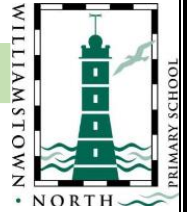




RESPECT – RESPONSIBILITY – RESILIENCE – DOING YOUR BEST



# WILLIAMSTOWN NORTH PRIMARY SCHOOL No 1409

## Medication Policy

Date: October 2018

### 1. Rationale

Student health and wellbeing is of the utmost importance to staff at Williamstown North Primary School. The school has a legal duty of care to safely manage the provision of medication to students while at school.

Many students require medication to control illness on an immediate, occasional, short-term or long-term basis.

There is a need for the whole school community (staff, parents and students) to be aware of the correct procedure for the administration of medications during school hours.

This policy applies to the administration of medications to all students. It does not apply to the provision of medication for Asthma or Anaphylaxis, which is provided for in our school's Asthma Policy (see link), and Anaphylaxis Policy & Procedures document (see link).

### 2. Aims

- 2.1 To support the health and wellbeing of students whilst at school by providing assistance and supervision from the school's Registered Nurse to ensure that medication is correctly administered.
- 2.2 To ensure that staff and the whole school community are familiar with, and understand the correct procedure for administering medication to students during school hours.

### 3. Implementation

- 3.1 Upon enrolment at Williamstown North Primary School a copy of the Medication Authority Form (see Appendix 1) will be provided to all parents/guardians.
- 3.2 The Medication Authority Form link will be published in the school's Newsletter at the beginning of each Term. Additional copies of the Medication Policy and the Medication Authority Form will be available from the General Office, Health Hub and the School Website.
- 3.3 Any medication received by a teacher must be forwarded to the Health Hub.

- 3.4** Prescribed medications, will be stored in a controlled environment in the Health Hub, except for self-administering medications such as Ventolin (see Appendix 2) and Epipens (see Appendix 3).
- 3.5** The school's Registered Nurse will administer medication to students whilst on the school premises. When the school's Registered Nurse is not on site, medication will be administered by the teaching or administrative staff as per the consent and instructions provided by the parent/guardian on the Medication Authority Form. Teachers with First Aid training may administer medication to students while on Excursion or Camps.
- 3.6** Some students may require a medication on an immediate, one-off basis, such as an analgesia or an antihistamine, and in this instance, a signed Medication Authority Form may not have been provided in advance.

A parent/guardian may provide over-the-phone verbal consent to the school's Registered Nurse for a single dose of medication for immediate use. For an analgesia, this is restricted to paracetamol (Panadol) and ibuprofen (Nurofen). For an antihistamine this is restricted to cetirizine (Zyrtec) or loratidine (Claratyne). This is on a case-by-case basis in consultation with the student, parent/guardian and school's Registered Nurse and will not be the school's standard first aid practice.

Medication dosage is directed by the labelled instructions for age/weight and confirmed with the parent/guardian. Documentation will occur on the student's Compass Chronical entry and an automated email notification will be sent to the parent/guardian. Following this, the school will request the parent/guardian supply a signed Medication Authority Form in order to obtain written consent for future reference.

- 3.7** Some students may have more complex medical needs requiring administration of non-oral prescribed medications, such as subcutaneous insulin injections for diabetes, mellitus or intranasal/rectal medication for seizure management.

In order to support these students the school requires an individualised Medication Plan, created in consultation with the Principal, Registered Nurse, student, family and Medical Practitioners.

- 3.8** Documentation of medication administration occurs in the Medication Log Book kept in the Health Hub, and includes the student's name, age/weight, medication name/dose/route, date/time of administration and signature of person administering the medication. The tick box 'Medication Administered' should be marked on the student's Compass Chronical entry.
- 3.9** Medication can be single checked by the school's Registered Nurse who must follow the 'Rights of Medication Administration' - right person, right medication, right dose, right route, right time, right documentation and right reason.

During peak times in the Health Hub where triage and treatment of multiple students occurs simultaneously, a second staff member will double check the medication and supervise medication administration.

**3.10** Where medication is to be given three times a day, parents/guardian will be encouraged to do this, where possible, in the morning, in the afternoon after school and in the evening. This will avoid the need for parent/guardian to send medication to school.

**3.11** The school will provide a First Aid Teacher/Staff member (HLTAID003 award) on each Camp/Tour. This teacher will be the designated First Aid Officer for the duration of the Camp/Tour, thereby overseeing the administration of all medication.

**3.12** At least one Staff member (teacher or Ed Support Staff) in each PLT level will be trained at Level 2 First Aid (HLTAID003). This will provide a qualified First Aider to be in attendance on Excursions and Camps, thereby overseeing the administration of all medication.

### **Warning**

- Williamstown North Primary 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 student's parents, carers or health practitioner.
- Allow use of medication by anyone other than the prescribed student except in a life threatening emergency, for example if a student is having an Asthma attack and their own puffer is not readily available.

### **Medication error**

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

<b>Step</b>	<b>Action</b>
1.	If required, follow first aid procedures outlined in the student's Health Support Plan or other Medical Management Plan.
2.	Ring the Poisons Information Line, 13 11 26 and give details of the incident and the student.
3.	Act immediately upon their advice, such as calling Triple Zero "000" if advised to do so.
4.	Contact the student's parents/guardians or emergency contact person to notify them of the medication error and action taken.
5.	Review medication management procedures at the school in light of the incident.

## **4. Evaluation and Review**

- The Medication Policy will be reviewed annually.

## FURTHER INFORMATION AND RESOURCES

- Appendix 1 WNPS Medication Authority Form
- Appendix 2 Asthma Policy Link ([Click Here](#))
- Appendix 3 Anaphylaxis Policy & Procedures Document ([Click Here](#))

This Policy has been ratified by School Council October 2018

## Appendix 1 – Medication Authority Form



### Williamstown North Primary School 1409

# Medication Authority Form

for a student who requires medication whilst at school

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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? (e.g. orally)	Dates
				Start date: ____ / ____ / ____ End Date: ____ / ____ / ____ <input type="checkbox"/> Ongoing medication
				Start date: ____ / ____ / ____ End Date: ____ / ____ / ____ <input type="checkbox"/> Ongoing medication

Medication Storage	Medication delivered to the school
Please indicate if there are specific storage instructions for the medication. <input type="checkbox"/> Refrigerate <input type="checkbox"/> Room Temperature <input type="checkbox"/> Other _____	Please ensure that medication delivered to the school: <input type="checkbox"/> Is in its original package <input type="checkbox"/> 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 96372670.

**Authorisation**

Name of Parent/Guardian or Adult: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Medical/Health Practitioner (if applicable) \_\_\_\_\_

Professional Role \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact Details: \_\_\_\_\_

If additional advice is required, please attach it to this form

U:\Welfare/Medication AuthorityFormVersion2.doc