

# POLICY Administration of Oral Medication

| Staff Responsible for              | Initial Effective Date: June 30, 2024 |
|------------------------------------|---------------------------------------|
| implementation: Executive Director |                                       |

**1.0 Objective:** To provide staff, parents and participants with clear protocols for safely supporting the administration of oral prescription medication at TEAD. This policy is intended to fulfill the obligations of section 40 of *Regulation 137/15* under the *Child Care and Early Years Act (2014)*.

TEAD's Camp Wrangler falls under section 9 of the *Child Care and Early Years Act (2014).* The following applies to camps under this legislation:

#### Administration of drugs or medications

40. (1) Where a licensee agrees to the administration of drugs or medications, the licensee shall ensure that,

(a) a written procedure is established for,

(i) the administration of any drug or medication to a child receiving child care at a child care centre operated by the licensee or at a premises where it oversees the provision of home child care, and

(ii) the keeping of records with respect to the administration of drugs and medications;

(b) all drugs and medications on the premises of a child care centre operated by the licensee or at a premises where it oversees the provision of home child care are,

(i) stored in accordance with the instructions for storage on the label,(ii) administered in accordance with the instructions on the label and the authorization received under clause (d),

(iii) inaccessible at all times to children, and

(iv) in the case of a child care centre, kept in a locked container;

(c) one person in each child care centre operated by the licensee and in each premises where it oversees the provision of home child care is in charge of all drugs and medications and that all drugs and medications are dealt with by that person



or a person designated by that person in accordance with the procedures established under clause (a);

(d) a drug or medication is administered to a child only where a parent of the child gives written authorization for the administration of the drug or medication and that included with the authorization is a schedule that sets out the times the drug or medication is to be given and amounts to be administered; and

(e) a drug or medication is administered to a child only from the original container as supplied by a pharmacist or the original package and that the container or package is clearly labelled with the child's name, the name of the drug or medication, the dosage of the drug or medication, the date of purchase and expiration, if applicable, and instructions for storage and administration. O. Reg. 137/15, s. 40 (1); O. Reg. 254/19, s. 10.

(2) Despite subclauses (1) (b) (iii) and (iv) and clause (1) (c), the licensee may permit a child to carry his or her own asthma medication or emergency allergy medication in accordance with the procedures established under clause (1) (a). O. Reg. 137/15, s. 40 (2).

## 2.0 Definitions:

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

*Long-term medication* refers to medication that is necessary on an ongoing basis, e.g. drugs that control hyperactivity, seizures.

*Medication*, for the purposes of this Policy, refers only to medication prescribed by a physician authorized to practice within the Province of Ontario. Non-prescriptive medication of any type is not to be administered by staff without written direction from a licensed physician.

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



*Prevalent Medical Conditions* are conditions that have the potential to result in a medical incident or a life-threatening medical emergency, which include, but are not limited to, anaphylaxis, asthma, diabetes, epilepsy, and sickle cell disorder.<sup>1</sup>

## 3.0 Policy Statement:

All health support services must be administered in a manner that respects, to the degree possible in the circumstances, the participants' right to privacy, dignity, and cultural sensitivity.

Under the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Health Information Protection Act (2004), TEAD fulfills its federal and provincial obligations to protect participant's privacy rights while supporting the administration of medication.

Wherever possible, oral prescription medication that may be required by participants will be administered by parents/guardians (or by a member of the medical profession) outside of TEAD programming or activities. However, where it is medically necessary for participants to take oral prescription medication while in attendance at TEAD (and such medication has been prescribed by a physician for use during TEAD programming hours), parents/guardians, the medical profession and TEAD staff will work together to facilitate the safe use and administration of such medication. The administration of such medication is subject, however, to there being, in each case, sufficient resources at TEAD to permit the safe use and administration of the oral prescription medication.

<sup>&</sup>lt;sup>1</sup> Toronto District School Board (2019), Operational Procedure PR536: Medication Management



**4.0 Scope and Limitations:** The roles and responsibilities below apply to staff, parents and participants who are active in any TEAD program, including but not limited to: day camp, therapeutic riding and unmounted programs. Volunteers will not administer medication to participants at TEAD.

When school board participants are at TEAD, staff should follow the Administration of Medication policy and related paperwork for their school district. All non life threatening medication will be administered by school board staff. In the event of a life threatening emergency, Ontario laws including *Sabrina's Law*, *Ryan's Law* and the *Good Samaritan Act* will apply to TEAD's staff and volunteers.

## 5.0 Roles and Responsibilities:

**Caregivers** 

- Educate their child about their medication condition and management, in an age and developmentally appropriate way
- Inform TEAD staff of the medical condition and medication management
- Complete medication administration forms
- Ensure emergency contacts are up to date
- Communicate any changes in the plan to TEAD staff

### <u>Participant</u>

• In an age and developmentally appropriate manner, advocate for and participate in their medication administration plan and daily processes



### Program Coordinator

- Include medical forms, referencing medication administration needs, in Amilia registration process
- Print medical information as part of participant information for instructors/ camp staff

## Executive Director

- Ensure staff, participants and caregivers are aware of the medication administration policy
- Support staff in implementing the policy (education, planning, parent communication support)
- Monitor implementation of plan
- Ensure on site practices to maximize security of medication (locked) and participant personal information privacy

### Medication Administration Designate

- Review Appendix A-C of the Medication Administration Policy before administering medication to any participant
- Ensure medication and paperwork are securely stored each day for safety and personal information protection
- Ensure a second staff member witnesses medication being administered
- Monitor side effects and report to the executive Director and caregiver immediately

## 6.0 Privacy

Under the Office of the Privacy Commissioner of Canada, the *Personal Information Protection and Electronic Documents Act (PIPEDA)* applies to all Canadian non-profit businesses that engage in commercial activity. This federal legislation mandates privacy practices across ten principles.



Provincially, the *Personal Health Information Protection Act (2004)* outlines legislation for collecting, using, storing and responding to requests to access information that organizations collect related to medical conditions and medication.

TEAD's Medication Administration Policy aligns with the aforementioned federal and provincial legislation for the highest standard of personal privacy.

## 7.0 Appendices

Appendix A: Supervision/Administration Designation Form Appendix B: Participant Medication Record Appendix C: Administration of Medication Verification Form

## 8.0 References:

Child Care and Early Years Act, 2014, S.O. 2014, c. 11, Sched. 1

Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A

<u>Personal Information Protection and Electronic Documents Act (S.C. 2000, c.</u> 5)

Ryan's Law (Ensuring Asthma Friendly Schools), 2015, S.O. 2015, c. 3

<u>Sabrina's Law, 2005, S.O. 2005, c. 7</u>

The Good Samaritan Act S.O. 2001, c. 2

The Office of the Privacy Commissioner: Privacy Guide for Business (2020)



## APPENDIX A Supervision/Administration Designation Form

In consideration for exercising the method of administration of the medication as indicated above,TEAD and its employees and contract workers are hereby released and forever discharged from any and all liabilities, covenants, claims, actions and damages arising as a result of exercising such procedure.

I hereby further agree to indemnify and save harmless, TEAD and its employees and contract workers from and against any loss, damage, claim or expense suffered or incurred by them as a result of exercising the method of administration as outlined above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SUPERVISION/ADMINISTRATION

Person(s) designated to supervise/administer medication(s)/procedure(s) and to maintain record:

| Name:                          | Signature:        |  |
|--------------------------------|-------------------|--|
| Alternate Name:                | Signature:        |  |
| Executive Director's Signature | Date <sup>.</sup> |  |

#### NOTICE

Under the Office of the Privacy Commissioner of Canada, the *Personal Information Protection and Electronic Documents Act (PIPEDA)* applies to all Canadian non-profit businesses that engage in commercial activity. This federal legislation mandates privacy practices across ten principles.

Provincially, the *Personal Health Information Protection Act (2004)* outlines legislation for collecting, using, storing and responding to requests to access information that organizations collect related to medical conditions and medication.

This information is being collected for the sole purpose of safely administrating medication to the aforementioned participant. This information is stored digitally in Amilia. A hard copy is presented to staff directly supervising or administrating medication.

| Parent/Guardian Signature: |  | Date: |
|----------------------------|--|-------|
|----------------------------|--|-------|



## APPENDIX B Participant Medication Record

□ Staff administered

Participant administered

Name of participant:

Date of Birth:

Address:

Telephone:

Emergency contact:

| Date | Time | Medication/<br>Dosage | Comment | Signature of<br>person<br>administering or<br>supervising<br>self-administration | Signature of<br>Witness |
|------|------|-----------------------|---------|--|-------------------------|
|      |      |                       |         |  |                         |
|      |      |                       |         |  |                         |
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|      |      |                       |         |  |                         |



# Appendix C Administration of Medication Verification Form - SAMPLE \*Information collected and stored in Amilia\*

### Participant name: Date of Birth:

Name of dispensing pharmacy: Pharmacy address: Pharmacy phone number:

Name of physician: Physician address: Physician phone number:

| Medication prescribed: |                         |   |
|------------------------|-------------------------|---|
| Dose:                  | Time of Administration: | Possible side effects (if<br>applicable): |
|                        |                         |   |
|                        |                         |   |

| Medication prescribed: |                         |   |
|------------------------|-------------------------|---|
| Dose:                  | Time of Administration: | Possible side effects (if<br>applicable): |
|                        |                         |   |
|                        |                         |   |

\*Authorized in Amilia digitally