

Rivergums Primary School
Medication Policy



Developed in Accordance with DoE Policy
Student Health Care Procedures (1/1/2015)
Guidelines- Administration of Medication (Updated 7/11/14)

Medication

Administration of Medication:

Schools are expected to comply with parent requests for their child to be supervised or assisted in the administration of medication. Parents are required to provide the school with written information about the following:

- the reason for taking medication;
- details including the name of the medication, dosage, when it must be taken and any other relevant information; and
- whether the student is able to self-medicate or if staff supervision is necessary.

Students can take responsibility for self-medication if parents advise that this is appropriate. Independent administration of medication will be dependent upon the age of the student and the nature of their health care needs. School Administration staff are required to supervise and check that a student has taken their medication and record the student's action.

Each time a student takes medication at school; acknowledgement must be made on the **Medication Record** stored as part of the student's health care records. For incidental medications (see Non-prescription Medication section), information is to be documented on the **Incidental Medication Record**, with names, date & time and parent permission acknowledged.

Incorrectly labelled or out of date medication must not be accepted for use by staff.

Short-Term Medication

Short-term medication is prescribed medication that a student is required to take during school hours in response to a short-term medical condition. Prior to the administration of medication at school, the **Administration of Medication form** needs to be completed.

Long-Term Medication

Long-term medication is prescribed medication that a student is required to take during school hours in response to a long-term or ongoing medical condition. Instructions and authorisation for the administration of long-term medication will be recorded in the student's health care plan.

Parents are subsequently responsible for providing instructions to adjust the dosage. Where the requested dosage is within the range specified by the medical practitioner staff must administer the medication accordingly.

Staff members should not give **prescription medication** to a child unless under the direction of Principal or Associate Principal. Forms, available through the office, must be completed by parents when requesting a staff member to give prescription medication. All medication must be handed by the parent to a member of the Admin.

Students are not permitted to have any medication in their possession at school. The only exceptions to this are puffers for asthmatics.

Provision of medication

If parents require medication to be administered to their child at school, they must provide that medication to the school in original packaging which indicates the student's name and required dosage.

Dosage

Dosage is in accordance with the pharmacy label. However, the principal or their nominee can request advice from a medical practitioner where they believe a student's prescribed dosage may need to be adjusted. A medical practitioner may nominate the range of prescribed dosage.

Non-Prescription Medication

Administration of non-prescription medication may be authorised by a health practitioner or requested by parents as part of a health care treatment or management plan. In such circumstances a Health Care Authorisation – **Administration of Medication form** must be completed. The Principal or Associate Principal must then manage the administration of non-prescription medication as if it were a prescribed medication.

For incidental medication such as Panadol or similar pain relieving products, parents' consent must be sought. Verbal permission should only be sought as a last resort and if entirely necessary for immediate health needs (pain medication). For such occasions, information is to be documented on the **Incidental Medication Record**, with names, date & time and parent permission acknowledged (see Administration of Medications section) and a **Medication Issued Confirmation** sent to parents, which is to be returned to the school the following day.

Storage of Medication

As part of a Health Care Authorisation it may be agreed that an amount of medication will be stored by the school. The agreed amount of medication will be handed, by the parent or student, to the office for safe storage.

For all Students, medication is stored in the locked medical cupboard located in the medical room in the front office. This can only be accessed by authorised staff. Any medications requiring refrigeration are located in the office refrigerator.

Schedule 4 and Schedule 8 drugs

Under the *Poisons Act 1964*, Schedule 4 drugs (often used for seizure management) and Schedule 8 medications such as some used for ADHD are restricted drugs. Restricted drugs are to be stored in a locked cupboard separately from all other non-Schedule 4 and Schedule 8 drugs. Documentation for recording the short or long term administration of restricted drugs should include the amount of medication provided by parents, the amount, dates and times it is administered at school and the amount, if any, returned to parents. A regular inventory should be made of all restricted Schedule 4 and Schedule 8 drugs.

Excursions and Off Site Activities

When an excursion or off school site activity is planned, the teacher and the parents of a child with intensive health care needs must consider the possible impact on the student. Students requiring medications may attend excursions or off site activities provided adequate care can be provided by the staff attending the activity.

The Principal or Associate Principal must ensure that appropriate contingency plans have been made to deal with medical emergencies involving students with health care needs during an excursion or off school site activity.

The staff member in charge must have a comprehensive understanding of the Health Care Authorisation, including relevant information about how to manage the administration of medication.

Emergency Medication

Emergency Medications such as EpiPen's are located in areas around the school deemed appropriate to the immediate needs of the student involved. Currently, all EpiPen's are located in the Medical Room EpiPen cabinet in the front office.

All staff members are trained in the use and management of EpiPen's, with ongoing training offered each year by the School Nurse.

Asthma Medication

Student with Asthma are expected to maintain their own medication and self-administer as required. The school does hold a supply of emergency asthma medications and equipment, however, these are only to be used if a student supply is exhausted or lost. Medical Action Plans for students with Asthma outline these requirements.

Staff Medication

All staff members are required to manage their own medication needs. However, if some staff members have heightened medical needs (anaphylaxis/allergic to bee stings), they may choose to consult with their line manager to store emergency medication on site in an area designated appropriate. These being medical cabinets located in key areas of the school.

ADMINISTRATION OF MEDICATION- Rivergums PS



This form is to be used when a parent/carer requests school staff to administer medication to their child on a short term basis. Note: Long term administration of medication should be incorporated in a health care plan.

School: _____ Year: _____ Form: _____

Students Name: _____ Date of Birth: _____

Family Contact Details Address: _____ Gender: _____

Telephone No: _____ Teacher: _____

Section A: Medication Instructions – To be completed by parent/carer (Note: Medication must be provided by parents/carers)

	Medication 1		Medication 2	
Name of medication				
Expiry date				
Dose/frequency – (may be as per the pharmacist's label)				
Duration (dates)	From : To:		From : To:	
Route of administration				
Administration Tick appropriate box	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/>	Kept and managed by self <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>
	Other <input type="checkbox"/>		Other <input type="checkbox"/>	

Will staff need to be trained to administer your child's medication? Yes No If yes, describe the type of training the staff would require: _____

Section B – Authority to Act

This administration of medication form authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for the specified time period as noted above.

Parent/Carer: _____ Date: _____

OFFICE USE ONLY

Date received: _____

Is specific staff training required? Yes No : _____ Type of training: _____
 Training service provider: _____ Name of person/s to be trained: _____

Date of training: When this course of medication concludes, please retain this form in the student's school file

MEDICATION ISSUED CONSENT FORM



Date: _____

Dear Parent/Guardian

The Department of Education Student Health Care Policy, in conjunction with the Rivergums PS Medication Policy requires written confirmation from parents for medication to be issued to students. Please sign at the bottom of **section 2**, acknowledging your consent for the medication issued to your child on _____.

SECTION 1 Student's Personal Details

Student's Name: (surname) _____	(other names) _____
Date of Birth: _____	Gender: M / F
Year Level: _____	Class teacher: _____

SECTION 2 Administration of Medication

Name of Medication: _____		
Date of medication - ____ / ____ / ____	Dose - _____	
I acknowledge my consent was sought and given for the above mentioned. Furthermore, I acknowledge that my consent is for this occasion only and may be sought again for subsequent occurrences.		
Name: _____	Signed: _____	Date: _____

Please return this consent by: _____