

Policy Title	Medication Administration		
Date of Issue	November 2007	Related Procedure	
Revision Dates		Related Forms	
Review Date	November 2009	Originator	Superintendent

Rationale

Introduction

Administration of medications is the most common Health Care Intervention request made by families to community settings.

Medication administration should include:

1. a description of scope, that is, who is included by the policy;
2. general conditions of accepting medication for administration;
3. record keeping procedures;
4. storage and disposal requirements; and
5. response with respect to missed dosages and adverse reactions.

The administration of medication in a community setting must be a **necessary administration**. If a medication does not necessarily have to be administered in a community setting, then the administration should not occur. Schools should seek the co-operation of parents, the guardian agency and health care professionals in establishing medication administration schedules that do not require administration during school hours.

The Medication Administration Policy is intended to apply to all **prescribed medication**, regardless of duration or means of administration.

The procedures for accepting, administering, recording and dispensing of prescription medication described in this policy may also be extended to **patent or over-the-counter** medication.

The Medication Administration Policy includes children who, by reason of age, maturation, or physical or cognitive ability, are not able to manage their own medication administration.

Under circumstances in which a child is able to safely, competently and consistently manage his or her own medication administration, that child may be considered exempt from the medication administration policy.

Prior to the administration of prescribed medication by an employee of a school, the parent or guardian agency who has care and custody of the child must complete a Request for Medication Administration.

The Request for Medication Administration must include:

1. the name of the child, date of birth;
2. name of the medication;
3. the dose, time, route of administration;
4. name of the prescribing physician;
5. name(s) of parent(s) / guardian agency, principal address, work telephone and home telephone numbers;
6. start date of medication;
7. stop date of medication (if applicable);
8. confirmation that first dose was administered and well tolerated prior to coming to community setting; and
9. storage requirements, if any.

Medications administered for more than 14 days also require an accompanying Individual Health Care Plan.

General Conditions of Accepting Medication for Administration

Administration of medication in schools requires that several conditions be met. The purpose of these conditions is to promote the safety and well-being of the child, and to ensure that the school acts responsibly in accepting medication for administration.

These conditions are:

1. Completion of a Request for Medication Administration by the parent(s) / guardian agency including confirmation that the first dose of a medication has been administered in the presence of the parent / guardian and has been well-tolerated;
2. In-person delivery of the medication to the school setting by a responsible adult;
3. Medication shall be provided in the **original pharmacy labeled container**,* which identifies clearly the:
 - a) name of the child
 - b) name of the licensed medical practitioner
 - c) name of the medication
 - d) dose
 - e) frequency / time and route of administration
 - f) name of the pharmacy
 - g) date the prescription was filled
4. Label must be on the container itself, such as medication bottle, tube, inhaler, etc., and not merely on the package; and
5. If required, measuring implements (e.g., syringe) must be provided.

Medications presented to the school that do not meet these conditions of acceptance cannot be administered by any employee or volunteer of the school. The parent / guardian agency would then retain full responsibility for administering the medication

Storage Requirements

Storage and safety are important concerns when medications are administered in community settings.

1. Medications administered in community settings shall be stored in a locked location (see exception, below);
2. The key to the locked location shall be in the care and control of the Principal of the School and person(s) responsible to administer the medications;
3. Regardless of the foregoing, the key to the locked location shall remain on the premises of the community setting at all times;
4. A spare key to the locked location shall be reasonably available, and every designated employee who administers medication in the community setting during the normal course of their duties shall be made aware of the location of the spare key;
5. A locked location may be a cabinet, cupboard, drawer, steel box or other similar arrangement;
6. If a medication requires refrigeration, the locked location shall be, or shall be within, an operating refrigerator.
7. Medications shall be stored separately and apart from any other material, supply or objects in the locked location;
8. Medications for more than one child may be stored in one locked location. However, under this circumstance, **each medication shall be separated by a clear physical means** such as, but not limited to, metal partitions, sealable plastic containers, individual plastic zipper bags or appropriate equivalent;
9. Each physical separation shall be clearly labeled with the child's name; and
10. **Medications that may be required urgently shall not be stored in a locked location.** Such medication shall be carried at all times on the person of the child or the adult responsible to administer the medication. Such medication includes, but is not limited to:
 - a) inhalers
 - b) adrenaline auto-injector (e.g., EpiPen).

Appropriate records and administration procedures shall be implemented.

Recommended Procedures

1. **One** employee in the school shall be designated to be responsible for administering medication to a child. In addition, a substitute or delegate employee shall also be identified to administer medication in the absence of the primary person. Volunteers shall not be designated to administer medication.
2. Each person responsible for medication administration shall be fully aware of the:

- a) specific details of medication administration for a child;
 - b) location of the spare key to the locked storage location;
 - c) location of the Request for Medication Administration for a child; and
 - d) the medication administration policy specific to the school.
3. To prepare for administration of medication, each person shall:
- a) wash their hands;
 - b) prepare supplies (e.g., measuring devices; installation appliances, etc.);
and
-

Note: If requested, pharmacies will provide **two original pharmacy labeled containers**. One container may be used exclusively in the community setting. This is recommended.

- c) assure themselves of:
 - the **right medication**
 - the **right child**
 - the **right dose**
 - the **right time**
 - the **right method**in each and every administration.
4. The person administering the medication shall read the label three times:
- a) when removing the medication from locked storage;
 - b) before the medication is removed from its container; and
 - c) after the medication is removed from its container but **before it is administered** to the child.
5. Each child who is administered medication shall have a separate Medication Administration Record. Each Record shall include the:
- a) name of the child;
 - b) name of the medication, the dosage, route (e.g., oral), time of administration;
 - c) signature of the person administering the medication; and
 - d) outcome of administration (initial indicates completed administration):
If not completed, reason must be indicated (e.g., absent, refused, missed, error).
6. The Medication Administration Record shall be completed immediately following each administration. Medication shall not be signed as given until complete.
7. Medications shall be returned to the locked storage location immediately.

8. The person administering the medication shall clean / wash any supplies, devices or appliances used in the administration.
9. The person administering the medication shall practice principles of hygiene (e.g., wash hands) and Universal Precautions as appropriate.

The response to medication not administered shall be included in the child's Individual Health Care Plan, if applicable (e.g. refusal).

Error in Medication Administration

In instances where an error in medication administration is made:

1. Determine if the error is due to:
 - a) missed administration;
 - b) overmedication; or
 - c) incorrect medication.
2. Contact the parent(s) / guardian agency and describe the medication error.
3. A course of action should be determined in consultation with the parent(s) / guardian agency which may include:
 - a) contacting the child's physician;
 - b) having parent(s) / guardian(s) take the child home;
 - c) bringing the child to a hospital; or
 - d) another appropriate course of action.
4. If the parent(s) / guardian agency cannot be contacted, the community program will contact:
 - a) the prescribing physician and/or;
 - b) the dispensing pharmacist and/or;
 - c) the emergency contact listed for the child and/or;
 - d) the Poison Control Centre (check local telephone directory).

Planning for Excursions

Children who require medication administered while attending a licensed child-care program, recreation program or school may accompany other children on an excursion.

For such children each excursion should be documented in an Individual Health Care Plan in consultation with families and, in some cases, the community-based planning team.

This medication administration policy may be adapted to permit children with medication administration needs to be included on an excursion.

In general, consideration should be given to:

1. **Necessity** - medication should only be administered during an excursion, if it is necessary;
2. **Care and control** - except for inhalers and auto-injectors, medications should be in the care and control of the designated adult responsible;
3. **Medication Administration Record** - the Record should be completed by the person responsible for the administration of medication upon return from the excursion;
4. **Individual Health Care Plan** - (which includes the medication plan) should be carried by the person responsible for the excursion;
5. **Emergency communication** - there should be reasonable and appropriate access to a telephone, cellular telephone or radio communication during an excursion; and,
6. **Emergency medical response** - emergency medical response must be determined and considered reasonable by the parent / guardian agency and administrator of the community setting in consultation with other members of the medical team if requested.

Over-the-Counter Medication

Families may request that an over-the-counter medication be administered to a child in a school. However, over-the-counter medication administration must also be governed by physician's instruction.

An over-the-counter medication requires:

1. a dispensing label from a pharmacy, and / or
2. clearly written instructions from a physician with the medication in the original container and delivered by a responsible adult.

In addition, an over-the-counter medication shall **not** be administered by any employee in a school unless:

1. a Request for Medication Administration has been completed by the parent(s)/guardian agency;
2. the first dose of an over-the-counter medication has been administered at a place other than the community setting and has been well-tolerated;
3. Conditions for Acceptance have been met; and
4. in cases in which the over-the-counter medication is to be administered for 14 days or longer, the medication plan is part of an IHCP.

Medications have a finite usable period of effectiveness. The parent(s)/guardian agency shall be responsible for replacing expired medications, as well as the removal and disposal of expired medication.

Medication is the property of the child's family. It is expected that medication(s) will be taken home by parents for any school closure or student absences exceeding two weeks.

Medication not picked up by a responsible adult will be disposed / destroyed in accordance with Workplace Hazardous Materials Information System (WHMIS) guidelines.



SUNRISE SCHOOL DIVISION

Request for Medication Administration

Sunrise School Division recognizes that some students may require medication during the school day. Where the administration of this medication is not possible by parent, guardian, or appropriate medical authority; is necessary during school hours; and the student is not able to manage this medication administration, the following Request for Medication Administration must be completed in its entirety.

Requests to administer medication apply to prescription and over the counter medications (if recommended by a physician and accompanied by original pharmacy label and/or written physician instructions). For a school to agree to administer medications, parents or guardians must provide all required information to the school and meet all conditions as established by the Division (see attached list). A new request is required for each school year and for changes in medication. When a child requires a medication for more than 14 days, an Individual Health Care Plan (IHCP) is required, contact the URIS Nurse for the development of an IHCP.

To be completed by Parent(s) or Guardian(s).

- I request that medication be administered to _____
(name of student)
Date of Birth (d/m/y) _____ Personal Health Info Number _____
Address: _____ Home Phone Number: _____

 - Name of Parent(s) / Guardian(s): _____
Address: _____ Work Phone Number: _____
_____ Home Phone Number: _____
 - Name of prescribing physician: _____
Office Address: _____ Phone Number: _____

 - Name of dispensing pharmacy: _____
Address: _____ Phone Number: _____
 - Name of medication(s): _____
Date prescription filled: _____
 - Reason(s) for medication(s): _____

 - Dosage and method of administration: _____
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8. Time of administration at school: _____
 9. State date of medication (d/m/y): _____
 10. Stop date of medication (d/m/y): _____
 11. I confirm that the first dose of medication(s) was administered at home or hospital.
(Please initial) _____
 12. I confirm that the first dose of medication(s) was well tolerated by this child.
(Please initial) _____
 13. Storage requirements (if any): _____
 14. Description of side effects: _____

 15. Response to side effects: _____
 16. I certify that the information provided is accurate:

Signature of Parent(s) or Guardian(s)

Date

Conditions for Acceptance of Medication Administration

- 1) Completed Request for Medication Administration
- 2) Medication delivered to school by a responsible adult
- 3) Prescription medication is in an original pharmacy labeled container which identifies:
 - a. Name of child
 - b. Name of prescribing physician
 - c. Name of medication
 - d. Dose
 - e. Frequency and route of administration
 - f. Name of pharmacy
 - g. Date the prescription was filled
- 4) Label is on the medication and not just the package
- 5) Over-the-counter medication that is recommended by a physician is accompanied by an original pharmacy label with administration instruction and/or clearly written instruction from a physician. Measuring instruments are provided.

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

Signature of Principal or Designate

Date

MEDICATION ADMINISTRATION

ACCEPTANCE

- Request for Administration of Medication has been accepted by school.
- Administration of Medication in excess of 14 days is accompanied by an Individual Health Care Form.

STORAGE

- Medication is stored in a locked location.
- Key to medication cabinet on premises / spare key available.
- Medications requiring refrigeration are secure in refrigerator.
- Medications are separated physically—and labeled with child's name.
- Medication that may be required urgently shall not be stored in a locked location. (e.g. inhalers, EpiPen)

ADMINISTRATION

- One employee, second designated as substitute (volunteers are not to be designated).
- Employee responsible must know:
 - details of medication administration
 - location of spare key
 - location of child's IHCP (if longer than 14 days)
- Method of Administration
 - a) wash hands
 - b) prepare supplies
 - c) assure oneself of: right medication/child/dose/time/right method
- Read the label **three times**
 1. when removing the medicine from locked storage;
 2. before medication is removed from its container; and
 3. after medication is removed from its container but before it is administered to the child.
- Medication is returned to medicine cabinet after administration.
- Supplies are cleaned / washed.
- Medication Administration record completed.

EXCURSIONS

- Medication is administered only if necessary.
- Medication is in care of a responsible adult.
- Medication Administration Records completed upon return.
- IHCP carried on excursion
- Emergency communication/medical response plan in place.

Sunrise School Division

NOTE: All students requiring assistance to accomplish Group A or B health care procedures must have an IHCP written by a registered nurse.
***THIS FORM IS RETAINED AT THE SCHOOL, FOR SCHOOL USE ONLY.**

Medication Administration Plan (CONFIDENTIAL)

Date: _____

1. DEMOGRAPHIC INFORMATION

Student's Name: _____ MET Number _____
Date of Birth (d/m/y) _____ Gender: M F
Address: _____
Phone: _____
School: _____ Program/Grade: _____
Teacher: _____ Phone: _____
Parent/Guardian: _____ Phone: _____
Parent/Guardian: _____ Phone: _____
Primary Caregiver: _____ Phone: _____
Emergency Contact Person: _____ Phone: _____
Family Physician: _____ Phone: _____

HEALTH CARE PLAN PARTICIPANTS

NAME	ROLE	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. STATEMENT OF NEEDS

Diagnosis: _____

Group A or B Health Care Procedures Identification _____

Health Care Needs (problems/risks): _____

3. STATEMENT OF OUTCOMES

Describe the purpose of the interventions _____

4. DESCRIPTION OF INTERVENTIONS (List all types required. Refer to page 3 for full descriptions.)

Routine (Daily): _____

Preventive: _____

Likely to Occur: _____

Emergency: _____

Primary person trained: _____

Back-up person(s) trained: _____

Trained by: _____

Trained by: _____

IHCP Review/revision:

Date: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Signature: _____

SCHEDULE OF INTERVENTIONS (necessary if there are multiple interventions throughout the day - see page 3 - record time and sequence of daily activities)

6. RECORDS DOCUMENTING (See page 4 for interventions and events)

MONITORING VISITS BY REGISTERED NURSE (if applicable)

Date: _____

Signature: _____

Date: _____

Signature: _____

Parent/Guardian Agreement Consent: _____

Date: _____

SCHEDULE OF INTERVENTIONS (routine and preventative)

Step by Step Procedure (how, when and where). Include time and sequence for multiple interventions.

Intervention: _____ Time: _____

Performed by: _____

Intervention: _____ Time: _____

Performed by: _____

Intervention: _____ Time: _____

Performed by: _____

Supplies:

Location:

Equipment:

Method of Cleaning and Maintenance:

SCHEDULE OF INTERVENTIONS (Likely to occur / Emergency)

Signs of Distress

Response

Emergency Response

Who to Contact

