MEDICATION MANAGEMENT
POLICY

Rationale:

• Teachers and schools are often asked by parents to administer medication for their children while at school. It is important that such requests are managed in a manner that is appropriate, ensures the safety of students, and fulfils the duty of care of staff.

Aims:

• To ensure the medications are administered appropriately to students in our care.
• To ensure the school stores and administers medication correctly and within DET guidelines. This policy relates to all medications including prescription and non-prescription medication.
• The school undertakes to:
  • have a medication management policy that:
    • Outlines the school’s processes and protocols.
    • Is ratified by the school council
    • Is communicated to the school community
  • protect student privacy and confidentiality to avoid any stigmatisation
  • Ensures teachers and education support staff abide by their duty of care by assisting students to take their medication where appropriate.
    • Accompanied by written advice providing directions for appropriate storage and administration.
    • In the original bottle or container clearly labelled with the name of the student, dosage and time to be administered.
    • Within expiry date
    • Stored according to the product instructions, particularly in relation to temperature.
  • Encourage parents/guardians to consider whether they can administer medication outside the school day, such as before, after school, and before bed.

Implementation:

• Children who are unwell should not attend school.
• The Administration staff have agreed to be the staff members responsible for administering prescribed medications to children.
• The school will obtain written advice on a Medication Request Form (Appendix A) Medication Authority Form (Appendix B) for all medication to be administered by the school. The form should be completed by the student’s parent / guardian.
  Note: Medication to treat asthma or anaphylaxis does not need to be accompanied by the Medication Request Form as it is covered in the student’s health plan.
• The school undertakes to contact parents/guardians if clarification is required about medication. The school will also, if required, contact other organisations for general information regarding safe medication practices, ensuring the identity of the individual student is not provided.
• All verbal requests for children to be administered prescribed medications whilst at school must be directed to the Administration staff.

• 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 first aid cabinet or office refrigerator, whichever is most appropriate.

• The principal, or their nominee must ensure:
  • That the correct student receives their correct medication
    – In the proper dose
    – Via the correct method, such as inhaled or orally
    – At the correct time of day
  • A log is kept of medicine administered (Medication Administration Log Appendix C)
  • Teachers in charge of students at the time their medication is required:
    – Are informed that the student needs to be medicated
    – Release the student from class to obtain their medication.

• The school will ensure that:
  • 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:
    1. Securely to minimise risk to others
    2. In a place only accessible by staff who are responsible for administering the medication

• All completed Medication Request Forms and details relating to students, their prescribed medication, dosage quantities and times of administering will be kept and recorded in confidential official loose-leaf medications register located in the school office by the Administration staff.

• A medication administration log (Appendix C) or an equivalent official medication register should be used by the person administering the taking of medicine. Good practice is to have two staff members:
  • Supervising the administration of medication
  • Checking the information of the medication log.
  • Note: it is not the school’s role to:
    • Interpret behaviour in relation to a medical condition
    • Monitor the effects of medication

• Classroom teachers will be informed by the Administration staff 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 Administration staff.

• Consistent with our Asthma policy, students who provide the Administration staff with written parent permission supported by approval of the principal may carry an asthma inhaler with them.

• The school will not:
  • 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 prescribed student.
  • Note: only in life threatening 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 immediately.

• Students involved in school camps or excursions will be discreetly administered prescribed medications by the ‘Teacher in Charge’ 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.

• The school undertakes to take the following action in the event of an error in administering medication

1. If required, follow first aid procedures outlined in the student health support plan or anaphylaxis management plan
2. Ring Poisons Information Line (131123) give details of the incident and student
3. Act immediately upon their advice, such as calling an ambulance, on 000
4. Contact the parents/guardians or the emergency contact person to notify them of the medication error and action taken
5. Review medication management procedures in light of the incident.

Reference:
• This policy has been developed in conjunction with the DEECD’s School Policy and Reference guide [http://www.education.vic.gov.au/school/principals/spag/Pages/spag.aspx](http://www.education.vic.gov.au/school/principals/spag/Pages/spag.aspx)

Evaluation:
• This policy will be reviewed as part of the school’s three-year review cycle, and is due for review in

This policy was last ratified by School Council in....  June 2017

Dear Principal,

I request that my child ________________________ be administered the 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 all medications are in the original containers, labelled with students details, the quantity of tablets confirmed and documented, and must be stored in either the locked first aid cabinet or office refrigerator, whichever is most appropriate.

This is not the above student’s first dosage of this prescribed medication.

Yours sincerely

______________________________
(Parent Signature)

Mortlake College

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 section 4.5 Student Health in the Victorian Government School Reference Guide: www.education.vic.gov.au/referenceguide.

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.

<table>
<thead>
<tr>
<th>Medication required:</th>
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<tbody>
<tr>
<td>Name of Medication/s</td>
<td>Dosage (amount)</td>
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<td>Start date:</td>
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<td>End Date:</td>
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<td>Ongoing medication</td>
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<th>Medication Storage</th>
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<td>Please indicate if there are specific storage instructions for the medication:</td>
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<th>Medication delivered to the school</th>
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<tr>
<td>Please ensure that medication delivered to the school:</td>
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<td>□ In its original package</td>
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<td>□ The pharmacy label matches the information included in this form.</td>
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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 parent/carer, 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 POI Unit on 96372670.

<table>
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<tr>
<th>Authorisation:</th>
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<tbody>
<tr>
<td><strong>Name of Medical/health practitioner:</strong></td>
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<td>Professional Role:</td>
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<tr>
<td>Signature:</td>
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<tr>
<td>Date:</td>
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<td>Contact details:</td>
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| **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 2.2.1A.4.1)
# Mortlake College Medication Administration Log

## References


## Mortlake College Medication Administration Log

<table>
<thead>
<tr>
<th>Date (Day, month and year)</th>
<th>Time</th>
<th>Name of Medication</th>
<th>Tick When Checked (✓)</th>
<th>Comments</th>
<th>Name of 1st staff (Please print &amp; initial)</th>
<th>Name of 2nd staff (Please print &amp; initial)</th>
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<thead>
<tr>
<th>Right Child</th>
<th>Right Medication</th>
<th>Right Dose</th>
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## Name of Medication:

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<th>Prescribed Dose:</th>
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