

MEDICATION

POLICY

To provide staff and parents/carers of Ripponlea Primary School (RPS) with processes and protocols in regard to the management of medication required to be administered and stored at RPS.

PURPOSE

To ensure that medication needed to be administered to a student during school hours, either for a short or long term is stored, administered and recorded appropriately.

IMPLEMENTATION

1. The role of **parents/carers** of students who require medication to be kept at RPS either for a short or long term period is to:
 - Inform the student's teacher of the student's diagnosis and reason for medication;
 - Provide the office with the medication and complete either a Short or Long Term Medication Registration Log;
 - Provide a completed Medical Authority Form to accompany medication needing to be administered for a long term period (ongoing) other than for asthma or anaphylaxis.
 - Make sure that medication when handed in to the office is in its original packaging and is labelled with the student's name and class.
 - Ensure that medication is and remains within its expiry date.
 - Collect the medication from the office on completion of either the short or long term period logged.
 - Provide the Ripponlea Out of School Hours (ROSH) program child care provider, if necessary, with any medication needing to be administered before or after school hours separate to the medication being stored by RPS.
 - Ensure that the student is not allergic to the medication provided especially in the case of new medication. The first dose of any new medication should be administered at home.
2. The role of **office staff** is to:
 - Provide parents/carers with a Short or Long Term Medication Registration Log to be completed and a Medical Authority Form to be completed and signed for long term medication (ongoing) other than for asthma or anaphylaxis.
 - Notify the student's teacher and/or appropriate staff member (s) of the student's medication requirements once Short or Long Term Medication Registration Log/Medical Authority Form is completed.
 - Store or arrange for the medication to be stored as per instructions on Short or Long Term Medication Registration log.
 - Copy completed Short or Long Term Medication Registration Logs and Medical Authority Forms and pass to nominated first aid staff member for filing and follow up. Original of Short or Long Term Medication Logs/Medical Authority Forms must be stored with medication.

3. The role of **staff** is to:

- Direct parents/carers to the office to complete a Short or Long Term Medication Registration Log when medication is required to be administered during school hours.
- Ensure that they collect the medication from the office and administer the correct dose to the right student at the nominated time as per the instructions on the Short or Long Term Medication Registration Log accompanying the medication.
- Ensure that they do not administer any medication that is not accompanied by either a completed Short or Long Term Medication Registration Log if required.
- Accurately record the administering of the medication on the Short or Long Term Medication Registration Log.
- Return the medication and documentation to the office on completion.
- Contact the Poisons Information Line on 13 11 26 should a wrong dosage be given and notify the parent/carer of the error and action taken.
- Maintain the privacy of the student.

4. The role of the **nominated first aid staff** member is to:

- Ensure medication required to be administered during school hours is accompanied by either a Short or Long Term Medication Registration Log.
- Liaise with parents/carers regarding medication administration and storage and monitor expiry dates of medication.
- Maintain records of Short and Long Term Medication Registration Logs.

RESOURCES

- Poisons Information Line 13 11 26
- DET– Medication Policy
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/medication.aspx>
- DET– Medication Authority Form
<http://www.education.vic.gov.au/Documents/school/principals/health/medicationauthorityform.doc>

RELATED POLICIES

- Asthma Management
- Anaphylaxis
- Duty of Care
- First Aid
- Student Engagement and Wellbeing
- Working With Children
- Privacy

Ratified by School Council: 11 December 2017
Next review date: 2020

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.

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
				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 may be permitted for asthma medication with the consent of a student's parents/carers. Self-management for other medication will only be permitted following agreement by the student and their 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:

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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.

Authorisation:

Name of Medical/health practitioner:

Professional Role:

Signature:

Date:

Contact details:

Name of Parent/Carer:

Signature:

Date:

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

APPENDIX 1

SHORT TERM MEDICATION REGISTRATION LOG

(FOR MEDICATION REQUIRED FOR LESS THAN A MONTH)

- Log to be kept with medication and returned to respective campus on completion.
- Copy of log to be kept in First Aid File in Staffroom.
- Parent/Guardian must pass on medication and completed log to the school office.

NAME OF STUDENT: _____
 CLASS : _____ DATE OF BIRTH: ____/____/____
 TEACHER: _____ AGE: _____

MEDICATION DETAILS:

Reason for Medication: _____
 Medication required from ____/____/____ to ____/____/____
 Medication: _____ Has the medication been prescribed: Y/N
 Expiry Date of Medication: ____/____/____

Exact Dosage: _____
 (Please check dosage complies with recommended dosage.)
 Exact Time of Dosage: _____

Instructions: (for example – does student require food/water/sit/lie down etc)

Parent/Guardian Signature: _____

Date	Medication	Dosage	Right Child	Time Administered	Signature

APPENDIX 2

LONG TERM MEDICATION REGISTRATION LOG

(FOR MEDICATION REQUIRED FOR OVER A MONTH OR ON-GOING. IF ON-GOING, LOG NEEDS TO BE ACCOMPANIED BY A STUDENT HEALTH SUPPORT PLAN)

- Log to be kept with medication and returned to respective campus on completion.
- Copy of log to be kept in First Aid File in Spring Road Office/Park St Staffroom.
- Parent/Guardian must pass on medication and completed log to the school office.

NAME OF STUDENT: _____

CLASS : _____ DATE OF BIRTH:/...../.....

TEACHER: _____ AGE: _____

MEDICATION DETAILS:

Reason for Medication: _____

Period Medication required:/...../..... to/...../.....

Medication: _____ Has the medication been prescribed: Y/N

Expiry Date of Medication: _____

Exact Dosage: _____

(Please check dosage complies with recommended dosage.)

Time(s) for medication to be administered: _____

Instructions: (for example – does student require food/water/sit/lie down etc)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

