



MEDICATION POLICY

Policy No. 24

Approved: 2004
Amended: August 2011
Amended: April 2014
To be reviewed: 2017

"Aims to provide a solid foundation for academic excellence and spiritual growth towards authentic Christian Living."

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.

Due to the serious nature of medications, both prescription and non-prescription, Kerang Christian College recognises the need to adopt procedures and risk minimisation strategies to reduce the risk of a student receiving the wrong medication or dosage.

Aims

The aim of this policy is to:

- ensure that all students receive the support necessary for their wellbeing in relation to the administering of medications whilst at school.
- Minimise the risk of an incorrect dosage of medication being administered/ accessed while the student is in the care of Kerang Christian College.
- Ensure that staff members have access to an accurate and adequate student medication plan.
- Ensure that an accurate log detailing the administering of medications taken at school is completed and on file in the event of an emergency.

Implementation

1. Children who are unwell should *not* attend school.
2. As much as possible, we encourage you to administer medication outside of school hours, e.g. 3 times a day can be taken in the morning (before school), afternoon (straight after school) and bedtime.
3. The Principal or the Principal's delegate is responsible for administering prescribed medications to children.
4. Non-prescribed oral medications (e.g. head-ache tablets) will not be administered by school staff.
5. All parent requests for the Principal to administer prescribed medications to their child must be in writing on the Medication Plan (see attached) provided and must be supported by specific written instruction from the medical practitioner or pharmacist's including the name of the student, dosage and time to be administered (original medications bottle or container should provide this information.)
6. All verbal requests for children to be administered prescribed medications whilst at school must be directed to Principal who in turn, will seek a meeting or discussion with parents to confirm details of the request and to outline school staff responsibilities.
7. Requests for prescribed medications to be administered by the school 'as needed' will cause the Principal to seek further written clarification from the parents.
8. All student medications must be in the original containers, must be labeled, must have the quantity of tablets confirmed and documented, and must be stored in either the first aid cabinet or staff room refrigerator, whichever is most appropriate.

9. Classroom teachers will be informed by the Principal of prescribed medications for students in their charge, and classroom teachers will release students at prescribed times so that they may visit the office and receive their medications from the Principal or the Principal's nominated delegate.
10. All completed Medication Plans and details relating to students, their prescribed medication, dosage quantities and times of administering will be kept and recorded in a confidential official loose-leaf medication register located in the First Aid Office by the Principal in the presence of, and confirmed by a second staff member.
11. Students involved in school 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.
12. Completed pages will be returned to the official medications register on return of the excursion to school. Parents/ guardians of students that may require injections are required to meet with the principal to discuss the matter.
13. For Senior School students, self-medication is acceptable and only the daily requirement of medication should be brought to school.
14. The School must be notified if a student is self-medicating and a completed Medication Plan signed by a doctor must be provided.

Note: Only in a 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 without delay.

Medication Register

A medication register will be maintained in the "Medical Module" on SchoolPro. The person administering the taking of medicine should update the medication register. Good practice is to have two staff members:

- supervising the administration of medication
- checking the information noted on the medication register.

Schools can observe and document behaviours for the student's medical/health practitioner.

Responsibilities

The Principal has overall responsibility for the implementation of this policy.

Evaluation

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



MEDICATION PLAN

CONFIDENTIAL

To be completed by the **PRESCRIBING DOCTOR** and the **PARENT/GUARDIAN** for a student who requires medication at school. This information is confidential and will be available only to Supervising Staff and Emergency Medical Personnel.

To the Doctor

Please:

- Complete all sections of this form.
- Schedule medications outside school hours wherever possible.
- Be specific. **As needed** is **not** sufficient directions for staff members – they need to know exactly when medication is required.
- Nominate the simplest method.

Please note that Education and First Aid Staff:

- Accept only medication, which has been ordered by a doctor and is provided in the original, fully labelled pharmacy container.
- Do not administer first dose of a course of medication or monitor effects of medication, as they have no training for this.
- Require medication to be handed adult to adult.
- Are instructed to seek medical assistance if concerned about a student's response or behaviour following medication.

Name of Student Date of Birth
Family name (Please print) First Name (Please print)

Medic Alert Number (if relevant) Review Date
(Max 12 months)

<p>MEDICATION INSTRUCTIONS <small>(please print clearly)</small> Medication (generic name), strength and form (e.g. Liquid, capsule, ointment)</p> <hr/> <p>Dose</p> <hr/> <p>Route (e.g. Oral or inhaled)</p> <hr/> <p>Any other instructions</p>	<p>TIMES <small>(Please tick)</small></p> <p><input type="checkbox"/> Early morning</p> <p><input type="checkbox"/> Mid-morning</p> <p><input type="checkbox"/> Middle of the day</p> <p><input type="checkbox"/> Mid-afternoon</p> <p><input type="checkbox"/> Evening</p> <p><input type="checkbox"/> Other (please specify)</p>
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Please note:

- Primary and Middle School students are supervised when they take their medication.
- Medications are kept secure in the First Aid Room.
- Safe self-management is permitted for Senior students but only in accordance with school policy (camps excluded).

Please advise if this student's condition creates any difficulties with self-management; for example, difficulty remembering to take medication as a specific time.

AUTHORISATION AND RELEASE

Medical Practitioner Professional Role

Address

..... Telephone

Signature Date

I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to Education and First Aid Staff as well as Emergency Medical Personnel.

Parent/ Guardian Signature Date
(Please print name)