

CCS - HAMILTON
POLICY ON ADMINISTRATION OF MEDICATION and FORM

Preamble:

In the course of a day at CCS, requests may be made by a student, or a parent on behalf of the student, for administering non-prescription medication and/or prescribed medication. This policy is intended to provide direction and procedures in attending to medication needs. It is based on Ontario government guidelines.¹ The Principal has the primary responsibility for the administration of the medication. It is understood that the designated staff person is administering the medication under the principle of “in loco parentis”², and not as a health professional. The parents have the responsibility to keep the school informed of “at risk” concerns and of medicine related procedures or requirements.

Policy and Procedures:

- 1.0 Non-prescription medication, that is medicine of any kind not ordered by prescription, should not be handled by school personnel.³
- 2.0 The Principal has designated the administrative assistants (or will designate an alternate in case of their unavailability) as the staff members authorized to administer prescription medication which does not involve CCAC service providers.⁴ A letter will be on file in case an alternate designate is warranted (under #563.3).
- 3.0 In sensitive or unusual circumstances, a staff member, other than the designated personnel, may administer prescription medication provided:
 - a) a separate agreement has been made in writing between the parent and the other staff member;
 - b) the agreement receives the approval of the Principal;
 - c) the staff member ensures the medication is stored in a secure and safe place.
- 4.0 The attached Request for Medication Administration Form must be updated and submitted annually prior to the administration of prescribed medication. An updated form is also required when changes occur. Each request is automatically terminated on the last day of school.
- 5.0 Any prescribed medication should be accompanied by a doctor's (or other health care professional) note. The note can be faxed to the school's office.⁵ Orders requiring or involving CCAC service providers will be faxed to CCS by CCAC. Any requirements involving CCAC personnel that were not channelled through CCAC will be faxed by CCS to CCAC for approval.

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

2 “in loco parentis” means “in the place of the parent.”

3 Should it be necessary to handle non-prescription medication, our preference is that the usual procedures for administration of prescription medication be followed.

4 CCAC stands for Community Care Access Centre and it oversees the services of nurses, speech therapists, occupational therapists, physical therapists, personal support workers, etc.

5 Our understanding of the Memorandum is that we should be receiving something from the doctor in writing. If this is problematic in terms of costs or logistics, please contact us.

- 6.0 Any prescribed medication must be contained in a properly labelled container. The label must include the standard information normally placed by a pharmacy, including the name of the drug, the dosage, the expiry date, the frequency and method of administration, and the name of the attending physician.
- 7.0 Any related medical supplies must be supplied by the parents unless separate arrangements have been made with the school or the CCAC service provider.
- 8.0 The designated CCS personnel must keep a record of administered prescribed medication (*Medication Record Form #563.3.1*)
- 9.0 The designated personnel, when required to store medication, will ensure the medication is stored in a secure and safe place. Designated personnel are permitted to discard any outdated medication and unused medication (outside of the duration of administration indicated by the parent) without obtaining prior approval from the parent.
- 10.0 Medical services involving CCAC service provider(s) arranged through CCS will require a special agreement involving the parents and the service provider. Please ask the school office to provide the *Nurse: Special Agreement (#477)* document. This agreement only applies to independent personnel and not those with health care agencies.
- 11.0 No CCS staff member will administer medication by using rectal suppository, by pushing the release button on in insulin pump, or by injecting medication at any time except the application of an EpiPen in the event of an emergency situation involving anaphylaxis.
- 12.0 The CCS *Anaphylaxis Policy (#563.1)* and First Aid emergency treatment protocol override this policy.
- 13.0 CCS will attempt to administer the medication in a manner which allows for sensitivity and privacy and which encourages the student to take an appropriate level of responsibility for his or her medication.
- 14.0 Calvin Christian School cannot be held responsible for private arrangements between the parent and the student concerning prescribed or non-prescriptive medication administration.

Approved by CCS BOD Nov. 9, 2004

Updated by CCS BOD Nov. 5, 2013

REQUEST FOR MEDICATION ADMINISTRATION FORM

To be completed by parent/guardian and returned immediately to the school office before the commencement of medication administration at CCS by authorized and designated personnel.

Name of Student: _____ Date of Birth: _____

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

Name of Parent/Guardian: _____

Address: _____

Home Telephone: _____ Business Telephone: _____

Cell Phone: _____ 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: Doctor's note: attached or faxed to CCS or faxed to CCAC

I have read the CCS Policy on Administration of Medication. CCS 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 CCS BOD from any legal liability that may result from the administration of medication herewith requested. I will complete 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: _____