

MEDICATION MANAGEMENT

POLICY

Rationale:

This policy relates to all medications to be administered at school, including prescription as well as non-prescription medication, including analgesics, such as paracetamol and ibuprofen other medications which can be purchased over the counter without a prescription.

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 health information about students is managed sensitively and in accordance with this policy.

Lorne P-12 College will follow DET's policies and procedures in relation to the administration of medication for students: [Medication](#).

Aims:

To ensure that medications are stored and administered appropriately to students who are in our care.

Implementation:

- Children who are unwell should not attend school.
- 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 student's Asthma Care Plan or ASCIA Action Plan for Anaphylaxis.
- All medication to be administered at school must be:
 - accompanied by written advice providing directions for appropriate storage and administration
 - in the original bottle or container clearly labelled specifying the name of the student, dosage and time to be administered
 - within its expiry date
 - stored according to the product instructions, particularly in relation to temperature.
- If necessary, staff 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.
- 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; and
 - f. Medication Authority Form (**Appendix A**) has been completed.
- The School Medications Register will be completed by the person administering the medication.
- 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.
- In an emergency the above 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.
- 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, having regard to 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.
- 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
- Lorne P-12 College 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:
 - a. securely to minimise risk to others
 - b. in a place only accessible by staff who are responsible for administering the medication
 - c. away from classrooms and first aid kits
- Parents/carers 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/carers of all students with a medical condition/illness must provide the school with information to be incorporated into a Student Health Support Plan, 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.

Links and Appendices:

DET Advisory Guide links which are connected with this policy are:

- [Medication Policy](#)
- [Anaphylaxis Policy](#)
- [Health Support Planning Policy](#)
- [Health Care Needs](#)
- [Specific Condition Support](#)
- [Asthma](#)

Appendices connected with this policy are:

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

Evaluation:

This policy will be reviewed as part of the school's three-year review cycle or as deemed necessary.

This policy was last ratified by School Council in....

October 2017

MEDICATION AUTHORITY FORM

| | | | |
|------------------------|--|-------------------|--|
| Student's Name: | | Grade: | |
| Parent's Name: | | Telephone: | |

Dear Principal,

I request that my child _____ be administered the
(Child's Name)
following medication whilst at school, as prescribed by the child's medical practitioner.

| | | |
|------------------------------|--|--|
| Name of Medication: | | |
| Dosage Amount: | | |
| Time/s of Medication: | | |

I have sent the medication in the original container displaying instructions provided by the Pharmacist.

Yours sincerely,

| | | | |
|--------------------------|--|--------------|--|
| Parent Signature: | | Date: | |
|--------------------------|--|--------------|--|