



ADMINISTRATION OF MEDICATION POLICY

Rationale

As part of their duty of care, teachers should assist students, where appropriate, to take their medication. The school will ensure health information about students is managed sensitively and in accordance with this policy.

Abbotsford Primary School will follow the Department of Education and Training (DET) policies and procedures, located on the DET website, in relation to the administration of medication for students.

Medication Management Procedures

All medication (both prescription and non-prescription) will be administered to a student only with written permission from the student's parents/guardians by way of filling out the Medication Authority Form (**Appendix A**) and with the relevant documentation from the student's medical/health practitioner. In the case of an emergency, medication can be administered with the permission of a medical practitioner.

Medication to treat asthma or anaphylaxis does not need to be accompanied by the Medication Authority Form, as it is covered in the student's Asthma Care Plan or ASCIA Action Plan for Anaphylaxis.

All medication to be administered at school must be:

- a. accompanied by written advice providing directions for appropriate storage and administration
- b. in the original bottle or container clearly labelled specifying 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.

If necessary, Abbotsford Primary School will clarify directions about medication from the student's parents/guardians, who may need to contact the prescribing medical/health practitioner, including by requesting general information about safe medication practices.

Administration of Medication

When administering prescription medication to students, the Medication Authority Form must be consistent with the specific written instructions on the original medication (eg pharmacy label), noting the name of the student, dosage and time to be administered.

The Principal (or nominee) administering medication must ensure that:

- the student receives;
 - a. the correct medication;
 - b. in the correct dose;
 - c. via the correct method (such as orally or inhaled);
 - d. at the correct time of day;
 - e. a log is kept of the medicine administered in the school office; and
 - f. Medication Authority Form (**Appendix A**) has been completed.

The School Medications Register will be completed by the person administering the medication. It is good practice to have at least two staff members:

- supervising the administration of medication
- checking the information noted on the medication log.

Our school **will not**:

- store or administer analgesics such as aspirin and paracetamol as a standard first aid strategy, as they can mask signs and symptoms of serious illness or injury
- 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.
- allow use of medication by anyone other than the student to whom it is prescribed.

Note: Only in an emergency could this requirement be varied. For example, 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.

The Principal or their nominee will inform teachers of those students in their charge who require medication to be administered at the school. Teachers may be required to release students at prescribed times so they may receive their medication.

Self-Administration

The school, in consultation with parents/carers and the student's medical/health practitioner, will consider whether a student can be permitted to self-administer their medication, considering the age and circumstances of the student.

The school will obtain written permission from the medical/health practitioner or the parents/guardians for the student to self-medicate, preferably in the Medication Authority Form.

Note: The Principal has discretion to permit students to carry their own medication with them, preferably in the original packaging, when:

- the medication does not have special storage requirements, such as refrigeration
- doing so does not create potentially unsafe access to the medication by other students

Storing Medication

Abbotsford Primary School will ensure:

- medication is stored for the period of time specified in the written instructions received

- the quantity of medication provided does not exceed a week's supply, except in long-term continuous care arrangements
- medication is stored securely to minimise risk to others that is accessible in the event of an emergency

Student Information

Parents and/or guardians of students with a medical condition/illness must keep the school informed of current medical contact details, current medical conditions and appropriate medical history of the student.

Parents/guardians of all students with a medical condition/illness must provide the school with information to be incorporated into a **Student Health Support Plan (Appendix B)**, which will be provided to the student's teachers and those working with the student who need to be aware of their health support needs.

Appendices connected with this policy are:

- **Appendix A:** Medication Authority Form
- **Appendix B:** Student Health Support Plan

Related policies

Abbotsford Primary School First Aid Policy, 2016

Abbotsford Primary School, Care Arrangements for Ill Students Policy, 2016

Abbotsford Primary School Anaphylaxis Policy, 2016

Abbotsford Primary School Asthma Policy, 2016

Evaluation

This policy was ratified by School Council in September 2016.

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

Medication Management Plan

(For students who require medication to be administered at school)

This form should be completed by either the student's parent/guardian or medical/health practitioner.
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: _____

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
- 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 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/independent student**:
Signature: Date:

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

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).

Appendix B

Student Health Support Plan

STUDENT HEALTH SUPPORT PLAN - Cover Sheet

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan – see <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>. This Plan is to be completed by the Principal or nominee in collaboration with the parent/carer and student.

School:		Phone:												
Student's name:		Date of birth:												
Year level:		Proposed date for review of this Plan:												
Parent/carer contact information (1)	Parent/carer contact information (2)	Other emergency contacts (if parent/carer not available)												
Name:	Name:	Name:												
Relationship:	Relationship:	Relationship:												
Home phone:	Home phone:	Home phone:												
Work phone:	Work phone:	Work phone:												
Mobile:	Mobile:	Mobile:												
Address:	Address:	Address:												
Medical /Health practitioner contact:														
<p>Ideally, this plan should be developed based on health advice received via the appropriate Departmental Medical Advice form or in case of asthma, the Asthma Foundation's <i>School Asthma Action Plan</i>. Please tick the appropriate form which has been completed and attach to this Plan. All forms are available from the Health Support Planning Forms – School Policy and Advisory Guide</p>														
<table border="0"> <tr> <td><input type="checkbox"/> General Medical Advice Form - for a student with a health condition</td> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy</td> </tr> <tr> <td><input type="checkbox"/> School Asthma Action Plan</td> <td><input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning</td> </tr> <tr> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis</td> <td><input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking</td> </tr> <tr> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury</td> <td><input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for continence</td> </tr> <tr> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Cancer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes</td> <td></td> </tr> </table>			<input type="checkbox"/> General Medical Advice Form - for a student with a health condition	<input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy	<input type="checkbox"/> School Asthma Action Plan	<input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning	<input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis	<input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking	<input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury	<input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for continence	<input type="checkbox"/> Condition Specific Medical Advice Form – Cancer		<input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes	
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<input type="checkbox"/> Condition Specific Medical Advice Form – Cancer														
<input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes														
List who will receive copies of this <i>Student Health Support Plan</i> :														
1. Student's Family 2. Other: _____														

The following *Student Health Support Plan* has been developed with my knowledge and input

Name of parent/carer or adult/mature minor** student: _____ Signature: _____
Date: _____

**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](#)).

Name of Principal (or nominee): : _____ Signature: _____
Date: _____

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How the school will support the student's health care needs

Student's name:	
Date of birth:	Year level:
What is the health care need identified by the student's medical/health practitioner?	
Other known health conditions:	
When will the student commence attending school?	
Detail any actions and timelines to enable attendance and any interim provisions:	

Below are some questions that may need to be considered when detailing the support that will be provided for the student's health care needs. These questions should be used as a guide only.

Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
Overall Support	Is it necessary to provide the support during the school day?	<i>For example, some medication can be taken at home and does not need to be brought to the school.</i>	
	How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?	<i>For example, students using nebulisers can often learn to use puffers and spacers at school.</i>	
	Who should provide the support?	<p><i>For example, the Principal, should conduct a risk assessment for staff and ask:</i></p> <ul style="list-style-type: none"> - <i>Does the support fit with assigned staff duties and basic first aid training (see the Department First Aid Policy www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm)</i> - <i>If so, can it be accommodated within current resources?</i> - <i>If not, are there additional training modules available</i> 	
	How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?	<i>For example, detail the steps taken to ensure that the support provided respects the student's, dignity, privacy, comfort and safety and enhances learning.</i>	

First Aid	Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?	<p><i>Discuss and agree on the individual first aid plan with the parent/carer.</i></p> <p><i>Ensure that there are sufficient staff trained in basic first aid (see the Department's First Aid Policy www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm)</i></p> <p><i>Ensure that all relevant school staff are informed about the first aid response for the student</i></p>	
Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
First Aid, cont'd	Does the school require relevant staff to undertake additional training modules not covered under basic first aid training, such as staff involved with excursions and specific educational programs or activities?	<p><i>Ensure that relevant staff undertake the agreed additional training</i></p> <p><i>Ensure that there are interim provisions in place (whilst awaiting the staff member to receive training), to ensure the student's attendance at school.</i></p>	
Complex/ Invasive health care needs	Does the student have a complex medical care need?	<p><i>Is specific training required by relevant school staff to meet the student's complex medical care need?</i></p> <p><i>Can the training be obtained through the Department funded Schoolcare Program? If so, the School should complete the relevant referral forms which can be accessed by contacting the Royal Children's Hospital's Home and Community Care on 9345 6548.</i></p> <p><i>Consider if the following program/services are required: the Program for Students with Disabilities or Visiting Teachers Service.</i></p>	
Routine Supervision for health-related safety	Does the student require medication to be administered and/or stored at the School?	<p><i>Ensure that the parent/carer is aware of the School's policy on medication management.</i></p> <p><i>Ensure that written advice is received, ideally from the student's medical/health practitioner for appropriate storage and administration of the medication – via the Department's Medication Authority Form</i></p> <p><i>Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication</i></p>	

	Are there any facilities issues that need to be addressed?	<p>Ensure the school's first aid room/sick bay and its contents provide the minimum requirements, and discuss and agree if other requirements are needed in this room to meet the student's health care needs.</p> <p>Ensure the school provides sufficient facilities to assist a student who requires a wheelchair or other technical support. Discuss this with the parent/carer/student</p>	
	Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?	<p>Detail who the worker is, the contact staff member and how, when and where they will provide support.</p> <p>Ensure that the school provides a facility which enables the provision of the health service</p>	
	Who is responsible for management of health records at the school?	Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.	
	Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student?	For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student attending part-time or episodically.	
Personal Care	Does the medical/health information highlight a predictable need for additional support with daily living tasks?	<p>Detail how the school will support the student's personal care needs, for example in relation to nose blowing, washing hands, continence care.</p> <p>Would the use of a care and learning plan for toileting or hygiene be appropriate?</p>	
Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
Other considerations	Are there other considerations relevant for this health support plan?	<p>For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.</p> <p>For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.</p> <p>For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?</p> <p>For example, is there a need for planned support for siblings/peers?</p>	