

Guidelines for the Administration of Medication to Students

Statement

The following guidelines detailing the administration of medication to students during school instructional hours have been developed through consultations with the Department of Education and Early Childhood Development (EECD), Nova Scotia Health Authority, IWK Health Centre, Conseil Scolaire Acadien Provincial (CSAP), and Regional Centres for Education (RCEs).

These guidelines outline the procedures for the administration of **any** medication (emergency medications, prescription, and non-prescription drugs) that is managed by appropriate school staff during school instructional hours and is required for the student to attend school.

Definitions

authorized prescriber: An individual with prescriptive authority granted through legislation with the required knowledge to prescribe safely. Examples include physicians, nurse practitioners, pharmacists, and dentists.

controlled substance: A class of medication that falls under the *Federal Controlled Drugs and Substances Act*. Medication is grouped as a controlled substance based on the potential benefit when used for a medical purpose and the harm if misused (e.g., stimulant medications, ADHD medications, CBD oil, and narcotics).

emergency medication: A medication required for the immediate first aid treatment of a specific medical condition in which a delay in administering may have life threatening implications (e.g., intranasal glucagon, epinephrine autoinjector, and asthma puffers).

medication: A prescription or non-prescription drug that can be administered via various routes such as oral (by mouth), buccal (between the gum and the cheek), injection (using a needle into muscle or just under the skin), inhaled directly to the lungs (e.g., puffer), topical (applied to skin), via a feeding tube, or insertion (e.g., suppository).

medication error: When medication is administered incorrectly, or a dose is inadvertently missed, presenting a risk to the student's health and safety. Medication errors are preventable events.

non-prescription medication: Also called over-the-counter-drugs. These medications are health products that can be bought without a prescription from an authorized prescriber.

Plan of Care (PoC): A standardized plan jointly developed with the Student Planning Team (as defined in the *Inclusive Education Policy*), e.g., student, parents/guardians, the School Health Partnership nurse (SHP nurse). PoCs are stored, within the Student Information System (TIENET). A PoC is individually developed

for students who require the support of school staff to manage a health care need at school. The PoC documents include if the school staff may be required to respond to a medical condition that could result in a life-threatening situation.

prescription medication: These medications are pharmaceutical drugs that legally require a medical prescription to be written by an authorized prescriber and dispensed by a pharmacist.

regulated health care provider: A health care professional who is licensed to practice by a regulatory body. The regulatory body's function is to ensure public protection and its authority is granted through legislation.

school day: Instructional hours when students are under the care and supervision of school staff.

Application

Note: The guidelines in this document replace guidelines and directives in existing policy and guideline documents covering the same issue.

1. In partnership with parents/guardians, school administrators are responsible for supporting the administration of medication to students during the school day.
2. Medication will only be administered during the school day when the following conditions have been met:
 - a. It has been deemed by an authorized prescriber, by prescribing the medication and the frequency of its dosage, that it must be administered during the school day for the student to attend school.
 - b. For all new medications, the student **must** have already received the initial dose and not experienced any adverse reactions. This minimizes the chance of a negative drug reaction occurring at school.
 - c. An Authorization and Directions for Administering Medication(s) at School form detailing the duration of the medication course provided for the student^{1,2} has been completed by the parent/guardian, or the student where they have the ability to give consent, and submitted to school administration.
 - i. The completed Authorization and Directions for Administering Medication(s) at School form is for the current school year and must be completed annually, unless otherwise stated on the form.
 - ii. For students with diabetes who require blood glucose monitoring and the administration of insulin during instructional hours, the specific documentation developed to support these healthcare tasks must be used³—the Authorization and Directions for Administering Medication(s) at School form is not required.

1 Available in TIENET.

2 A completed Authorization and Directions for Administering Medication(s) at School form is not required for any emergency medication (e.g., intranasal glucagon, epinephrine autoinjector, inhalers/puffers, seizure rescue medications) that is part of a PoC, because these have already been authorized by the signing of the PoC.

3 Available on TIENET.

- iii. Any information provided by the pharmacy must accompany an Authorization and Directions for Administering Medication(s) at School form including, but not limited to:
 - name of the medication
 - dosage
 - frequency
 - time the medication must be administered
 - method of administration
 - storage and safekeeping requirements; including possible side effects, if any
 - expiry date/refill date of the medication
- d. The parent/guardian ensures that the school receives updated treatment documentation any time a medication change occurs.
- e. All medications must be in their original containers; prescription medication with the current pharmacy label attached, and non-prescription medication to include the package documentation for guidance.⁴
- 3. If a regulated health care professional is required to administer the medication, the Student Planning Team and/or SHP nurse will be consulted.
- 4. It is strongly recommended that the school staff who administer non-emergency prescription and emergency medications complete the training provided by the SHP nurse.
- 5. School staff supporting students with diabetes will receive specific training from a SHP nurse regarding the administration of insulin.
- 6. The school administrator, or designate, will ensure the following procedures are followed by the school staff supporting the administration of the medication:
 - a. school staff designated to oversee medication administration are assigned
 - b. the Authorization and Directions for Administering Medication(s) at School form is completed and available to the staff administering the medication
- 7. The school staff administering the medication will ensure
 - a. the medication is given in a private area where there will be minimal distractions
 - b. their hands are washed before handling the medication container or the medication
 - c. the medication is prepared for one student at a time
 - d. that all high-risk medications (e.g., insulin and narcotics) are checked with a second checker (this could be the student if they have the capacity to do this) to guarantee the student receives the right medication, the right dose, at the right time, and that it is given via the right route

4 Parents/guardians are able to request from their pharmacy a separate labelled medication for school use.

- e. the identity of the student is verified by comparing them to the photo on the Administration of Medication Record⁵ or by asking the student their name; if the student is non-verbal, a second staff member will confirm the student's identity
 - f. the student is observed taking the medication
 - g. the documentation of all medication administered is completed immediately by the person who administered the medication on the student's Administration of Medication Record; the Administration of Medication Record will be kept securely in a school administration office, and, once completed, the record will be stored in a secure location that is accessible to essential personnel only; the records will be retained for the required time periods, as defined in the *Student Records Policy*
8. Information on the Administration of Medication Record must include:
- a. the student's name
 - b. a current photograph of the student
 - c. parent(s)/guardian(s) name(s) and emergency telephone number(s)
 - d. the quantity of the medication provided to the school, e.g., the number of tablets or volume of liquid medication
 - e. the date and time the medication was administered
 - f. the dosage given
 - g. the name of the person supporting the administration of the medication and the second checker
9. Each medication administered will have a separate Administration of Medication Record.
10. Any missed doses will be documented on the student's Administration of Medication Record.
11. The school administrator will ensure school staff are aware of, and have access to, a copy of the "Recommended Responses to Potential Situations When Administering Medication at School" (Appendix A).
12. The student will take an appropriate level of responsibility for the administration of non-emergency medication, as described in their PoC if applicable, or determined through consultation with the student, parent/guardian, Student Planning Team, and/or regulated health care provider(s).
13. All non-emergency medication is to be stored in a locked and secured place during the school day.
14. If the medication must be stored in a refrigerator, it is preferable that this is a separate fridge, solely for medication, in a secure location. If a separate fridge is not available, medication can be stored in a general fridge (e.g., fridge in staff room) as long as the medication is located away from other stored items, particularly food and beverages.

5 Available in TIENET.

15. For emergency medications:
 - a. The administration of emergency medication may require the support and/or direct supervision of school personnel.
 - b. Whenever possible, the student will carry their emergency medication with them at all times. When this is not possible, it will be stored in a centralized and accessible location which is communicated to school staff.
 - c. The student's capability to safely carry and administer their own emergency medication will be discussed by the Student Planning Team as part of the Program Planning Process and included in the PoC.
 - d. Students are responsible to immediately report the self-administration of any emergency medication to school staff, who will communicate this to the school administration or designate right away and ensure that appropriate monitoring, follow-up, and documentation on the Administration of Medication Record occur.
16. When controlled substances are to be administered, the minimum amount of medication will be kept at school. Controlled substances are to be stored in a secure (locked) cupboard/refrigerator that is fastened to the room's floor or wall. The locked cupboard/refrigerator should be housed in an area that is well supervised, and ideally an area that the public does not have ready access to. When a controlled substance has been prescribed as an emergency medication, the storage procedure outlined for emergency medication will be followed.
17. If the remaining amount of a student's medication is questioned (e.g., 10 days of medication is delivered by the parent/guardian and it is gone in 8 days), the school administrator or designate will investigate to determine the reason for the discrepancy. This will be recorded on the Administration of Medication Record in the Additional Comments section and the staff member will report the discrepancy to their supervisor, and the student's parent/guardian, within 24 hours, or the next school day.
18. It is recommended that all non-emergency and prescription medication be transported to school by an adult.
19. If a student brings medication to school without an accompanying and completed Authorization and Directions for Administering Medication(s) at School form, the parent/guardian will be contacted for clarification of need and administration.
20. When there is unused or expired medication at school, the parent/guardian will be notified so collection can be arranged. Expired or unused medication remaining at the end of the school year will be taken to a pharmacy for proper disposal.
21. In the event of a medication error (e.g., a missed dose, wrong medication given), the staff member will report the incident to their supervisor immediately. The school administrator or designate and the parent/guardian **must** be informed immediately. If the medication is being administered as part of a student's Health Plan of Care, the staff will follow the emergency medical plan if necessary. The school administrator or designate will investigate the incident. SHP nurses will be consulted if additional training is required.
22. Complementary and alternative medications (e.g., herbs, dietary supplements, vitamins) do not meet the criteria for medication to be administered by staff at school, unless prescribed by a regulated health care provider.

Appendix A

Recommended Responses to Potential Situations When Administering Medication at School

Situation	Recommended Response
<p>Authorization and Directions for Administering Medication(s) at School form is not complete and/or available to the school personnel administering the medication</p>	<ul style="list-style-type: none"> • Do not administer the medication without the completed form. • Inform the school administrator or designate who will <ul style="list-style-type: none"> – ensure the form is completed and available to school personnel – contact the parent/guardian so alternative arrangements for medication administration can be made
<p>Current picture of student is not on the Administration of Medication Record</p>	<ul style="list-style-type: none"> • Inform the school administrator or designate so a photo can be obtained to include in the Administration of Medication Record. • Use two other methods of identification to confirm that the correct student is receiving medication, e.g., their date of birth and their home address. • If the student is non-verbal, a second staff person must confirm the student's identity.
<p>Medication has not been provided to the school by parent/guardian</p>	<ul style="list-style-type: none"> • Notify the school administrator or designate so they can contact the parent/guardian <ul style="list-style-type: none"> – to bring the medication to the school, or – to determine if the student can stay at school without their medication • If a dose is not given, record as a missed dose on the Administration of Medication Record.
<p>Lack of privacy to administer medication</p>	<ul style="list-style-type: none"> • Notify the school administrator or designate to assist in finding a private space to administer the medication. • Work with school staff to find a safe location to administer the medication.
<p>Student vomits after receiving medication by mouth</p>	<ul style="list-style-type: none"> • Do not repeat the dose. • Notify the school administrator or designate so the parent/guardian can be contacted to determine if the student can stay at school.
<p>A medication dose has been missed</p>	<ul style="list-style-type: none"> • If within an hour of regular medication time, administer and record the actual time given on the Administration of Medication Record. • If more than an hour, notify the school administrator or designate so the parent/guardian can be contacted to determine next steps and if the student can stay at school. • If a dose is not given, record as a missed dose in the Additional Comments column of the Administration of Medication Record.

Situation	Recommended Response
Medication is refused by student	<ul style="list-style-type: none"> • Identify triggers causing student’s behaviour and address the behaviour. • Attempt again to administer medication, include other trusted staff members as appropriate. • If the student continues to refuse, notify the school administrator or designate so the parent/guardian can be contacted to determine if the student can stay at school. • Record this as a missed dose on the Administration of Medication Record.
A medication error has occurred (e.g., wrong medication given, medication given at the wrong time or via the wrong route)	<ul style="list-style-type: none"> • Immediately notify the school administrator or designate. • The parent/guardian must be contacted to determine if the student can stay at school. • Call 911 if any ill effects are noted. • School administrator or designate will record error on Administration of Medication Record and investigate. • The SHP nurse will be contacted if additional training is required.
Medication has expired or prescription refill is about to expire	<ul style="list-style-type: none"> • Notify the school administrator or designate so the parent/guardian can be contacted <ul style="list-style-type: none"> – to provide school with in-date medication – to determine if the student can stay at school without administering the medication • Record this as a missed dose on the Administration of Medication Record.
A student questions or expresses concern regarding a medication when it is being administered.	<ul style="list-style-type: none"> • Stop before administering and, with the second checker, double check you are giving <ul style="list-style-type: none"> – the right medication – the right dose – to the right student – at the right time, and – via the right route • If concern persists, notify the school administrator or designate so the parent/guardian can be contacted to verify medication before administering.

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