



## Administrative Procedure 4505

# Administering Medications to Students

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**Board Governance Policy Cross Reference:** [1](#), [13](#), [14](#)

**Administrative Procedures Cross Reference:**

[Children with Known Risk of Anaphylaxis / Life Threatening Allergies](#)

[Unified Referral and Intake System \(URIS\)](#)

**Form Cross Reference:**

[Individual Medication Administration Log](#)

[Procedures for Handling Prescribed Medications](#)

[Request to Administer Medication Form](#)

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**Legal/Regulatory Reference:**

[Manitoba's Unified Referral and Intake System \(URIS\) Manual](#)

[Workplace Hazardous Materials Information System \(WHMIS\)](#)

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**Date Adopted:** May 2007

**Amended:** February 2019

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### Medication for Children with Known Risk of Anaphylaxis

Refer to Administrative Procedure 4525 *Children with Known Risk of Anaphylaxis / Life Threatening Allergies*.

### Asthma Medication – School Response

1. If a child has asthma the parents/guardians will:
  - a. complete a Unified Referral and Intake System (URIS) Group B application; and
  - b. complete an Asthma Standard Health Care Plan.
2. When the school is made aware that a student has asthma, the resource teacher will submit the Unified Referral and Intake System (URIS) Group B application and Asthma Standard Health Care Plan to the URIS program.
3. A URIS nurse will review the Asthma Standard Health Care Plan filled out by the parents and meet with them to collect any additional information.
4. The School Leader will ensure that a Standard Health Care Plan is developed

- by the URIS nurse in collaboration with the parents/guardians, student (if appropriate), and physician, if needed, then shared with the classroom teacher(s), and other appropriate and relevant personnel.
5. The Asthma Standard Health Care Plan will include:
    - a. the triggers and reliever medication;
    - b. when to contact emergency services; and
    - c. contacting parents/guardians or back up contact if parents are not available.
  6. Children with asthma who are prescribed inhalant medication to prevent or relieve their symptoms need those inhalers to be close at hand to be of value. The student should carry the inhaler at all times, unless the developmental level of the child necessitates the school taking responsibility for the inhaler, in which case it should be kept in an unlocked, easily accessible location known to the child and the responsible adults in the building. This medication is not dangerous to the child or others if misused.
  7. The School Leader will keep the Asthma Standard Health Care Plan in a central location accessible to staff.
  8. All staff will receive training annually in the types and use of inhalers.
  9. Classroom teacher(s) will ensure substitute staff are informed of the presence of a child with known asthma, and that appropriate support/response is available should an emergency occur.
  10. Ensure that the Asthma Standard Health Care Plan is reviewed by all appropriate staff prior to taking a field trip and/or participating in extra-curricular activities.

### **Prescribed Medications**

The Brandon School Division acknowledges the fact that certain students may require prescribed medication during the school day in order to manage certain physical/medical conditions that otherwise would interfere significantly with their school functioning. While this responsibility normally rests with the family, the Division realizes that administration of the medication by the parent or legal guardian is not always possible at the prescribed time during the day.

In such circumstances, the Division will attend to the administering of the prescribed medication, provided that, and only if, the parent/legal guardian meets all prerequisites as identified in the *Responsibilities of Parents/Guardians* section of this Administrative Procedure. Practices for the storage, documentation, handling and administration of the medication are outlined under *Responsibilities of Schools*. Specific practices related to medication for anaphylactic shock are outlined under *Medication for*

*Children with Known Risk of Anaphylaxis.* Specific practices related to inhalers for asthma are outlined under *Asthma Medication – School Response*.

This Administrative Procedure is in place for the protection of the employee, the student, and their family. It applies to all prescription medication other than those covered in *Manitoba's Unified Referral and Intake System (URIS) Manual*, previously adopted by the Division. If the medication is required for less than 14 days duration, an Individual Health Care Plan need not be completed, but all other practices in this policy regarding storage, administration and recording shall apply.

This Administrative Procedure applies to children who, by reason of age, maturation, or physical or cognitive ability, are not able to manage their own medication. Under circumstances in which a child is able to manage his or her own medication administration safely, competently and consistently, that child may be considered exempt from these administrative procedures.

### **Over the Counter or Patent Medications**

Families may request that an over-the counter medication be administered to a child. This administration must also be done in accordance with the practices established for prescribed medication.

Analgesics (e.g. acetaminophen, ibuprofen) may be administered on the prior written or immediate verbal consent of a parent/guardian for treatment of minor aches. Acetylsalicylic acid (ASA, or Aspirin) is NOT to be administered because of the possibility of allergic reaction.

Other remedies are not to be dispensed by the school.

### **Responsibilities of Parents/Guardians**

The Division will attend to the administering of a prescribed medication to a student at a parent/guardian's request according to these administrative procedures hereafter described, provided that, and only if, the parent/guardian meets all prerequisites in this section, namely by:

- providing the school with an Individual Health Care Plan (IHCP) in the form of a *Request to Administer Medication Form* which provides details of the medication and its use, including confirmation that the first dose of the medication has been administered in the presence of the parent/guardian and has been well tolerated by the child;
- seeing that the medication is delivered to the school by a responsible adult, in an original pharmacy-labeled container which identifies:
  - the child's name;
  - name of the prescribing physician;

- name of the medication;
- prescribed dose;
- time and route of administration;
- name of the pharmacy;
- date the prescription was filled;
- providing any measuring implements required for the medication;
- re-confirming the IHCP information at the beginning of each school year; and
- notifying the school immediately if the medication is to be discontinued.

### **Responsibilities of Schools**

These conditions of handling medication are established for the safety and well-being of children receiving medication at school, and to promote the responsible handling of the product.

Schools are responsible for:

- Storage of Medication - Storing medications in a specifically designated and locked location, separated (e.g. in clearly labeled plastic containers or bags) from other items including other children's medication in the location (excepting adrenaline auto-injectors and asthma inhalers – *Medication for Children with Know Risk of Anaphylaxis* and *Asthma Medication – School Responses*).
- Access and Administration of Medication
  - The School Leader or designated person(s), as designated by the School Leader, shall be in care and control of access to the medication and to administer them.
  - The designated person(s) shall be fully aware of the specific details of:
    - administering the medication to that child;
    - location of the IHCP for the child;
    - proper procedures for handling medications (See *Procedures for Handling Prescribed Medications Form*);
    - proper recording of the administration of medication (See *Individual Medication Administration Log*); and
    - the information in the enclosed Administrative Procedure.
- Monitoring
  - Consulting with the parent/guardian or physician before administering the medication if the situation appears to warrant extra caution (e.g. illness or unusual symptoms).

- Noting any variations from the prescribed administration plan (e.g. omission of a dose, overmedication, administration of an incorrect medication, or refusal by the child to take medication) and notifying the parent/guardian to consult with them in order to develop an appropriate action plan. If the parent/guardian cannot be contacted and a health risk may be present, the school shall contact the person designated as an alternative by the parent/guardian on the “Request” form, the dispensing pharmacist, or the prescribing physician.
- Returning any discontinued or stale-dated medication to the parent/guardian if possible, or if returning the medication is not possible, then disposing of it according to *Workplace Hazardous Materials Information System (WHMIS)* guidelines.
- Taking reasonable steps to make accommodations to the plan in order to enable the child to participate in authorized school excursions.

### **First Aid and Minor Remedies**

The only product approved for general use is hydrogen peroxide. For minor cuts and abrasions, the wound is to be washed, cleaned with peroxide, and covered with a sterile bandage where necessary. For more serious cuts or other injury, the child is to be referred to a physician for treatment.