Greater Essex County District School Board

Title: Health - Student

Category: Policy

Responsibility: Superintendent of Student Well-Being (Safe Schools, Healthy Schools, Mental Health)

Effective Date: June 19, 2018

Review Date: June 19, 2018

Next Review Year: 2023

The Greater Essex County District School Board (GECDSB) believes that schools are to practice and provide safe and consistent measures to address the needs of our students' health. This includes, but is not limited to the administration of medication, prevalent medical conditions*, and concussions.

Our goals are:

- to support students with prevalent medical conditions* to fully access school in a safe, accepting, and healthy learning environment that supports well-being;
- to empower students with prevalent medical conditions* as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their Plan of Care;
- to support families in feeling confident that their child is safe at school and during school related activities;
- to administer consistent prescription medication by school staff or by a student who is under the care of a physician. Board employees generally should not be involved with administering consistent prescription medication to students unless it is a specific requirement of their job description or the principal designates the responsibility. For particular students there may be exceptions to this rule.

*As outlined in Policy/Program Memorandum No. 161 (February 28, 2018) *Supporting children and students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in Schools"* prevalent medical conditions are limited to asthma, diabetes, epilepsy, and anaphylaxis, as diagnosed by a medical doctor or a nurse practitioner.

Additionally, GECDSB is guided by legislative requirements as stipulated in but not limited to, Sabrina's Law (2005), Ryan's Law (2015), Rowan's Law (2016) and Ministry Policy/Program Memorandum No. 81 *Provision of Health Support Services in School Settings* (July 19, 1984).

Related Regulations:

Administration of Prescription Medication
Anaphylaxis and Epinephrine Injector
Inhaler for Treatment of Asthma
Diabetes Protocol *new*
Epilepsy *new*
Concussion

Greater Essex County District School Board

Title: Administration of Prescription Medication

Category: Regulation

Responsibility: Superintendent of Student Well-Being (Safe Schools, Healthy Schools, Mental Health)

Effective Date: November 6, 2001

Review Date: January 17, 2023

Next Review Year: 2028

Regulation

The purpose of this Regulation is to facilitate the safe use and administration of oral or topical (except as stated otherwise below) prescription medication at school.

Section A: General

1. The administration of prescription medication shall only be permitted in schools when it has been deemed necessary and prescribed by a medical doctor, dentist or nurse practitioner. These are the only regulated health professionals authorized to prescribe medications.

2. Wherever possible, prescription medication shall be administered by parents/ guardians outside of school hours and/or outside of school related activities.

3. Students who are unwell and require over-the-counter medications for short-term illness, such as a cold or flu, should be cared for at home.

4. The Principal is responsible for the administration of prescription medication to students. The Principal of each School shall assign staff responsible for the administration of prescription medication in the school consistent with the Board's policy and regulation and any applicable collective agreement. Students who are able to do so shall self-administer the prescription medication under the supervision of the staff member.

~~5.~~ If the student shows any side effect from the medication e.g. nausea, the school will follow standard emergency procedures, notify the parent/guardian and/or call 911.

6. Parents / guardians and students recognize that school personnel are neither medical practitioners nor health care practitioners and do not have expertise to evaluate a student's medical condition.

Section B: Administration of Prescription Medication at School - Request Process

7. Parents/guardians/are required to submit a completed Request and Authorization for the Administration of Prescription Medication at School Form ("Form") to the School.

    a. The prescribing medical practitioner must complete the second section of the Form.

b. School personnel will not, at any time, administer prescription medications to students without a fully completed form including the portion completed and signed by the prescribing medical practitioner.

8. The principal will review the request and is required to determine whether the request can be accommodated in the school and whether or not training will be required for affected school staff.

   Medication must be provided in its original container or packaging and must include the following information:

   a. Name and contact information of prescribing health care practitioner;

   b. Name of the student;

   c. Instruction for administration, including dosage to be administered and the time and/or frequency and/or interval that the dosage must be administered;

   d. The date or purchase and date of expiry; length of time the prescription is active.

9. The prescribing medical practitioner should identify on the Form any specific instructions or storage of the medication, as well as any potential reactions and/or side effects of the medication.

10. The parent/guardian is responsible for ensuring the school has a sufficient supply of the prescription medication.

11. Medication will be administered in a manner that is respectful of the student's dignity and privacy. Students are encouraged to take as much responsibility for their own medication as is appropriate.

12. If the student shows any side effect from the medication e.g. nausea, the school will notify the parent/guardian or emergency contact and/or shall call 911.

    a. The medication will not be re-administered without specific direction from the medical practitioner.

13. Medication shall be stored safely in the school office.

14. Any medication kept in the school should be picked up by the parent/guardian at the end of the school year. If it is not picked up by the with sufficient notice, the unused/expired medication should be returned to the pharmacy by the principal or designate. A pharmacy receipt is to be obtained and stapled to the student's Request and Authorization for the Administration of Prescription Medication of School Form.

15. The request/authorization to administer medication is valid until the prescription is altered or discontinued by the physician, whichever comes first.

16. A new request and Authorization for the Administration of Prescription Medication form is required for all new prescriptions or when a prescription is altered by the physician.

17. Parents/Guardians are responsible for notifying the principal of any changes to the prescribed medication or the administration of the prescribed medication.

18. The Request and Authorization for the Administration of Prescription Medication at School Form will be stored in the student's Ontario School Record.

19. Schools will maintain a Medication Administration Log including:

    a. copies of Request and Authorization of Prescription Medication at School Forms for all affected students

    b. names of persons at the school responsible for administration

    c. storage location of medication

    d. log sheets for each student including quantity and date of medication provided

Section C: PRN Prescribed Medication

20. PRN or "as needed" medication (pro re nata) will only be administered at school in exceptional circumstances in consultation with the school principal and Superintendent responsible for student health. Exceptional circumstances include:

    a. In emergency situations, and as set out in Policy/Program Memorandum 161.

        i. Epinephrine Auto Injector (e.g. Epi-Pen) in accordance with Sabrina's Law and the student's Plan of Care;

        ii. Asthma Inhaler, in accordance with Ryan's Law and the student's Plan of Care

        iii. Epilepsy rescue medications consistent with physician's instructions and the student's Plan of Care.

        iv. Type 1 Diabetes rescue medication (e.g. glucagon nasal spray) consistent with physician's instructions and the student's Plan of Care.

    b. On a case by case basis, in consultation with the school principal and Superintendent responsible for student health and upon receipt of a completed Request Form from the parent/guardian and medical practitioner to accommodate a student with a disability related need and/or medical condition. In these cases, a clear medical plan in consultation with parents/guardians and medical professional/practitioner as defined above must be developed and followed.

21. The specific symptoms that necessitate the administration of a PRN medication must be set out clearly by the Medical Practitioner in the Plan of Care. In non-emergent circumstances, the student must be capable of identifying the specific symptoms.

22. All relevant components from Section B will apply to PRN medication administration requests.

Appendices:

- Appendix 1 – Request and Authorization for the Administration of Prescription Medication at School
- Appendix 2 – Medication Administration Log

Relevant Legislation and Policy Program Memorandums:

Education Act, RSO 1990, c. E-2; Sabrina's Law; Ryan's Law; Good Samaritan Act; Personal Health Information Protection Act; PPM 81; PPM 161

Request and Authorization for the Administration of Prescription Medication at School

I request that _____ ensures that _____ _____
School Name of Student DOB

receives the medication prescribed by: _____ as attached.

Notes: 1. The medication provided must be provided in the **ORIGINAL** prescription container, labeled with the name of the medicine, the physician's name, the amount to be taken and the time(s) to be taken, and the student's name.

Prescription Number: _____

2. Authorization must be signed by the student or, in the case of a minor, by the parent or legal guardian, whichever is the appropriate legal authority. In the case of a person who is disabled to such a degree as to be incapable to give consent, the next of kin may authorize the administration of medicine.

3. It is understood that every attempt will be made to administer the medication at the requested time.

On behalf of _____ and myself, I hereby **RELEASE THE BOARD,**
Name of Student

its agents, officers, officials and employees from any and all liability and from any and all actions, causes of actions, claims and demands of any nature arising out of or in any way related to the dispensing of the medication referred to herein by the said Board, its agents, officers, officials or employees.

Date: _____ Signed _____
(parent/guardian/student [if not a minor])

Personal information on this form is collected under the authority of Board policy and will be used by school staff for the purpose of distributing medication as directed above. Questions about this collection may be directed to Board at 519 255-3200.

TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN

The following medication has been prescribed. **It is necessary for this medication to be administered during school hours** by personnel other than the parent/legal guardian:

Medication/Dosage/Method of Administration/Frequency: _____

Special Instructions: _____

Is student competent to use the medication independently? ☐ YES ☐ NO

Period of Authorization: From: _____ To: _____

Prescribing Physician's Name: _____

Address: _____ Telephone Number: _____

Date: _____ Signed _____
Prescribing Physician

Note: This form is valid until the prescription expires or is altered by the physician, whichever comes first. It is the responsibility of the parent/guardian/student to ensure that a new form is completed when required and returned to the school. Any cost associated with the completion of this medical request is the sole responsibility of the parent/guardian.

O.S.R.

Greater Essex County District School Board

Medication Administration Log Sheet

Appendix 2

Student Name: _____ _____
(First Name) **(Last Name)**

School: _____ **Grade:** _____

Name of Medication	Amount Administered	Date	Time	Person Administering	Initials