

PINWOOD PRIMARY SCHOOL MEDICATION POLICY

Rationale

Pinewood Primary School Medication Policy has been developed to ensure that the administration of medication is in accordance with DET policy and the requirements of each individual student.

Under the provisions of the *Occupational Health and Safety Act* 2004 as well as the Disability Discrimination Act 1992 (and the Disability Standards for Education 2005) and according to the Department's duty of care obligation to students (*VGSG 4.6.1.2 and 6.16.1*), schools are required to ensure students feel safe and supported at school. This includes supporting and responding to the health care needs of students.

Guidelines

The school will follow the guidelines outlined in the VGSRG.

This policy should be read in conjunction with the school's other policies relating to student health and wellbeing, especially the First Aid Policy and Severe Allergic Reactions Policy.

Implementation

- Children who are unwell should not attend school.
- The Office Manager and Assistant Principal have agreed to be the staff members responsible for administering prescribed medications to children.
- Non-prescribed oral medications (eg: head-ache tablets) will not be administered by school staff without written permission by the parent and correct dosage labelling.
- All parent requests for the Assistant Principal to administer prescribed medications to their child must be in writing on the form provided and must be supported by specific written instruction from the medical practitioner or pharmacist including the name of the student, dosage and time to be administered (original medications bottle or container should provide this information).
- All verbal requests for children to be administered prescribed medications whilst at school must be directed to the Assistant Principal and Office Manager, who in turn, will seek a meeting or discussion with parents to confirm details of the request and to outline school staff responsibilities.
- Requests for prescribed medications to be administered by the school 'as needed' will cause the Assistant Principal to seek further written clarification from the parents with a supporting letter from the doctor.
- All student medications must be in the original containers, must be labelled, must have the quantity of tablets confirmed and documented, and must be stored in either the locked office first aid cabinet or office refrigerator, whichever is most appropriate.
- Classroom teachers will be informed by the Assistant Principal of prescribed medications for students in their charge, and classroom teachers will release students at prescribed times so that they may visit the school office and receive their medications from the Assistant Principal or Office Manager.
- All completed Medication Request Forms will be kept and recorded in a confidential medication register located in the school office by the Office Manager or Assistant Principal. The Medication Request Form must be signed and dated by the Office Manager or Assistant Principal in the presence of the consenting parent. At the completion of administering the medication, a record will be attached to the Medication Request Form. The record will include: name of the student, date, time, dosage and the staff members signature.
- Students involved in school camps or excursions will be discreetly administered prescribed medications by the 'Designated Teacher' in a manner consistent with the above procedures, with all details recorded on loose-leaf pages from the official medications register. Completed pages will be returned to the official medications register on return of the excursion to school.

- Parents/carers of students that may require injections are required to meet with the Principal to discuss the matter.
- Students with asthma are permitted to have their medication with them at all times.

- We encourage the use of dosette-type containers for regular multiple medications. Children will be issued with a dosette container initially. If this is lost/mislaid, parents will need to supply a replacement.
- Parents will need to sign a form agreeing to the above policy if they wish the school to administer medication on a regular basis.
- It is helpful to know what medication is being taken at home, (that is not necessarily taken at school) because this can affect a student's behaviour at school. This is also important in case of emergency when staff need to know what medications are being taken.
- It is school policy to provide current first aid training regularly to staff.
- All medication is to be handed to the designated adult in charge of medication at 9.00 a.m. each Monday. Empty dosette dispensers will be sent home each Friday afternoon for re-filling.

Evaluation

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

Ratified by School Council School Council President		May 2016
Principal Karen Jenkin		May 2016

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: _____

Student's Name: _____ Date of Birth: _____

MedicAlert 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
- 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/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](#)).