

 <p style="text-align: center;"> <small>DIVISION SCOLAIRE</small> LOUIS RIEL <small>SCHOOL DIVISION</small> </p>	<h2 style="margin: 0;"><i>Administration of Medication to Students</i></h2>
<p>ADMINISTRATIVE PROTOCOL Revised: September 3, 2024</p>	<p>Supporting Policies JLCD, JLCE-1 & JLCE-2</p>

A. Conditions for Accepting Medication for Administration by School Personnel

When it becomes necessary for a student to take any medication during school hours, it shall be in accordance with the following conditions:

1. The parent/guardian shall complete the appropriate Authorization for the Administration of Medication Form (see Supporting Documents below). These forms must be completed for every school year and for each medication (including both prescribed and over-the-counter medications) that requires administration by the school. A new form must be submitted when there is a change to the medication (e.g., dosage) at any point during the school year.
2. The first dosage of new medication shall not be administered at school. It is the parent’s/guardian’s responsibility to ensure the first dose has been well tolerated and no adverse reaction has occurred prior to the administration at school. **Medication that may be required urgently (e.g., epinephrine auto-injector for anaphylaxis, reliever medication for asthma, rescue medication for seizures) is exempt from this condition** (See Policy JLCE-1 – First Aid and Emergency Medical Care).
3. Prescribed medications must be delivered to the school by the parent/guardian or designated adult in the original pharmacy labelled container which identifies clearly the:
 - a. name of the student
 - b. name of the prescribing physician
 - c. name of the pharmacy
 - d. name of the medication
 - e. dose and route
 - f. frequency and method of administration
 - g. date the prescription was filled

The pharmacy label must be on the container itself, such as medication bottle, tube, inhaler, etc., and not merely on the package. If requested, pharmacies will provide two original pharmacy labelled containers so that one container may be used exclusively in the school setting. It is recommended that this container be a blister pack dispenser. In the case of a controlled substance medication, a blister pack is required.

4. Over-the-counter medication shall be delivered to the school by the parent/guardian or designated adult in the original container along with written instructions from the student's physician that identifies the information listed below.
 - a. name of the student
 - b. name of prescribing physician
 - c. name of the medication
 - d. dose and route
 - e. frequency and method of administration
 - f. date

This information may be provided on a pharmacy label, by written instructions signed by the prescribing physician, or by including the physician's signature on the Authorization for the Administration of Medication form.

5. Medication shall 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 shall be brought to school accompanied by a measuring device which shall provide the exact dosage.
6. Medication shall be administered at the time of day specified on the Authorization for the Administration of Medication form, if applicable.
7. A one-month supply of medication should be provided to the school when medication is to be given over an extended period of time.
8. Once signed by the parent/guardian, and the administration, the Authorization for the Administration of Medication Form will be considered the Individual Health Care Plan for the administration of medication.
9. The Administration of Medication Record Form shall be completed by the identified staff or alternate who shall be responsible for administering the medication to the student. (See **SECTION D**).

B. Responsibilities of School Principal

1. The School Principal is responsible for establishing a system for meeting the health care needs within their school which includes:
 - a. Designating a minimum of two staff members each school year that shall be responsible for the administration and management of medication to students. Preferably, the staff members assigned to administer medication shall do so on a voluntary basis. Medication may not be administered by another student, including the student's sibling. See **SECTION C** for details on delegation.
 - b. Identifying case managers who shall provide direction and support to parents/guardians and designated staff.
 - c. Designating an unlocked, safe, and accessible location for storage of medication in accordance with **PROCEDURE D2** below.
 - d. Ensuring that all staff who are designated to administer medication are trained and are knowledgeable of relevant divisional policy, including the procedures outlined in this administrative protocol.

- e. Ensuring that written records are maintained, including Authorization for Administration of Medication form, Authorization for Self-Administration of Medication form, and Administration of Medication Record.
- f. Apprising parents/guardians of relevant divisional policy, including the procedures outlined in this administrative protocol

C. Delegation of Staff to Administer Medication

1. Where a student requires complex administration of medication (i.e., via infusion pump, nasogastric tube, injection other than epinephrine auto-injector), medication shall be administered by a health care professional. If neither the health care professional nor the appropriate substitute or delegate are present, the student shall not attend school. If the student has already arrived at school, the parents/guardians or emergency contact person will be notified to pick up the child.
2. School personnel who have been trained by a URIS nurse may administer:
 - a. Medication by gastrostomy tube
 - b. Inhaled medication for asthma
 - c. Epinephrine auto-injector for anaphylaxis
 - d. Sublingual lorazepam and intranasal midazolam for seizures
3. School personnel who are knowledgeable on the needs of the student, the medication prescribed to the student, and the procedures outlined in relevant divisional policy and this administrative protocol may administer medication by:
 - a. Oral route
 - b. Instillation of medication (i.e., eye/ear drops)
 - c. Topical medication (i.e., ointment)
4. The administration of controlled substance medications (e.g., codeine, morphine) requires two staff members to be present, both of whom will observe the student swallowing the medication.
5. School volunteers will not administer medication to students. Exceptions may occur during school excursions at the discretion of the school administrator as per **PROCEDURE H2**.

D. Storage of Medication

1. Medications administered by school personnel shall be stored in a locked location (see exception outlined in **PROCEDURE D2**).
2. Medication 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 in the case of a child not able to carry or be responsible for his/her own medication, the medication will be kept in an unlocked, safe, easily accessible location and a staff member will be designated its responsibility. Such medication includes, but is not limited to inhalers, epinephrine auto-injectors (e.g., EpiPen), and rescue medication for seizures (e.g., lorazepam, midazolam).
3. A locked location may be a cabinet, cupboard, drawer, steel box or other similar arrangement.
4. If a medication requires refrigeration, the locked location shall be within a refrigerator.

5. The key to the locked location shall be in the care and control of the school personnel responsible for administering the medications.
6. Regardless of the foregoing, the key to the locked location shall remain on the premises of the school at all times.
7. A spare key to the locked location shall be reasonably available and every designated school personnel who administers medication shall be made aware of its location.
8. Medications shall be stored separately and apart from any other material, supply or objects in the locked location. Controlled substance medications must be locked separately in the school office.
9. Medications for more than one student may be stored in one locked location. Each medication shall be separated by a clear physical means such as metal partitions, sealable plastic jars or boxes, individual plastic bags, or appropriate equivalent. Each physical separation shall be clearly labelled with the student's name.

E. Responsibilities of School Personnel Administering Medication

Staff members designated to administer medication to a student are responsible for:

1. Being fully aware of:
 - a. specific details of medication administration for the student;
 - b. location of the spare key to the locked storage location;
 - c. location of the Authorization for the Administration of Medication Form for the student;
 - d. emergency procedures relevant to the medication and student.
2. Preparing for administration of medication safely by:
 - a. washing their hands and implementing procedures of routine practice;
 - b. preparing supplies (e.g., measuring devices, installation appliances, etc.);
 - c. assuring themselves of:
 - i. the right medication
 - ii. the right student
 - iii. the right dose
 - iv. the right time
 - v. the right methodin each and every administration.
3. Reading the label three times:
 - a. when removing the medication from the locked storage location;
 - b. before the medication is removed from its container;
 - c. after the medication is removed from its container but before it is administered to the student.
4. Returning medication to the locked storage location immediately after administration.

5. Cleaning/washing any supplies, devices, or appliances used in the administration of medication.
6. Washing their hands and implementing procedures following guidelines on handwashing and clean supplies as outlined in [Routine Practices: Guide to Creating a Healthy Environment and Preventing Infections within Child Care Facilities and Schools](#) (Manitoba Education & Early Childhood Learning, 2023) and Reducing Exposure to Bloodborne and Other Bodily Fluid Pathogens [administrative protocol](#), as appropriate.
7. Recording administration of medication. See **SECTION F**.

F. Recordkeeping

1. Each student who is administered medication shall have a separate Administration of Medication Record Form.
2. The Administration of Medication Record Form shall be stored in the area where the medication is dispensed.
3. Each record shall 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
 - refused
 - missed
 - otherwise unsuccessful
 - e. in the case of a controlled substance medication, the number of pills remaining; and
 - f. reason for unsuccessful administration and/or other comments (See **SECTION G**).
4. The medication must be prepared, administered, and documented by the same person.
5. Medication shall not be documented as given until complete.
6. The Administration of Medication Record shall be completed immediately following each administration.
7. The school is to maintain medical records that:
 - a. list all students with significant health problems or medical conditions;
 - b. identify the designated employees responsible for administering medication and the alternates; and
 - c. store authorization forms.

G. Unsuccessful Administration

At times, administration of medication may be unsuccessful. Some possible instances of unsuccessful administration include:

- refusal by student
- missed administration

- overmedication
 - incorrect medication
 - incorrect time of administration (more than 30 minutes before or after the designated time of administration)
1. Parent/guardian shall be contacted and informed of the error in medication administration (can occur before or after administration).
 2. A course of action shall be determined in consultation with the parent/guardian. When incorrect medication or overmedication has been administered, actions may include:
 - a. contacting the student's physician;
 - b. having the parent/guardian take the student home;
 - c. contacting Poison Control Centre and/or calling 911/EMS; or
 - d. other appropriate course of action.
 3. If the parent/guardian cannot be contacted, the school will contact the emergency contact listed for the student, the prescribing physician, the dispensing pharmacist, and/or the Poison Control Centre.

H. Administration of Medication during Excursions

(School sponsored activity that is held off school property)

1. Consistent with [Policy IHC – Extended Instructional Programs/Activities: Off-School Site Education](#), all off-site activities must:
 - a. reasonably accommodate the needs of all students as per section 3 of The Appropriate Educational Programming Regulation 155/2005; and
 - b. incorporate health care plans and emergency response plans for students per Policies JLCE-1 – First Aid and Emergency Medical Care, JLCE-2 – Anaphylaxis, and JLCD – Administering Medicines to Students.
2. In circumstances where a complication is foreseen with respect to administration of medication during an excursion, the student may participate in the excursion after consultation with parent/guardian and development of a suitable alternate plan. There may be instances where medical services/emergency response cannot be provided in a timely and appropriate manner. In these individual cases, the school team and/or the parent/guardian may choose not to have the student participate in the excursion. The School Principal, in consultation with the student's parent/guardian, may authorize adaptation of the procedures outlined in this administrative protocol in order to permit students with medication administration needs to be included on an excursion. The School Principal will exercise their discretion to determine if volunteers may act as the responsible adult who would administer medication during an excursion. In general, consideration should be given to:
 - a. Necessity – if it is not necessary to administer a medication during an excursion, it shall not be administered.
 - b. Care and control – medication shall be in the care and control of a responsible adult except for emergency medication (e.g., epinephrine auto-injector, reliever medication) which shall be carried by the student.
 - c. Storage & recordkeeping - The person responsible for administering the medication during the field trip will:

- i. carry a copy of the Authorization for the Administration of Medication Form;
 - ii. ensure safe and appropriate storage of medication in accordance with **SECTION D** above, to the greatest extent possible; and
 - iii. carry and complete the Administration of Medication Record.
3. Emergency communication – there should be reasonable and appropriate access to a telephone, cell phone, or radio communication during an excursion.
4. Emergency medical response – must be determined and considered reasonable by the parent/guardian and School Principal in consultation with medical team members, if requested.

I. Expiration and Disposal

1. Medications have a finite usable period of effectiveness. The parent/guardian shall be responsible for replacing expired medication, as well as for the removal and disposal of expired medication as per **PROCEDURE J7**.
2. The parent/guardian shall pick up any medication remaining at the end of the school year as per **PROCEDURE B9**. If this does not occur, the school will dispose of it in accordance with Workplace Hazardous Material Information Systems (WHMIS) guidelines.

J. Parent/Guardian Responsibilities

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

1. Completing the appropriate Authorization for the Administration of Medication.
2. Ensuring that the first dose was administered and well tolerated prior to coming to school, with the exception of medication that may be required urgently.
3. Informing the school if the student will be self-administering medication and if so, complete the Authorization for Self-Administration of Medication Form.
4. Sharing accurate information regarding medication and notifying the school in writing of any changes in dosage or time of administration of medication.
5. Ensuring that their child has been made aware of their responsibility to report at the designated time and location in order for their medication to be administered.
6. Ensuring that their child has received the necessary information and training if they are to be responsible for the administration and/or storage of their own medication.
7. 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 date. Ideally, a one-month supply of medication should be provided to the school when medication is to be given over an extended period of time.
8. Where the child is responsible to carry the medication on their person, ensuring that the child has been supplied with the medication.
9. Picking up unused medication at the end of the school year or in situations where the school will be closed or the student absent for more than two weeks.

K. Self-Administration

Self-administration of medication by a student is possible under the following conditions.

1. Student can safely, competently, and consistently administer and manage their medication, including its location.
2. The parent/guardian completes the Authorization for Self-Administration of Medication form and submits it to the School Principal.
3. Prescribed medication is brought to the school in a pharmacy labelled container. Over-the-counter medication is brought to the school in its original container.
4. Students in Grade 8 and under shall be required to have controlled substance medications brought to the school by the parent/guardian or designated adult and stored in the school office or other adult-only accessible locked location.

L. Supporting Documents

This administrative protocol directly supports the following [policies](#):

- Policy JLCD – Administering Medicines to Students
- Policy JLCE-1 – First Aid and Emergency Medical Care
- Policy JLCE-2 – Anaphylaxis

The following forms are archived [here](#):

- Authorization for the Administration of Medication
- Authorization for Administration of Epinephrine and Anaphylaxis Standard Health Care Plan
- Authorization for Administration of Reliever Medication and Asthma Standard Health Care Plan
- Authorization for Self-Administration of Medication
- Authorization for Self-Administration of Reliever Medication for Asthma
- Administration of Medication Record

Other documents:

- Reducing exposure to bloodborne and other bodily fluid pathogens [protocol](#)
- [Routine Practices: Guide to Creating a Healthy Environment and Preventing Infections within Child Care Facilities and Schools](#) (Manitoba Education & Early Childhood Learning, 2023)