ADMINISTRATION OF MEDICATION POLICY

Help for non-English speakers

If you need help to understand the information in this policy, please contact the main office of Nelson Park school (03) 52783620.

1. RATIONALE:

a. Schools are often asked by parents/carers to administer medication for their child while at school. It is important that such requests be managed in a manner that is appropriate, ensures the safety of students, and fulfils the duty of care for staff.
b. Medication refers to incidental over the counter medication, short-term medications and long-term medications.

This policy applies to both the Libau and Illinois Campus.

2. AIMS:

To ensure the medications are administered and documented appropriately for all students in our care.

3. IMPLEMENTATION:

a. It is advised that students who are unwell should stay home and NOT attend school.
b. At the parent/carer request, the Principal, Classroom Teacher, Education Support Personnel or the Principal's Nominee can administer prescribed and non-prescribed medications to students.
c. MEDICATION AUTHORITY forms MUST be completed by the parent/carer for all prescribed and non-prescribed medications to be administered. Prescribed or non-prescribed medications will NOT be administered unless the relevant Medical Authority Form has been completed in full by the parent/carer.
d. Information given on the Medical Authority Form MUST match the information on the medication label, webster pack, pharmacy label or medication box. Information must include
    - Medication name
    - Student name
    - Dosage quantity
    - Dosage time
e. Medications will only be administered according to the directions on the MEDICATION LABEL or WEBSTER PACK. NO variations to the directions will be allowed. The only time this may be considered is if the school receives an email directly from the treating Doctor/Paediatrician authorising Nelson Park School to make the change. This is a temporary measure until the appropriate prescription and medication label can be obtained nelson.park.sch@education.vic.gov.au
f. Staff will not "break" any medication into halves. This must be completed by the parent/carer or the pharmacist.

ADMINISTRATION OF MEDICATION POLICY

g. It is the parent/carer responsibility to ensure that the school has sufficient medication to administer to their child. When a request is made by the Principal, Classroom Teacher, Education Support Personnel or the Principal's Nominee to supply more medication, it must be in its original packaging or in a webster pack. Medication sent in a plastic bag, envelope or not in its original packaging will not be accepted.

h. All classrooms have a digital medication safe to ensure the safe storage of all medications and medical authority forms and medication logs. The digital medication safe must always be used at for this purpose.

i. Parents/Carers need to complete a new Medical Authority Form
   - At the beginning of each new school year
   - Anytime there is a change in medication of any description

j. Classroom teachers will be informed by the Principal, Principal's nominee or students previous Teacher, if a student in their charge requires medication. This information will be included in the student's transition notes at the end of the year.

k. All staff must provide the ORIGINAL Medication Authority Form to the administration office. A photocopy must be kept by the teacher and be attached to the Medication Administration Log.

l. Medication Administration Logs must always be completed in their entirety at all times when administering medication to students. All Medication Administration Logs must be signed by the person administering the medication and co-signed by another member of staff.

m. At all times, it is the parents/carer responsibility to inform the school immediately if there are any medication changes. This must be completed in writing and must be completed in a timely manner so it is not detrimental to the student's wellbeing. New Medication Authority Forms will need to be completed by the parent/carer.

n. Medical Authority Forms and Medication Administration Logs must be kept together for each individual student. At the end of each school term or year, these must be given to the administration office staff so they can be placed on the students file for safe record keeping. This is a DET requirement and must be retained on the students file with no end date.

o. All students' unused and/or ceased medications, must be forwarded to the administration office for parent/carer collection. Parents will complete documentation to confirm that the medication has been collected. Medication IS NOT to be sent home with the student unless you have written parent consent which needs to be recorded on Compass. Original written consent must be forwarded to the office and placed on the students file to be retained with no end date.

p. Students attending school camps will be administered medication in a manner consistent with the above procedures. The classroom digital medication safe must be taken on all school camps for safe storage of medications. A digital medication safe key will also be provided to the staff member in charge in case of an emergency should the safe malfunction. Any additional student medications (usually night/early morning medication) used for students on school camp, must be returned to the parent/carer at the conclusion of school camp following the processes outlined in section 'n' above.

q. Parents /carers must complete camp authorisation forms even if students do not take medication by identifying that there is no medications to be administered.

ADMINISTRATION OF MEDICATION POLICY

r. Some students will be attending Out of School Hours Care program on site through TheirCare and they may be required to take medication during these times. The Out of School Hours Care provider will have its own medication procedures and permission forms.
s. Students that may require medication to be administered via an alternate route that is not oral, must meet with the Principal to discuss the matter first.
t. The MEDICATION ADMINISTRATION TIMES template must be completed by the classroom teacher and be located on the OUTSIDE of the digital medication safe visible for ALL staff including CRT staff. It is the responsibility of the classroom teacher to ensure the template is updated anytime there is a medication change.
u. The DETAILED STUDENT MEDICATION ADMINISTRATION TIMES template must be completed by the classroom teacher and be located on the INSIDE of the digital medication safe visible for ALL staff including CRT staff. It is the responsibility of the classroom teacher to ensure the template is updated anytime there is a medication change
v. Student Medication information should be included in the CRT information that is provided by the teacher when absent.
w. In the event of a "misadministration" of medication to a student, a Medication Administration Incident Form must be completed. This included but is not limited to, missed medication, incorrect medication administered, incorrect dose, incorrect student or time of administration.
x. Duty of Care remains with the classroom teacher to ensure all aspects of the medication policy are implemented and followed at all times.

4. APPENDICES:

Appendices which are connected with this policy are:

- Medication Authority Form for Parents & Carers.
- Medication Administration Log
- Student Medication Administration Times Template
- Detailed Student Medication Administration Times Template
- Medication Incident Report Form

5. EVALUATION:

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

Policy last reviewed	1st May 2024
Approved by	Principal / School Council
Next scheduled review date	MAY 2027

Medication Authority Form for Parent & Carers

For a student who requires medication whilst at school

This form should be completed ideally by the student's medical/health practitioner, or parents/carers, 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: DET Health Support Planning Policy

Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: _____ Year Level: _____

Student's Name: _____ Date of Birth: _____

Medic-Alert 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? (orally/topical/injection)**	**Dates**
				Start Date:
				End Date:
				Ongoing: ☐
				Start Date:
				End Date:
				Ongoing: ☐
				Start Date:
				End Date:
				Ongoing: ☐

MEDICATION STORAGE
Please indicate if there are specific storage instructions for the medication:

MEDICATION DELIVERED TO THE SCHOOL
Please ensure that medication delivered to the school:
☐ Is in its original packaging with pharmacist label or a Webster Pack
☐ The pharmacy label or Webster Pack matches the information included in this form

PARENT/CARER OR ADULT/INDEPENDENT STUDENT AUTHORISATION**

Name of Parent / Carer: _____

Signature: _____ **Date:** _____

MEDICATION ADMINISTRATION LOG (for staff to complete)

NAME OF SCHOOL: Nelson Park School **STUDENT'S NAME:**_____ **DATE OF BIRTH:**_____ **CLASS:** _____

DATE:	TIME:	NAME OF MEDICATION:	RIGHT STUDENT (tick) √	RIGHT MEDICATION (tick) √	RIGHT DOSE (tick) √	RIGHT ROUTE (tick) √	ADMINISTERING STAFF NAME:	STAFF INITIALS	CO SIGNING STAFF NAME:	STAFF INITIALS

MEDICATION ADMINISTRATION TIMES IN THIS CLASSROOM

(Located OUTSIDE of safe – visible to ALL staff)

MEDICATION TIMES:	ADDITIONAL STUDENT MEDICATION DETAILS LOCATED INSIDE THE MEDICATION SAFE:
	DETAILED STUDENT MEDICAL INFORMATION LOCATED INSIDE THE MEDICATION SAFE
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DETAILED STUDENT MEDICATION ADMINISTRATION TIMES (located INSIDE of safe for ALL staff)

Each medication & time to be recorded on a separate line for each student

STUDENT NAME:	STUDENT PHOTO:	MEDICATION NAME:	MEDICATION DOSAGE:	MEDICATION TIME:

MEDICATION INCIDENT REPORT FORM

Name of Student:	
Date & time of incident:	
Date incident was identified:	
Describe the medication incident:	□ Incorrect student □ Incorrect medication □ Missed dose □ Incorrect time □ Incorrect route □ Spilt or dropped medication □ Request to not give medication □ Student refused medication □ Out of date medication □ Incorrect storage of medication □ Lack of correct documentation □ **Other**…… Please describe below
Describe how the incident was managed:	
Date reported to Principal or Principal's nominee:	Date: _____/_____/_____
Parent/Carer notified:	□ YES Date: _____/_____/_____ □ NO Time: _____

Describe any corrective actions planned or taken to prevent a reoccurrence:	
Issue resolved: **Improvement implemented:**	□ YES □ NO □ YES □ NO

Staff member reporting the medication incident.
Name: _____

Signature: _____ **Date: _____/_____/_____**