administer(s) the medication will have access to the completed Authorization of Administration of Medication Form and other relevant information, when administering the medication.
- 1.8. The principal will ensure all medication, with the exception of medication requiring refrigeration or emergency medication, is stored in a locked cabinet. If medication needs to be stored in the refrigerator, the fridge must be in a secure location where access is limited to staff only.
- 1.9. When a medication needs to be stored in a refrigerator or if the school is handling medication for more than one student, the medication for each student will be separated by a clear physical means, such as a plastic zip lock bag that will be clearly labeled with the child's name.
- 1.10. Emergency medication (e.g.: epi pens, puffers) must be stored in a secure location that is accessible to all trained staff during the school day or school event, or carried on the person who may require it. It should not be stored in a locked cabinet.
- 1.11. Prescription medication will be administered in a manner that respects the student's dignity, allows for sensitivity and privacy, and encourages the student to take an appropriate level of responsibility for his or her medication.
- 1.12. A record of all medications and doses administered during the school day must be maintained by completing the Medication Administration Record. On days that the student is absent or there is no medication available this should be reflected on the record sheet.
- 1.13. Any errors in the administration of medication shall be noted on the Record of Administration Form and reported to the principal or designate and families as soon as possible.
- 1.14. All forms relating to the administration of medications will be retained by the school administrator for one year beyond the end of the school year to which the record pertains.
- 1.15. Under special circumstances, as determined by the school principal, schools may prohibit students from bringing prescription and non-prescription medications to school to self-administer during the school day.
- 1.16. Any over-the-counter medication prescribed by a health care professional must be provided to the principal or designate by the family in the original container.
- 1.17. Administrators or designate may choose to contact the family before giving any over-the-counter medication, such as ibuprofen for migraines.
- 1.18. Requests by a family member for an elementary student to self-administer his or her medication by inhalation (puffer) must be indicated in the appropriate space on the Authorization of Administration of Medication Form.
- 1.19. In the event of unexpected events while students are at school, attending school functions, or being transported by bus to or from school (e.g.: a bus that is off the road delaying a child getting home), guardians will be permitted to access their child to administer any required prescription medication as long as it is deemed safe by the person in charge to do so.

## **2.0 RESPONSIBILITIES**

It shall be the responsibility of the Superintendent to ensure these administrative procedures are followed.

## **Appendix “A”**

### **Model for Health Care within Schools Transfer of Function**

The Transfer of Function document is designed to support school staff and health care providers as they work together to meet the needs of students with specialized health care requirements while they attend school. The document delineates roles and responsibilities for the appropriate delivery of specialized health care that have been prescribed by an authorized health care provider.

This document was developed through a collaborative partnership that identified two main areas of concern being faced by school staff; the increasing acuity of care of medically complicated children who are attending schools, and the need for standardized training of school staff to perform needed health care interventions. In the past, the teaching of these interventions has been done largely by non-medical people, usually family or other program support assistants. Although everyone does their best to ensure they are passing on accurate information, there is no way currently to ensure any standards or protocols are being followed in the teaching or the delivery of care.

#### Underlying Principles

The identification of specialized health care needs and the provision of appropriate service and support should be part of the program planning process.

The provision of health care procedures should promote appropriate student independence.

Although teachers are not identified in the personnel section of the document it is recognized that according to the Education Act they play a significant role in meeting the health needs of students. The act states teachers have a duty to “attend to the health, comfort, and safety of the students”. Teachers in the supervisory role of those performing the tasks identified in this document require a basic knowledge of the task in order to perform this supervisory task.

Personnel who are responsible for the education and care of the physical health needs of the child require recognized training from persons who are qualified to provide this training.

The specialized health care procedures will be performed as discretely and as privately as permitted in an educational setting.

Existing policies will be respected.

Documentation of procedures will be maintained.

#### Implementation

A Memorandum of Understanding with South Shore Health has been signed and provides for the support to move forward with the Model of Health Care within Schools. Through a collaborative process with our health partners, we have identified the professionals who are the most appropriate to provide service, provide training and develop protocols. The Liaison for Students with Health Care Needs is assuming the coordinating function for the implementation of the Model of Health Care within Schools.

## Appendix “A”

### Model of Health Care within Schools: Transfer of Function

**Transfer of Function Document: This document identifies the level of training needed to address student health care needs. It applies to all students with a physical health care need, unless training is otherwise outlined in an individualized student health care plan authorized by school staff, families, and authorized health care professional.**

HEALTH CARE NEED	PERSONNEL					CIRCUMSTANCES REQUIRING STAFF TO NOTIFY GUARDIAN	REMARKS
	RN	LPN	PT	OT	PSA		
Dressing (assist with clothing)	A	A	A, T	A, T	P	Decreased ability to dress. Safety concern/risk of injury may refer to OT.	Student/parent can inform school personnel procedures used at home. OT may formally assess.
Specialized Skin Care	A, T	A, T	A, T	A, T	P*	Evidence of changes to skin condition (rash, redness, open soars or ulcers, wet weeping areas of skin, and/or infection).	Prevention care to be taught by RN, LPN, OT or PT. Personal care items provided by guardian. Positioning taught by PT or OT.
Exercise Range of Motion (ROM) or prescribed exercise program	A	A	A, T	A, T	P*	Evidence of pain or restricted movement. School staff to be trained before doing ROM exercises annually.	Adequate space and equipment needed. PT/OT assess if needed for students with decreased mobility at school.
Mobility	A	A	A, T	A, T	P*	Changes in mobility or safety concerns identified.	Appropriate equipment must be available. OT/PT will formally assess.
Casts, Braces, and Protheses (monitoring of alignment, orthotics functioning and fitting)	A	A	A, T	A	P*	Evidence of impaired circulation, swelling, infection, pain, drainage or bleeding, redness, pressure area, poor fit.	Applying braces or protheses requires specific training by health care professional
Temperature, Pulse, and Respiration (TPR)	A, T	A, T	A	A	P*	Evidence of fluctuating or abnormal TPR, as outlined in student’s health care plan.	Appropriate equipment may be recommended
Blood Pressure	A, T	A, T			P*	Evidence of fluctuating BP or as outlined in protocol in health plan.	Automated BP machine to be used by school staff whenever possible.
Intake/Output	A, T	A, T			P	Changes in regular intake/output as outlined in health plan.	Appropriate equipment may be recommended

**Codes:**

**RN** – Registered Nurse      **LPN** – Licensed Practical Nurse

**PT** – Physical Therapist      **OT** – Occupational Therapist

**PSA** – Program Support Assistant, teacher responsible for the classroom/learning centre also to be trained.

**A** – Able to complete, with appropriate training.      **T** – Preferred Trainer, when training is required.

**P** – Preferred trained provider when available.

**\*** – Requires training or documentation of training from RN, LPN, PT, or OT.

## Appendix “A”

HEALTH CARE NEED	PERSONNEL						CIRCUMSTANCES REQUIRING STAFF TO NOTIFY GUARDIAN	REMARKS
	RN	LPN	PT	OT	PSA	O		
<b>Medication:</b>								
◦ Oral	A,T	A,T			P*	A*	Insufficient medication, student/staff identifies as issue (such as the student indicated they are no longer to take medication, it was forgotten at home, etc.)  Aero chamber to be provided by guardian.	Staff to follow the SSRSB policy for medication administration and Provincial Distribution of Medication Guidelines (Dept of Ed)  Unlicensed personnel giving meds to be trained in specific routes of administration by a RN or LPN. Training must be documented.
◦ Ophthalmic (eye)	A	A			P*	A*		
◦ Otic (ear)	A	A			P*	A*		
◦ Inhaler (with or without aero chamber)	A	A			P*	A*		
◦ Epipen	A	A	A*	A*	A*	A*	If noted that the medication has expired.	For emergency seizure management.
◦ Rectal (emergency use)	A	A			P*	A*	As outlined in individual health plan.	
◦ **Medications by injection (e.g. insulin)	P	P					Student or guardian may self-administer or guardian delegate to family member if agreeable to all parties. Notify guardian immediately if not given at specified times.	Exceptions may be made for emergency medications given by injection.
◦ Glucagon	A	A	A*	A*	A*	A*	If noted medication has expired.	School staff to be trained if diabetic student and 911 response is not guaranteed to be less than 20 minutes
◦ Medication via gastrostomy/low profile G/J, jejunostomy tube.	P	P			A*		Evidence of displacement of tube, blockage of tube, vomiting or diarrhea.	Require a Continuing Care Referral in order to be administered at school.  Request for a referral to go to the Liaison for Students with Health Care Needs.
◦ Nasogastric Tube	P	P			A*		Evidence of movement of tube, signs fluid has gone in lungs (coughing, trouble breathing, and fluid out of nose/mouth).	
◦ **Medication via intravenous (already in place).	P	P					** Only delegated to qualified nursing personnel.	
◦ **PICC lines.	P	P					** Only delegated to qualified nursing personnel.	

### Codes:

**RN** – Registered Nurse

**LPN** – Licensed Practical Nurse

**PT** – Physical Therapist

**OT** – Occupational Therapist

**PSA** –Program Support Assistant, teacher responsible for the classroom/learning centre also to be trained.

**O** – Other administrative assistant/teacher

**A** – Able to complete, with appropriate training.

**T** – Preferred Trainer, when training is required

**P** – Preferred trained provider when available.

**\*** – Requires training or documentation of training from RN, LPN, PT, or OT.

## Appendix “A”

HEALTH CARE NEED	PERSONNEL					CIRCUMSTANCES REQUIRING STAFF TO NOTIFY GUARDIAN	REMARKS
	RN	LPN	PT	OT	PSA		
<b>Feeding</b> ◦ Oral Feedings	A	A		A	P*	When student is unable to feed self. Change or concern regarding student’s oral motor function, swallowing, positioning and/or sensory abilities may include Speech Language Pathologist assessment (IWK).	Student and guardian to inform school staff procedures used at home. OT may formally assess.
◦ **Hyperalimentation (high calorie intravenous feedings)	P	P				**Only delegated to qualified nursing personnel	Continuing Care Referral needed. Request for a referral to go to the Liaison for Students with Health Care Needs.
◦ Gastrostomy, tube feeding (tube or button in place)	P	P			A*	Evidence of blockage, infection, tube has come out, excessive vomiting or diarrhea.	Proper positioning of student required and IWK protocol for cleaning of feeding supplies to be followed.
◦ Nasogastric tube feeding	P	P			A*	Evidence of movement of tube, signs fluid has gone in lungs (cough, trouble breathing, and fluid out of nose/mouth).	Continuing Care Referral needed. Request for a referral to go to the Liaison for Students with Health Care Needs if required.
<b>Bowel and Bladder Care</b> ◦ Bedpan, urinal, commode or incontinent student	A	A	T	A	A	Evidence of redness, pain or bleeding, skin breakdown, or changes in skin appearance.	Appropriate equipment must be available. OT or PT may formally assess when lifting is required.
◦ Clean Intermittent Catheterization	P	P			A*	Report signs of urinary tract infection such as fever, cloudy or smelly urine, pain and/or lower back pain.	Continuing Care Referral needed. Request for referral to go to the Liaison for Students with Health Care Needs.
◦ Indwelling Catheter	P	P			A*		
◦ Prescribed Bowel and Bladder Training	A	A		A	P*	OT/PT can offer support for bowel/bladder training.	Guardian to provide supplies for bowel and bladder care.
◦ Stoma Care	A, T	A, T			P*	Report pain, open areas, if unable to make good seal with appliance, bleeding in pouch, stoma sinks in below skin or sticks out more than usual, no stool produced or vomiting and/or diarrhea.	Guardian to provide supplies for bowel and bladder care.

**Codes:**

**RN** – Registered Nurse      **LPN** – Licensed Practical Nurse  
**PT** – Physical Therapist      **OT** – Occupational Therapist      **PSA** – Program Support Assistant  
**T** – Teacher responsible for the classroom/learning centre also to be trained.

**A** – Able to complete, with appropriate training.      **T** - Preferred Trainer, when training is required

**P** – Preferred trained provider when available.

**\*** – Requires training or documentation of training from RN, LPN, PT, or OT.



## Appendix “A”

HEALTH CARE NEED	PERSONNEL					CIRCUMSTANCES REQUIRING STAFF TO NOTIFY GUARDIAN	REMARKS
	RN	LPN	PT	OT	PSA		
<b>Respiratory Care</b>							
◦ Postural drainage and/or percussion.	A	A	A,T		P*	Evidence of increasing respiratory distress (shortness of breath, wheezing, dizziness, coughing, breathing quickly and working hard to breathe, and change in lip/skin color).	PT will formally assess.
◦ Spiro meter (assisted deep breathing)	A	A	A		P*		
◦ Oxygen by mask or nasal cannula	A	A			P*		If possible training to be done by qualified respiratory therapist when oxygen is administered.
◦ Oxygen per nebulizer	A	A			P*		
◦ Suctioning	P, T	P, T			A*	Evidence of bright red bleeding.	Appropriate equipment/supplies must be available.
◦ Tracheotomy care	P, T	P, T	A		A*	Change in Stoma appearance.	
◦ Diaphragmatic Pacemaker	T	T			P*		School has transistor radio available.
◦ Ventilator	P	P					Emergency backup equipment needed on site.
Dressing: Sterile	P	P				If dressing has come loose or needs to be changed when not scheduled to be changed. Excessive bleeding or discharge. Complaints of pain or discomfort, redness, warmth in surrounding skin.	Dressings that come loose to be reinforced. If open or come off needs to be changed by medical staff. If routine change at school required, referral to Continuing Care needed. Request to go to the Liaison for Students with Health Care Needs.
<b>Specimen testing</b>							
◦ Blood Glucose Monitoring	A, T	A, T			P*		

### Codes:

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**PT** – Physical Therapist

**OT** – Occupational Therapist

**PSA** – Program Support Assistant

**T** – Teacher responsible for the classroom/learning centre also to be trained.

**A** – Able to complete, with appropriate training.      **T** - Preferred Trainer, when training is required

**P** – Preferred trained provider when available.

**\*** – Requires training or documentation of training from RN, LPN, PT, or OT.

## Appendix "B"

### Authorization of Administration of Medication

For prescription medication to be administered at school, this form shall be completed by the family and shall be accompanied by the medication in a labeled pharmacy container and a medication fact sheet from the pharmacy.

For non-prescription medication, this form shall be completed and signed by a physician or authorized health care professional and medication to be in original container.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone (day): \_\_\_\_\_ (cell or alt): \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (day): \_\_\_\_\_ (cell or alt): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Condition Requiring Medication: \_\_\_\_\_

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**Please attach recent picture to this form to assist with student identification.**

Medication Name	Dose (amount)	Time it is to be given	Length of time student needs medication

**Note:**

The family is responsible for ensuring that the school receives new documentation any time a medication change occurs.

## Appendix "B"

List of possible side effects of medication of which school staff should be aware and what to do if they occur:

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List any storage requirements for each medication (e.g.: the need to be refrigerated):

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Is the student able to administer their own medication on their own?  Yes  No

Is the student able to administer their own medication with supervision?  Yes  No

I hereby request, authorize, and empower the South Shore Regional School Board to administer the specified medication(s) to my child named above. I release the South Shore Regional School Board from any legal liability that may result from the administration of the above medication.

\_\_\_\_\_  
Signature of Parent/Guardian:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Authorized Health Care Professional\* (if required)

\_\_\_\_\_  
Date:

Date received by school: \_\_\_\_\_

\* An Authorized Health Care Professional is a person whose legally permitted scope of practice allows him/her to independently prescribe specific drugs in Canada under specific regulations and policies. Presently in Nova Scotia this includes physicians, dentists, nurse practitioners, or optometrists.

***This form is valid for one school year and must be retained for one school year following in the student's Cumulative Record Card.***

## Appendix "C"

### Medication Administration Record

Student: \_\_\_\_\_ School: \_\_\_\_\_ School Year \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sep	Time																														
	Initial																														
Oct	Time																														
	Initial																														
Nov	Time																														
	Initial																														
Dec	Time																														
	Initial																														
Jan	Time																														
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Feb	Time																														
	Initial																														
Mar	Time																														
	Initial																														
Apr	Time																														
	Initial																														
May	Time																														
	Initial																														
June	Time																														
	Initial																														

Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial

- \* Completed sheets to be kept in the student's Cumulative Record Card for one full school year following present school year.
- \* One sheet must be completed fully for each medication.

## Appendix “D”

### Check List for Staff Administering Medication

Before the medication can be given:

- Ensure the Authorization of Medication form has been completed.
- Ensure there is a staff person as well as a designate assigned to administer the medication.
- Staff need to be aware of the details about the medication (what the medication is, what it is for, possible side effects, and what to do if they are to occur) and the location of the completed Authorization of Medication form.
- Non-emergency medication for each child is stored in a locked cabinet and each child's medications are separated physically (e.g.: in zip lock bags) and labeled with the child's name.

When giving the medication:

- Make sure hands are washed.
- Give medication exactly as ordered by the health care provider.
- Give medication in an area where you will not be easily distracted.
- Check when you remove the medication from the locked cupboard that you have the right medication for the right student. Also check to be sure you are giving the medication at the correct time, in the right dosage, by the right route.
- Prepare the correct dosage of medication without touching the medication.
- When you are removing the medication from the container, again double check you have the right medication for the right student in the correct dose at the right time. Triple check this again when you place the medication back in the locked cupboard.
- Never leave the medication unattended.
- Identify the student by asking them to say their name.
- If a student ever questions if it is the correct medication, stop and verify the medication against the Authorization of Administration form or/and with the family.
- Stay with the student until you are sure they have taken all of their medication.
- Record medication type, time, route, and person giving the medication immediately on the Record of Medication Administration Sheet for that student.
- Wash your hands once completed.

Always remember the Six Rights of Medication Administration:

1. The right student – Properly identify the student.
2. The right time – Usually 30 minutes before or after the prescribed time.
3. The right medication – Check three times before giving the medication.
4. The right dose – Give the correct amount of medication.
5. The right route – Give the medication the way it has been prescribed.
6. Ensure you have completed the right documentation immediately after the medication has been given.