

**CASTLEMAINE NORTH PRIMARY SCHOOL
MEDICATION MANAGEMENT POLICY – 2019-2022**

RATIONALE

Where a prescribed medication must be taken during school hours, staff at Castlemaine North Primary School when requested by parents/carers will be required to administer the medication to students. (However where possible all medication is to be taken outside school hours).

AIMS

1. outline the procedure that staff will follow to administer prescribed medication to students at Castlemaine North Primary School.
2. clarify staff duty of care requirements to the students.
3. outline the restrictions to medication administration by staff within a school environment.

GUIDELINES

1. In line with DET guidelines, Castlemaine North Primary School staff must adhere to the following guidelines:
 - a) Schools may not store or administer analgesics such as paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury.
 - b) Do not allow a student to 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.
 - c) Do not allow use of medication by anyone other than the prescribed student. **Note:** Only in a life threatening emergency could this requirement be varied. For example, if a student is having an asthma attack and his/her own blue reliever puffer is not readily available, one should be obtained and given without delay.
2. All medication to be administered must be:
 - a) accompanied by written advice providing directions for appropriate storage and administration.
 - b) in the original bottle or container clearly labelled with the name of the student, dosage and time to be administered.
 - c) within its expiry date
 - d) stored according to the product instructions, particularly in relation to temperature.

PROCEDURE

Authority to Administer

Prior to administering a medication staff must have a completed Medication Authority Form from parents (in line with DET requirements). The form should be completed by the student's medical/health practitioner. If this cannot be obtained by the medical practitioner the Principal may allow a form to be completed by the parent/guardian. *Anaphylaxis and Asthma medication is exempt.*

Administering medication

1. The Principal or nominated staff member must ensure that the student receives:
 - a) the correct medication.
 - b) in the proper dose.
 - c) via the correct method, such as inhaled or orally.
 - d) at the correct time of day.
2. Students needing medication must have it administered by a teacher (not self-administered).

3. Once the medication has been administered the Medication Log should be completed by the person administering the medicine.
4. Where possible a second staff member should supervise the administration of medication and check the information has been correctly entered into the medication log.
5. Schools can observe and document behaviours for the student's medical/health practitioner.

Storing medication

1. Staff must ensure that the medicine is stored for the period of time specified in the written Medication Authority Form.
2. The provided quantity of medication cannot exceed a week's supply. Long term continuous care may be exempt by arrangement with the school.
3. Medication must be stored:
 - a) securely to minimise risk to other students and staff.
 - b) in a place only accessible by the staff responsible for administering the medication.
 - c) separately from the first aid kit (ventolin/asmol excepted).

Medication error

1. Ring the **Poisons information Line, 13 11 26** and give details of the incident and student.
2. Act immediately upon their advice, such as calling an ambulance, on 000, immediately if you are advised to do so.
3. Contact the parents/guardians or the emergency contact person to notify them of the medication error and action taken.
4. Review medication management procedures at the school.

IMPLEMENTATION

1. Staff will be provided with the Medication Management Policy at the commencement of the school year.
2. All Medication Authority Forms must be retained by the school in the designated folder in the staff room. This folder will also contain the Medication Log.
3. Copies of the forms must be taken on camps and excursions.
4. The teacher responsible for the student will be required to administer the medication, with another staff member present where possible.

REFERENCES

1. Department of Education and Early Childhood Development-Medication Policy, <https://edugate.eduweb.vic.gov.au/edrms/keyprocess/cp/SitePages/SchoolPoliciesDetail.aspx?CIId=22>
2. Medication Authority Form (Department of Education and Training) (see as Appendix)

EVALUATION

This policy is to be reviewed triennially as part of the School Council's review cycle.

This policy was reviewed and ratified by School Council 2019

(Principal)

(President of School Council)

Date: August 2019

Review Cycle Date: 2022

MEDICATION AUTHORITY FORM

For students requiring medication to be administered at school

This form should, ideally, be signed by the student’s medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.

- **For students with asthma,** [Asthma Australia’s School Asthma Care Plan](#)
- **For students with anaphylaxis,** an [ASCIA Action Plan for Anaphylaxis](#)

Please only complete the sections below that are relevant to the student’s health support needs. If additional advice is required, please attach it to this form.

Please note: wherever possible, medication should be scheduled outside school hours, eg medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.

Student Details

Name of school: _____

Name of student: _____ Date of Birth: _____

MedicAlert Number (if relevant): _____

Review date for this form: _____

Medication to be administered at school:

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg, oral/topical/injection)	Dates to be administered	Supervision required
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

Medication delivered to the school

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

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

Supervision required

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 be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner.

Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

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

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy which applies to all government schools (available at: <http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>) and the law.

Authorisation to administer medication in accordance with this form:

Name of parent/carer: _____

Signature: _____ Date: _____

Name of medical/health practitioner: _____

Professional role: _____

Signature: _____ Date: _____

Contact details: _____