ADMINISTRATION OF MEDICATION POLICY

Lowanna College: School Number 01-8821

Rationale:

Teachers and schools are often asked by parents to administer medication to their children while at school. It is important that such requests are managed in a manner that is appropriate, ensures the safety of students, and fulfills the duty of care of staff.

Aims:

- To ensure medication is administered appropriately to students in our care.
- To ensure appropriate storage and recording of all medication stored or administered.

Implementation:

- 1. Children who are unwell should not attend school.
- 2. As per Department of Education and Training (DET) recommendations, any medications that can be administered from home, should be.
- 3. The first aid officer on duty, under authority of the College Principal, is the staff member responsible for administering prescribed and requested medications to students.
- 4. Any medication required for student use, including non-prescribed medications, will be supplied by the parent or guardian along with a signed Medication Authority Form (see attached).
- 5. All parent or guardian requests for the first aid officer on duty to administer prescribed medications to their child must be made using a signed Medication Authority Form. This must also be supported by specific written instructions from a medical practitioner or pharmacist, stating the name of the student, dosage and time to be administered. The original medication bottle or container should provide this information, inclusive of the medication expiry date. Medications out of date cannot be dispensed.
- 6. All verbal requests for children to be administered prescribed medications whilst at school are to be directed to the first aid officer on duty, who in turn, will seek a meeting with parents or guardians to confirm details of the request, complete the Medication Authority Form and outline the requirement of Lowanna College staff. Reciprocal requirements and expectations for students and parents or guardians regarding the administering of medication will also be determined.
- 7. All student medication must be provided in the original or another suitable container. These must be labelled, and stored in either a locked cupboard or first aid office refrigerator, whichever is required. Asthma (Ventolin), anaphylaxis (EpiPen) and diabetes (tester) medications are an exception to this requirement, as these medications should be carried by the student at all times.
- 8. All completed Medication Authority Forms and details relating to students, their prescribed medication, dosage quantities and times of administering will be kept and recorded in a confidential medication register located in the First Aid office.
- 9. Students involved in College camps or excursions will be discreetly administered prescribed medications by the 'Teacher in Charge' in a manner consistent with the above procedures, with all details recorded. Completed records will be returned to the confidential medications register on return of the camp or excursion to Lowanna College.
- 10. Parents or guardians of students who might require injections are required to meet with the College Principal, or their delegate, to discuss the matter in detail.

This policy is to be read in conjunction with other policies and procedures relating to first aid.

Evaluation:

This policy can undergo a minor review at any time, with a major review as part of the College's three-year review cycle.

This policy was last ratified by College Council on 18 July 2016.



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.

Student Name:				Date of Birth		//
Medic Alert No. (if applicable):				Review Date this form	for	
Please Note: where required three times before bed.						s, e.g. medication efore and after school and
Medication Requ	uired					
Name of Medication	on/s	Dosage (amount)	Time/s to be taken	How is it to be to (e.g. orally/topic injection)		Dates
					S	Start Date://End
					D	Oate:/
						Ongoing medication
					S	Start Date://End
					D	Oate:/
						Ongoing medication
					S	start Date://End
					С	Oate:/
						Ongoing medication
Medication Stor	age: Please	indicate if t	here are specif	c storage instru	ctions	for the medication

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: Monitoring the 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: Date:/...../ Signature: 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).

Medication delivered to the School