
Approved by Council: 2017

Review date: 2020

Rationale:

Many students attending school need medication to control a health condition. It is necessary that teachers (as part of their duty of care) assist students, where appropriate to take their medication. The school will ensure the students privacy and confidentiality and will exercise sensitivity towards this issue

Aims:

- To exercise sensitivity when dealing with the administration of medication;
- To ensure the correct dose and method are delivered;
- To work with parents/carers of students to ensure the health and wellbeing of the student concerned
- To ensure staff members are aware of the policy and procedures regarding medications

Implementation:

1. A Medical Authority Form is required for all prescribed ongoing medication that is required to be administered at school. This form should be completed by the student's doctor and include the dosage and method of delivery along with the dates and times of delivery.
2. A copy the Medical Authority form and the Medical Administration Log must be taken on camps or excursions if medication is to be administered during the time.
3. Medication to treat asthma or anaphylaxis/allergy does not need to be accompanied by the Medical Authority Form as it is covered in the individual student health Action Plan.
4. All medication to be administered to students at school must be submitted to the Administration Office.
5. The most appropriate person to deliver the medication will be decided in consultation with the principal. The medication may be administered by the classroom teacher, the ES member or the office manager.
6. The officer administering the medication to the student must ensure:
 - that the correct student receives their correct medication, in the correct dose, via the correct method (e.g. inhaled or orally), at the correct time of day.
 - A log is kept of all medication administered *Medication Administration Log*
 - that the classroom teacher is informed that the student requires medication and that they should be released from class at the time they are required to take their medication.
7. Analgesics such as paracetamol or ibuprofen will not be administered by school staff unless signed written consent is provided by parent/care giver. The written consent must contain the dose, time to be administered and the reason for the medication. The medication must be in its original packaging/blister pack. Copies of the written consent must be kept on file for the year.
8. It is recommended that students not take their first dose of a new medication at school in case of an allergic reaction.
9. Medication should be stored for the period of time specified in the written instructions received.

10. Medication is stored securely at all times.
11. Medication, other than for asthma and then only in emergency situations, will not be used for students other than who it has been prescribed for. This includes adrenalin pens.
12. If a student has taken medication incorrectly, information should be sought via the **Poisons Information Line on 13 11 26**. The advice given should be acted on immediately, including calling an ambulance (**on 000**) if required.
13. The Parents/Carers or Emergency contact of the student should be notified of the medication error and the action taken and an Incident Report should be completed.

Resources:

School Policy and Advisory Guide

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/medication.aspx>

Medication Authority form

Medication Administration log

Camp Medication Plan

Medication Authority Form

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: **Stratford Primary School**

Student's Name: _____ Date of Birth: _____

MediAlert 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

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 with name and dosage
- The pharmacy label matches the information included in this form.

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.

<u>Authorisation:</u>
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