



<b>Policy Title</b>	Medication Management Policy		
<b>Date approved</b>	16/05/2017	<b>Review Date:</b>	May 2020
<b>Revision No:</b>		<b>Revision Date:</b>	

### **Rationale:**

Reservoir High School staff may be asked by parents/carers to administer medication (prescription and non-prescription) for their children while at school.

### **Aims:**

To ensure medications are administered correctly.

**Note:** Medications to treat asthma, anaphylaxis or diabetes do not need to be accompanied by the Medication Authority Form as they are covered in the **student's health plan**

### **Broad Guidelines:**

School practices in relation to the administration of medication to students is done so in a manner that is appropriate and ensures the safety of students and fulfils the duty of care of staff.

Students who are unwell should not attend school.

Encourage parents/carers to consider whether they can administer medication outside the school day, such as before and after school and before bed.

### **Implementation:**

The sub school leaders will be responsible for administering prescribed medications to students.

As per Department of Education and Training guidelines, **staff will not administer analgesics (pain killers) including but not limited to, aspirin and paracetamol** as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury, **even with verbal consent from parents/carers.**

Students should not take their first dose of a new medication at school in case of an allergic reaction. This should be done under the supervision of the family or health practitioner.

All medication to be administered must be accompanied by:

- Medical practitioner advice providing directions for appropriate storage and administration
- in the original bottle or container clearly labelled with the name of the student, dosage and time to be administered
- within its expiry date
- stored according to the product instructions, particularly in relation to temperature

Medication will not be used by anyone other than the prescribed student. **Note:** Only in a life threatening emergency could this requirement be varied. i.e. if a student is having an asthma attack and their own blue reliever puffer is not readily available, one should be obtained and given without delay.

All parent/carers requests to administer prescribed medications to their child must be in writing on the Medication Authority Form provided and must be supported by specific written instruction from the medical practitioner or pharmacist's including the name of the student, dosage and time to be administered (original medications bottle or container should provide this information).

**Specialised procedures:**

For information on specialised medical procedures such as injections or rectal Valium see:

Complex Medical Care Support

**Note:** Medication to treat asthma, anaphylaxis or diabetes do not need to be accompanied by the Medication Authority Form as it is covered in student's health plan.

All verbal requests for students to be administered prescribed medications whilst at school must be directed to the sub school leaders, who in turn, will seek a meeting or discussion with parents to confirm details of the request and to outline school staff responsibilities.

Requests for prescribed medications to be administered by the school 'as needed' will cause the sub school leaders to seek further written clarification from the parents.

All student medications must be in the original containers, must be labelled, must have the quantity of tablets confirmed and documented, and must be stored in either a locked office, first aid cabinet or office refrigerator, whichever is most appropriate.

Classroom teachers will be informed by the sub school leader of prescribed medications for students in their charge, and classroom teachers will release students at prescribed times so that they may visit the sub school office and receive their medications from the sub school leader.

All completed Medication Request Forms and details relating to students, their prescribed medication, dosage quantities and times of administering will be kept and recorded in a confidential official loose-leaf medications register located in the appropriate sub school office by the sub school leader in the presence of, and confirmed by, a second staff member.

Reservoir High School Students involved in school camps or excursions will be discreetly administered prescribed medications by the 'nominated staff member' in a manner consistent with the above procedures, with all details recorded on loose-leaf pages from the official medications register. Completed pages will be returned to the official medications register on return of the excursion to school.

Parents/carers of students that may require injections are required to meet with the school to discuss the matter.

**Evaluation:**

This policy will be reviewed as part of the school's three-year review cycle.

# Medication Administration Log

This log, or (equivalent official medications register), should be completed by the person administering the taking of medication.

Name of student: \_\_\_\_\_ Year level: \_\_\_\_\_

Date <small>(Day, month and year)</small>	Time	<small>Family Name (please print)</small> <b>Name of Medication</b>	<small>First Name (please print)</small> <b>Tick When Checked (√)</b>				<b>Comments</b>	<b>Name of staff</b> <small>(Please print &amp; initial)</small>
		<b>Right Child</b>	<b>Right Medication</b>	<b>Right Dose</b>	<b>Right Route</b> <small>(oral/inhaled)</small>			

**Record for cross-checking:** It is recognised that in many specialist school settings medication is administered using a system of two staff members checking the information noted on this log. This is an appropriate added safety measure and seen as good practice.

<b>Name of Medication:</b>	<b>Prescribed Dose:</b>



# Medication Authority Form

## for a student who requires medication whilst at school

This form should be completed ideally by the student's medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead. These forms are available from the Australasian Society of Clinical Immunology and Allergy (ASCIA): <http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment>.

Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MedicAlert Number (if relevant): \_\_\_\_\_

Review date for this form: \_\_\_\_\_

**Please Note: wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.**

Medication required:				
Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally/ topical/injection)	Dates
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication

				Start date:    /    / End Date:      /    / <input type="checkbox"/> Ongoing medication
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**Medication Storage**

Please indicate if there are specific storage instructions for the medication:

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**Medication delivered to the school**

Please ensure that medication delivered to the school:

Is in its original package

The pharmacy label matches the information included in this form.

**Self-management of medication**

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

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**Monitoring effects of Medication**

Please note: School staff *do not* monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

**Privacy Statement**  
 The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

**Authorisation:**

**Name of Medical/health practitioner:**

Professional Role:

Signature:

Date:

Contact details:

**Name of Parent/Carer or adult/Mature minor\*\*:**

Signature:

Date:

If additional advice is required, please attach it to this form

\*\*Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: [Decision Making Responsibility for Students - School Policy and Advisory Guide](#)).