

Taradale Primary School

Distribution of Medication Policy and Procedures

1. POLICY STATEMENT

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 the students privacy and confidentiality and will exercise sensitivity towards this issue to avoid any stigmatisation.

2. GUIDELINES

- 2.1 Our school will have an administration of medication procedure which outlines the school's processes and protocols regarding the management of prescribed and non-prescribed medication to students at this school.
- 2.2 The student's parent/carer may wish to supply medication to be administered at the school. To minimise the quantity of medication held at the school, it should be considered if the medication can be taken outside of the school day, for example medication required three times a day may be able to be taken before and after school, and before bed.
- 2.3 Students will generally need supervision of their medication and other aspects of health care management. The school in consultation with parents/carers and the student's medical/health practitioner may consider the age and circumstances by which the student could be permitted to self-administer their medication, however this may only occur in very rare circumstances.

3. PROGRAMME

- 3.1.1 All medications, including prescription as well as non-prescription medication, including analgesics, such as paracetamol and aspirin and other medications which can be purchased over the counter without a prescription, are to be administered by school personnel following the processes and protocols set out in the Medication Management Procedures (**see Appendix A**) of the school. In order to ensure that the interests of staff, students and parents/guardians/approved persons are not compromised, medication will only be administered with explicit written permission from parent/guardian/approved person, or in the case of an emergency, with permission of a medical practitioner.

- 3.2.1** When administering prescription medication on behalf of parent/carers, the written advice received must be supported by specific written instructions on the original medication bottle or container, such as that on the pharmacists label noting the name of the student, dosage and time to be administered. Analgesics can mask signs and symptoms of serious illness or injury and will not, therefore, be administered by the school, as a standard first aid strategy. Therefore analgesics such as aspirin and paracetamol will not be stored in the school's first aid kit.
- 3.2.2** The principal (or nominee) administering medication needs to ensure that:
- the right child;
 - has the right medication;
 - and the right dose;
 - by the right route (for example, oral or inhaled);
 - at the right time; and
 - that they write down what they have observed
 - permission to administer medication has been received from the child's parents/guardians/approved persons or a medical practitioner.
- 3.2.3** The principal or their nominee will inform teachers of those students in their charge who require medication to be administered at the school. The teachers may be required to release students at prescribed times so they may receive their medications from the principal or nominee.
- 3.2.4** The School register will be completed by the person administering the taking of medication.
- 3.3** The school in consultation with parents/carers and the student's medical/health practitioner will consider the age and circumstances by which the student could be permitted to self-administer their medication. Ideally, medication to be self-administered by the student should be stored by the school. However, where immediate access is required by the student, such as in the case of asthma, anaphylaxis, or diabetes, medication must be stored in an easily accessible location.

Note: It is at the principal's discretion to agree for the student to carry and manage his/her own medication.

4. LINKS AND APPENDICES (including processes related to this policy)

Links which are connected with this policy are:

- [DET Medication Policy](#)
- [DET Anaphalaxis Policy](#)
- [DET Health Support Planning Policy](#)
- [Asthma Society Webpage](#)

Appendices which are connected with this policy are:

- Appendix A: Medication Management Procedures
- Appendix B: Medication Authority Form

5. EVALUATION

This policy will be reviewed annually or more often if necessary due to changes in regulations or circumstances.

Appendix A

Medication Management Procedures

The school has developed procedures for the appropriate storage and administration of prescribed and non-prescribed medicines to students by school staff with reference to individual student medical information.

1. Student Information

Parents and/or guardians are required to keep the school informed of current medical contact details concerning students and any current medical conditions and appropriate medical history.

Every student who has a medical condition or illness has an individual management plan that is attached to the student's records. This management plan is provided by the student's parents/guardians and contains details of:

- the usual medical treatment needed by the student at school or on school activities
- the medical treatment and action needed if the student's condition deteriorates
- the name, address and telephone numbers for an emergency contact and the student's doctor

2. Administration of prescribed Oral Medication

Parents/guardians are required to inform the principal in writing of any prescribed medication that students need to take in school hours. Where medication is required in spontaneous situations, detailed administration instructions should be provided, for example in the case of asthma attacks. Medication Administration Permission Forms

are available from the Administration Office and should be completed and signed by the parent/guardian.

Certain students are capable of taking their own medication (usually tablets) while other students will need assistance from teachers. This information will be recorded on the individual student's management plan.

All medication sent to school is to be administered by school staff and, parents/guardians are required to supply medication in a container that gives the name of the medication, name of the student, the dose, and the time it is to be given.

Where medication for more than one day is supplied, it is to be locked in the storage cupboard in the school administration office.

3. Administration of Analgesics

Analgesics are only to be given following permission of parents/guardians and are to be issued by a First Aid Officer who maintains a record to monitor student intake. Analgesics are to be supplied by the parents.

4. Asthma

Asthma is an extremely common condition for Australian students. Students with asthma have sensitive airways in their lungs. When exposed to certain triggers their airways narrow, making it hard for them to breathe.

Symptoms of asthma commonly include:

- cough
- tightness in the chest
- shortness of breath/rapid breathing
- wheeze (a whistling noise from the chest)

Many children have mild asthma with very minor problems and rarely need medication. However, some students will need medication on a daily basis and frequently require additional medication at school (particularly before or after vigorous exercise). Most students with asthma can control their asthma by taking regular medication.

4.1 Student Asthma Information

Every student with asthma attending the school has a written Asthma Action Plan, ideally completed by their treating doctor or pediatrician, in consultation with the student's parent/carer.

This plan is attached to the student's records and updated annually or more frequently if the student's asthma changes significantly. The Asthma Action Plan should be provided by the student's doctor and is accessible to all staff. It contains information including:

- usual medical treatment (medication taken on a regular basis when the student is 'well' or as pre-medication prior to exercise)
- details on what to do and details of medications to be used in cases of deteriorating asthma – this includes how to recognise worsening symptoms and what to do during an acute asthma attack
- name, address and telephone number of an emergency contact
- name, address and telephone number (including an after-hours number) of the student's doctor

If a student is obviously and repeatedly experiencing asthma symptoms and/or using an excessive amount of reliever medication, the parents/carers will be notified so that appropriate medical consultation can be arranged. Students needing asthma medication during school attendance must have their medication use; date, time and amount of dose recorded in the First Aid Treatment Book in the sick bay each time for monitoring of their condition.

4.2 Asthma Medication

There are three main groups of asthma medications: relievers, preventers and symptom controllers. There are also combination medications containing preventer and symptom controller medication in the same delivery device.

Reliever medication provides relief from asthma symptoms within minutes. It relaxes the muscles around the airways for up to four hours, allowing air to move more easily through the airways. Reliever medications are usually blue in colour and common brand names include Airomir, Asmol, Bricanyl, Epaq and Ventolin. These medications will be easily accessible to students at all times, preferably carried by the student with asthma. All students with asthma are encouraged to recognise their own asthma symptoms and take their blue reliever medication as soon as they develop symptoms at school.

Preventer medications come in autumn colours (for example brown, orange, and yellow) and are used on a regular basis to prevent asthma symptoms. They are mostly taken twice a day at home and will generally not be seen in the school environment.

Symptom controllers are green in colour and are often referred to as long acting relievers. Symptom controllers are used in conjunction with preventer medication and are taken at home once or twice a day.

Symptom controllers and preventer medications are often combined in one device. These are referred to as combination medications and will generally not be seen at school.

5. Anaphylaxis

To be read in conjunction with the school's anaphylaxis policy

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Purpose

The school will comply with the Ministerial Order 706 and guidelines on anaphylaxis management as published by the Department.

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Individual anaphylaxis management plans

Note: A template of an individual anaphylaxis management plan can be found in the school's Anaphylaxis Policy

(Individual Anaphylaxis Management Plans and ASCIA action plans will be located in the class roll and on the notice board in the staffroom.)

The principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.

Note: Appendix 2 (pp 21 – 23) of the Anaphylaxis Guidelines for Victorian Government Schools contains advice about a range of prevention strategies that can be put in place. These can also be found at

http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/Anaphylaxis_guidelines-v1.01b.pdf

- The name of the person/s responsible for implementing the strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
 - ☐ sets out the emergency procedures to be taken in the event of an allergic reaction;
 - ☐ is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - ☐ includes an up to date photograph of the student.

Note: The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found on page 20 of the Anaphylaxis Guidelines or downloaded from

http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/Anaphylaxis_guidelines-v1.01b.pdf

The student's individual management plan will be reviewed, in consultation with the student's parents/ carers:

- annually, and as applicable,
- if the student's condition changes, or
- immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan).
- inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

Prevention Strategies

Parents have important obligations under the Order (and the School's Anaphylaxis Management Policy). These obligations will assist their child's School to manage the risk of anaphylaxis. For example, Parents must:

communicate their child's allergies and risk of anaphylaxis to the School at the earliest opportunity, preferably on enrolment;
continue to communicate with School Staff and provide up to date information about their child's medical condition;
provide the School Staff with an ASCIA Action Plan;
participate in yearly reviews of their child's Individual Anaphylaxis Management Plan; and
ensure that their child has an Adrenaline Auto injector that is current and not expired at all times.
in light of a potential anaphylaxis incident, School Council may or can ask that parents of all students attending our school do not allow any food be brought to school which contains nuts.
There are regular briefings to staff, students and parents

Note: A template of the Risk assessment checklist can be found in appendix 4 in the Anaphylaxis Guidelines & Wellbeing or downloaded from
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

Appendix B

School - Medication Authority Form

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 : [DEECD 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:

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.

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (e.g. orally/topical/injection)	Dates
				Start Date:
				End Date:
				Ongoing: <input type="checkbox"/>
				Start Date:
				End Date:
				Ongoing: <input type="checkbox"/>
				Start Date:
				End Date:
				Ongoing: <input type="checkbox"/>

MEDICATION STORAGE

Taradale Primary School
Name of policy and date

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 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 (03) 9637 2670.

Taradale Primary School
Name of policy and date

Name of Medical/Health Practitioner:	
Professional Role:	
Signature:	
Date:	
Contact Details:	

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 4.6.14.5).