



Preamble

The safety, health, and well-being of students is a shared concern of Quinte Region Christian Schools (the "School") and its staff, students, and parents/guardians. This concern is an expression of loving our neighbour, being my "brother's keeper" and being members of the one body of Christ. In that context, the purpose of this policy is to establish a process for the administration of medication to students. This policy applies only to the administration of medications at the school which may be safely administered by an untrained layperson and does not apply to medications which must be administered by a regulated health professional.

The primary responsibility for the treatment of the medical condition(s) of a student rests with parents/guardians and medical practitioners. The School and its staff are responsible for exercising the duty of care which a reasonably careful and prudent parent/guardian would exercise. It must be recognized that school staff who administer prescribed medication to the student are acting in the place of the parent/guardian and not as health professionals.

Conditions

This policy can only be implemented if:

- (a) applicable standards and rules are followed to ensure a safe and secure process governing medication administration and management;
- (b) appropriate caution and discretion are exercised at all times;
- (c) staff and students are accountable for meeting their reasonable responsibilities regardless of position and age level; and
- (d) parents cooperate in meeting their responsibilities as laid out in this policy.

Definitions

For the purposes of this Policy, **medication** refers only to medication that is prescribed by a physician authorized to practice within the Province of Ontario.

Emergency medication is medication that is necessary for a specific condition and situation (e.g., epinephrine for a severe anaphylactic reaction administered by an auto-injector).

Short-term medication is medication that is necessary for a clearly specified period of time (e.g., antibiotics, or trials of drugs for specified conditions).

Long-term medication is medication that is necessary on an ongoing basis (e.g., drugs that control hyperactivity, seizures).

Non-prescription medication or over-the-counter (OTC) drugs are medicines sold directly to a consumer without a prescription from a healthcare professional

Prescription medication is medication which is dispensed by a registered pharmacist under the *Pharmacy Act* of 1991.



Policy

1. Non-prescription medication of any type is not to be administered by staff without direction from a licensed physician and/or parents/guardians.
2. In the course of a school day situations may arise that require measures be taken to address the medication needs of students. The involvement of designated staff in the essential administration of prescription medication is authorized only when all of the following conditions apply:
 - the use of the medication is prescribed by a physician;
 - the medication is essential for the student to continue to attend school;
 - it is necessary that the medication 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.
3. A request for the administration of medication and the authorization to provide such service is conditional on the following:¹
 - that it be made in writing by the parent and the physician, specifying:
 - o the name of the medication,
 - o the dosage, frequency and method of administration,
 - o the dates for which the authorization applies, and
 - o the possible side effects, if any;
 - that the storage and safekeeping requirements for any labelled medication be stated;
 - that a record of administration be maintained which includes the student's name, date, time of provision, dosage given, name of person administering, etc.;
 - that the telephone numbers of the parent and physician be readily accessible in the school; and
 - that the medication be administered in a manner which allows for sensitivity and privacy and which encourages the student to take an appropriate level of responsibility for their medication.
4. The Principal has the authority and oversight to implement this policy and all matters pertaining to it.
5. No nurse or health care provider or PSW under private contract may administer medication without the express and written permission from the parent and from the employment agency (e.g., HCCSS), and unless the appropriate documentation regarding license and insurance is on file at the school.
6. A staff member shall:
 - refrain from administering medication by using rectal suppository
 - refrain from injecting medication by an EpiPen or an inhaler or an insulin pump unless written permission has been given by the parent or a physician.
7. Notwithstanding the above paragraphs, in the event of an emergency, designation of the roles and responsibilities for medication services in school settings does not preclude the provision of medication or any life-saving services by any school staff member as well as health support workers.²

¹ As per Policy/Program Memorandum No. 81 – issued under the authority of the Deputy Minister of Education.

² Good Samaritan Act 2001 provides that an individual who offers emergency assistance to a person who is ill, injured, or unconscious as a result of an accident or other emergency, is not liable for damages if the individual provides the assistance at the immediate scene of the accident or emergency, and unless it is established that the damages were caused by the gross negligence of the person providing assistance.



8. In case of emergency or if the student refuses to comply with the authorized administration of medication, the principal will determine next steps including seeking emergency services.
9. Parents must complete and submit the *Administration of Medication Form* prior to any administration of medication.

Roles and Responsibilities

1. Principal

- Ensures that members of the school community are made aware of this policy.
- Designates staff member(s) who will supervise the administration of medication.
- Collects and maintains health and medical information for all students currently registered.
- Ensures parents have completed the *Administration of Medication Form*.
- Ensures a daily log or record of medication administered is in place and completed by the designated person(s).
- Ensures information is available for staff designated to administer medication.
- Ensures that staff designated to administer medication have received instructions on the administration of the medication.
- Designates an alternate staff member to administer medication if designated staff is absent.
- Reviews and makes decisions regarding the request of a parent/guardian that medication be administered to the child at school.
- Develops a plan to ensure that staff and the student will have knowledge of and access to the medication during outdoor activities.
- Provides for storage of the medication in a safe, accessible place clearly labelled with student's name, physician's name, administration instructions, and storage requirements.

2. School Staff

- Will be expected to administer medication which can safely be administered by a layperson—in this case, the designated staff person.
- Receive information and participate in appropriate activities regarding the administering of a medication.
- Ensure that the daily medication log or record is completed.

3. Parents/Guardians

- Provide a written request to the Principal or designate that their child have medication administered in school which details the medication, what it is designed to treat, and administration instructions. This can be done by completing the Schools' Administration of Medication Form.
- Meet with school staff as required to 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 one week's medication in correct dosage under normal circumstances.

4. Student

- Complies with taking medication as arranged and approved by the Principal.
- Will understand that sharing their medication with other students is a violation of school policy.
- Will inform the school office if taking medication.
- Will comply with the limit on the maximum dosage that can be stored at the school.



APPENDIX A – ADMINISTRATION OF MEDICATION FORM

To be completed by parent/guardian and returned to the school office before the commencement of administration of prescription medication at **Quinte Region Christian Schools** (the “Schools”). This form may be taken off site by any staff member for field/class trips or special event with the principal’s written permission. The staff member must complete the Medication Record Form afterwards.

Name of Student: _____ Date of Birth: _____

Health Card # (optional): _____ Grade: _____ Teacher: _____

Name of Parent/Guardian: _____

Address: _____

Home Telephone: _____ Business Telephone: _____

Cell Phone: _____

Contact in Case of Emergency:

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

Name of Physician: _____ Telephone: _____

Why is this medication required? (optional)

Special Instructions (storage, training, possible side effects):

Medication Prescribed: _____ Dose: _____

Time of Administration (be specific): _____

Duration of administration (provide dates): _____

Check: Pharmacist’s label included Medication information from Pharmacy included

I have read Quinte Region Christian Schools’ Medication Policy. Quinte Region Christian Schools has been authorized by me to administer prescribed medication to my child under the terms stated in the above-named policy. I release any staff member and the Quinte Region Christian Schools Board of Directors from any legal liability that may result from the administration of medication herewith requested. I will submit a revised form if there are any changes or modifications to the administration of my child’s prescribed medication routine.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

