# 2023 Administration of Medication Policy

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## Purpose

Our school has a unique context that means at our Parkville and Malmsbury campuses we have a shared duty of care with the Department of Justice and Community Safety (DJCS), and at our Ascot Vale and Maribyrnong campuses we have a shared duty of care with the Department of Families, Fairness and Housing (DFFH). At these campuses we rely on the respective Departments’ procedures to manage common risks in the environment, including:

* On-site supervision
* First aid
* Student medical conditions (including Asthma management)
* Managing and distributing medicine
* Emergency management
* Restrictive interventions
* Visitors and volunteers
* Anaphylaxis Management
* Emergency bushfire management
* Buildings, facilities and grounds
* Behaviour management
* Digital Learning (Internet, Social Media and Digital Devices)

The purpose of this policy is to ensure that the administration of medication to Parkville College - FLC campus students is managed in accordance with the health, safety and wellbeing of students.

And to explain to parents/carers, students and staff the processes Parkville College - FLC campus will follow to safely manage the provision of medication to students while at school or school activities, including camps and excursions.

## Policy Statement

Teachers and schools are often asked by parents/carers to administer medication to students to control a health condition. Such requests at Parkville College - FLC campus will be managed in an appropriate manner so that teachers (as part of their duty of care) can assist students, to take their medication. Parkville College - FLC campus will ensure students’ privacy and confidentiality and will exercise sensitivity towards this issue to avoid any stigmatisation.

### Guidelines

1. Parkville College - FLC campushas developed procedures for the administration of medication, and processes and protocols regarding the management of prescribed and non-prescribed medication for its students. Parkville College - FLC campususes the following forms for the administration of medication to students.

* FLC campus Student Health Support Plan template
* FLC campus Medication Permission Form
* FLC campus Medication Administration Log

For all other forms, please go to:  
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>

1. 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, parents/carers should be encouraged to administer the student’s medication 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. Students will generally need supervision of their medication and other aspects of health care management.
   1. Parkville College – FLC Campus Medication Permission Form, Students from Parkville College - FLC campus who are unwell should not attend school.
   2. Non-prescribed oral medications (eg: head-ache tablets) will not be administered by school staff. NB: All prescription medications are to be administered by the Principal or nominee following the processes and protocols set out in the *Medication Management Procedures*. 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. Parent/carer requests to administer prescribed medications to their child must be in writing on the Parkville College - FLC campus*Medication Permission Form* provided and, must be supported by specific written instruction from the medical practitioner or pharmacist including the name of the student, dosage and time to be administered (original medications bottle or container should provide this information).
      1. All verbal requests for students to be administered prescribed medications whilst at school must be directed to the Principal, who in turn, will seek a meeting or discussion with parents to confirm details of the request and to outline school staff responsibilities.
      2. Requests for prescribed medications to be administered by the school ‘as needed’ will cause the Principal to seek further written clarification from the parents. *Medication to treat asthma or anaphylaxis does not need to be accompanied by the Medication Permission Form as it is covered in student’s health plan.*
      3. The principal (or nominee) administering medication will ensure that a log for the administering of all medication to student's, and that medication administered is for:

* the right child;
* the right medication;
* the right dose;
* right method (for example, oral or inhaled);
* right time; and
* they document what they have observed
  + 1. The principal or nominee will inform classroom teachers of those students in their charge who require prescribed medication. The teachers will release students at prescribed times so that they may receive their medications from the principal or nominee.
    2. All completed Parkville College - FLC campus*Medication Permission Forms* 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 medications register located in the first aid room and will be completed by the Principal or nominee administering the taking of medication in the presence of, and confirmed by a second staff member.
    3. 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.
  1. Parents/carers of students that may require injections are required to meet with the principal to discuss the matter.
  2. Students who provide the Principal with written parent permission supported by approval of the principal may carry an asthma inhaler with them.   
     1. Other requests for students to self-administer their medication will be considered by the principal in consultation with parents/carers and the student’s medical/health practitioner to consider the age and circumstances by which the student could be permitted to self-administer their medication. Medication to be self-administered by the student will 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.
  3. Parkville College - FLC campuswill ensure that medication is stored for the period of time specified in the written instructions received, and that the quantity of medication provided does not exceed a week’s supply, except in long-term continuous care arrangements.

Student's medication that is stored at school will be:

* + - securely to minimise risk to others
    - in a place only accessible by staff who are responsible for administering the medication
* away from the classroom
* away from the first aid kit.

### Medication Error

If a student takes medication incorrectly, staff will endeavour to:

|  |  |
| --- | --- |
| Step | Action |
|  | If required, follow first aid procedures outlined in the student’s Health Support Plan or other medical management plan. |
|  | Ring the Poisons Information Line, 13 11 26 and give details of the incident and the student. |
|  | Act immediately upon their advice, such as calling Triple Zero “000” if advised to do so. |
|  | Contact the student’s parents/carers or emergency contact person to notify them of the medication error and action taken. |
|  | Review medication management procedures at the school in light of the incident. |

In the case of an emergency, school staff may call Triple Zero “000” for an ambulance at any time.

## Communication

This policy will be communicated to our school community in the following ways:

* Provided to staff at induction and included in staff handbook/manual
* Discussed at staff meetings/briefings as required
* Made available publicly on our school website
* Included as annual reference in school newsletter
* Made available in hard copy from school administration upon request

## Further Information and Resources

* Health Care Needs Policy
* Excursions Policy

## Legislation & Documents

### Department of Education and Training (DET)

* Education and Training Reform Act 2006

### Links relating to this policy

* <http://www.education.vic.gov.au/school/principals/spag/health/Pages/medication.aspx>
* <http://www.education.vic.gov.au/healthwellbeing/health/anaphylaxisschools.htm>

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>

## 

## Policy evaluation and review

To ensure ongoing relevance and continuous improvement, this policy will be reviewed every 3 years. The review will include input from students, parents/carers and the school community.

This policy was last updated April 2023 and is scheduled for review in April 2026.

## Appendix A

MEDICATION PERMISSION FORM

DATE:

PARENT/CARER’S NAME:

ADDRESS:

TELEPHONE:

(Business Hours)

Dear Principal,

I request that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be administered the following medication

(Child’s Name)

whilst at school, as prescribed by the child’s medical practitioner.

NAME of MEDICATION:

DOSAGE (AMOUNT):

TIME/S of MEDICATION:

I have sent the medication in the original container displaying the instructions provided by the pharmacist.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature)

## Appendix B.

MEDICATION ADMINISTRATION LOG

Name of student

Family Name (please print)

First Name (please print)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date xx/xx/xx** | **Time** | **Name of Medication** | **TICK WHEN CHECKED** | | | | **Comments** | **Staff (Print & inital)** |
| **Correct child** | **Correct Medication** | **Correct Dose** | **Correct Route  (oral/inhaler/etc)** |
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| --- | --- |
| Name of Medication | Prescribed Dose |
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|  |  |

## Appendix C.

STUDENT HEALTH SUPPORT PLAN - Cover Sheet

This plan outlines how the school will support the student’s health care needs, based on health advice received from the student’s medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan – see <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>.

This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and student.

|  |  |  |  |
| --- | --- | --- | --- |
| School: | | | Phone: |
| Student’s name: | | | Date of birth: |
| Year level: | | | Proposed date for review of this Plan: |
| Parent/carer contact information (1) | Parent/carer contact information (2) | | Other emergency contacts  (if parent/carer not available) |
| Name: | Name: | | Name: |
| Relationship: | Relationship: | | Relationship: |
| Home phone: | Home phone: | | Home phone: |
| Work phone: | Work phone: | | Work phone: |
| Mobile: | Mobile: | | Mobile: |
| Address: | Address: | | Address: |
| Medical /Health practitioner contact: | | | |
| Ideally, this plan should be developed based on health advice received via the appropriate Departmental Medical Advice form or in case of asthma, the Asthma Foundation’s School Asthma Action Plan. Please tick the appropriate form which has been completed and attach to this Plan. All forms are available from the [Health Support Planning Forms – School Policy and Advisory Guide](http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx) | | | |
| * General Medical Advice Form - for a student with a health condition * School Asthma Action Plan * Condition Specific Medical Advice Form – Cystic Fibrosis * Condition Specific Medical Advice Form – Acquired Brain Injury * Condition Specific Medical Advice Form – Cancer * Condition Specific Medical Advice Form – Diabetes | | * Condition Specific Medical Advice Form – Epilepsy * Personal Care Medical Advice Form - for a student who requires support for transfers and positioning * Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking * Personal Care Medical Advice Form - for a student who requires support for continence | |
| List who will receive copies of this Student Health Support Plan:  Student’s Family  2.Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| The following Student Health Support Plan has been developed with my knowledge and input  Name of parent/carer or adult/mature minor\*\* of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\*Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: [Decision Making Responsibility for Students - School Policy and Advisory Guide](http://www.education.vic.gov.au/school/principals/spag/safety/Pages/parentalresponsibility.aspx)).  Name of principal (or nominee): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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. | | | |

### How the school will support the student’s health care needs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s name: | | | | |
| Date of birth: | | Year level: | | |
| What is the health care need identified by the student's medical/health practitioner? | | | | |
| Other known health conditions: | | | | |
| When will the student commence attending school? | | | | |
| Detail any actions and timelines to enable attendance and any interim provisions: | | | | |
| **Below are some questions that may need to be considered when detailing the support that will be provided for the student’s health care needs. These questions should be used as a guide only.** | | | | |
| Support | What needs to be considered? | | Strategy -  how will the school support the student’s health care needs? | Person Responsible  for ensuring the support |
| **Overall Support** | Is it necessary to provide the support during the school day? | | *For example, some medication can be taken at home and does not need to be brought to the school.* |  |
| How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program? | | *For example, students using nebulisers can often learn to use puffers and spacers at school.* |  |
| Who should provide the support? | | *For example, the principal, should conduct a risk assessment for staff and ask:*  *Does the support fit with assigned staff duties and basic first aid training ( see the Department First Aid Policy* [www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm](http://www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm))  *If so, can it be accommodated within current resources?*  *If not, are there additional training modules available* |  |
| How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning? | | *For example, detail the steps taken to ensure that the support provided respects the students, dignity, privacy, comfort and safety and enhances learning.* |  |
| **First Aid** | Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid? | | *Discuss and agree on the individual first aid plan with the parent/carer.*  *Ensure that there are sufficient staff trained in basic first aid (see the Department’s First Aid Policy* [www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm](http://www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm))  *Ensure that all relevant school staff are informed about the first aid response for the student* |  |
| Support | What needs to be considered? | | Strategy –  how will the school support the student’s health care needs? | Person Responsible  for ensuring the support |
| **First Aid, cont’d** | Does the school require relevant staff to undertake additional training modules not covered under basic first aid training, such as staff involved with excursions and specific educational programs or activities | | *Ensure that relevant staff undertake the agreed additional training*  *Ensure that there are interim provisions in place (whilst awaiting the staff member to receive training), to ensure the student’s attendance at school.* |  |
| **Complex/**  **Invasive health care needs** | Does the student have a complex medical care need? | | *Is specific training required by relevant school staff to meet the student’s complex medical care need?*  *Can the training be obtained through the Department funded Schoolcare Program? If so, the School should complete the relevant referral forms which can be accessed by contacting the Royal Children’s Hospital’s Home and Community Care on 9345 6548.*  *Consider if the following program/services are required: the Program for Students with Disabilities or Visiting Teachers Service.* |  |
| **Routine Supervision for health-related safety** | Does the student require medication to be administered and/or stored at the School? | | *Ensure that the parent/carer is aware of the School’s policy on medication management.*  *Ensure that written advice is received, ideally from the student’s medical/health practitioner for appropriate storage and administration of the medication – via the Department’s Medication Authority Form*  *Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication.* |  |
| Are there any facilities issues that need to be addressed? | | *Ensure the schools first aid room/sick bay and its contents provide the minimum requirements and discuss and agree if other requirements are needed in this room to meet the student’s health care needs.*  *Ensure the school provides sufficient facilities to assist a student who requires a wheelchair or other technical support. Discuss this with the parent/carer/student* |  |
| Does the student require assistance by a visiting nurse, physiotherapist, or other health worker? | | *Detail who the worker is, the contact staff member and how, when and where they will provide support.*  *Ensure that the school provides a facility which enables the provision of the health service* |  |
| Who is responsible for management of health records at the school? | | *Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.* |  |
| Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student? | | *For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student attending part-time or episodically.* |  |
| **Personal Care** | Does the medical/health information highlight a predictable need for additional support with daily living tasks? | | *Detail how the school will support the student’s personal care needs, for example in relation to nose blowing, washing hands, continence care*  *Would the use of a care and learning plan for toileting or hygiene be appropriate?* |  |
| Support | What needs to be considered? | | Strategy –  how will the school support the student’s health care needs? | Person Responsible  for ensuring the support |
| **Other considerations** | Are there other considerations relevant for this health support plan? | | *For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.*  *For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.*  *For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?*  *For example, is there a need for planned support for siblings/peers?* |  |