

Administration of Medication Policy



Help for non-English speakers

If you need help to understand the information in this policy please contact Hamlyn Views School on (03)52155700

1. PURPOSE

To explain to parents/carers, students and staff the processes Hamlyn Views School will follow to safely manage the provision of medication to students while at school or school activities, including camps and excursions.

2. SCOPE

This policy applies to the administration of medication to all students. It does not apply to:

- the provision of medication for anaphylaxis which is provided for in our school's Anaphylaxis Policy
- the provision of medication for asthma which is provided for in our school's Asthma Policy
- specialised procedures which may be required for complex medical care needs.

3. POLICY

If a student requires medication, Hamlyn Views School encourages parents to arrange for the medication to be taken outside of school hours. However, Hamlyn Views School understands that students may need to take medication at school or school activities. To support students to do so safely, Hamlyn Views School will follow the procedures set out in this policy.

Authority to administer

If a student needs to take medication while at school or at a school activity:

- Parents/carers will need to arrange for the student's treating medical/health practitioner to provide written advice to the school which details:
 - the name of the medication required
 - the dosage amount
 - the time the medication is to be taken
 - how the medication is to be taken
 - the dates the medication is required, or whether it is an ongoing medication
 - how the medication should be stored.
- In most cases, parents/carers should arrange for written advice to be provided in a Medication Authority Form which a student's treating medical/health practitioner should complete. **(Medication Authority Form-Appendix A)**
- If advice cannot be provided by a student's medical/health practitioner, the principal (or their nominee) may agree that written authority can be provided by, or the Medication Authority Form can be completed by a student's parents/carers.
- The principal may need to consult with parents/carers to clarify written advice and consider student's individual preferences regarding medication administration (which may also be provided for in a student's Student Health Support Plan).

Parents/carers can contact the school nurse for a Medication Authority Form.

Administering medication

Any medication brought to school by a student needs to be clearly labelled with:

- the student's name
- the dosage required
- the time the medication needs to be administered.

Parents/carers need to ensure that the medication a student has at school is within its expiry date. If school staff become aware that the medication a student has at school has expired, they will promptly contact the student's parents/carers who will need to arrange for medication within the expiry date to be provided.

If a student needs to take medication at school or a school activity, the principal (or their nominee) will ensure that:

1. Medication is administered to the student in accordance with the Medication Authority Form so that:
 - the student receives their correct medication
 - in the proper dose
 - via the correct method (for example, inhaled or orally)
 - at the correct time of day.
2. A log is kept of medicine administered to a student. **(Medication Administration Log-Appendix B)**
3. Two staff members will supervise the administration of medication.

4. The teacher in charge of a student at the time their medication is required:
 - is informed that the student needs to receive their medication
 - if necessary, releases the student from class to obtain their medication.

Self-administration

In some cases it may be appropriate for students to self-administer their medication. The principal may consult with parents/carers and consider advice from the student's medical/health practitioner to determine whether to allow a student to self-administer their medication.

If the principal decides to allow a student to self-administer their medication, the principal may require written acknowledgement from the student's medical/health practitioner, or the student's parents/carers that the student will self-administer their medication.

Storing medication

The Principal (or their nominee) will put in place arrangements so that medication is stored:

- securely to minimise risk to others
- in a place only accessible by staff who are responsible for administering the medication
- according to packet instructions, particularly in relation to temperature.

For most students, Hamlyn Views School will store student medication in the locked first aid cupboard in the students' classroom.

The principal may decide, in consultation with parents/carers and/or on the advice of a student's treating medical/health practitioner:

- to allow the student to carry their own medication with them, preferably in original packaging if:
 - the medication does not have special storage requirements, such as refrigeration
 - doing so does not create potentially unsafe access to the medication by other students.

Warning

Hamlyn Views School will not:

- in accordance with Department of Education and Training policy, store or administer analgesics such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury
- 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:

Step	Action
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/carers 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.

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

4. FURTHER INFORMATION AND RESOURCES

- [HVS First Aid Policy](#)
- [HVS Health Care Needs Policy](#)

REVIEW CYCLE

Policy last reviewed	September, 2022
Approved by	Principal
Next scheduled review date	September 2026 - this policy has a review cycle of 4 years as part of the school's four yearly review cycle



MEDICATION AUTHORITY FORM

For students requiring medication to be administered at school

- This form should, ideally, be signed by the student’s medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents and school’s health practitioner in the absence of a signature from a medical practitioner.
- For students with epilepsy, [Epilepsy management plan](#)
- For students with asthma, an [Asthma Australia’s School Asthma Care Plan](#)
- For students with anaphylaxis, an [ASCIA Action Plan for Anaphylaxis](#)
- For students with an allergy, an [ASCIA Action Plan for Allergy](#)

Please only complete the sections below that are relevant to the student’s health support needs. If additional advice is required, please attach it to this form.

Please note: wherever possible, medication should be scheduled outside school hours, eg medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.



Name of school: _____

Name of student: _____ Date of Birth: _____

MedicAlert Number (if relevant): _____

Review date for this form: _____

Medication: (During School Hours)

Name of Medication	Dosage (amount)	Times to be taken	How is it to be taken? (eg oral / topical/ injection)	Dates to be administered	Supervision required
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

Medication: (After School Hours)

In an emergency situation we need to be aware of medication your child may be taking after school hours.

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg oral / topical/ injection)	Dates to be administered	Supervision required
				Start: / / End: / /	<input type="checkbox"/> No – student self-managing

				OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

Please indicate if there are any specific storage instructions for any medication:

Please ensure that medication delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form

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 be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner.

Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

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.

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy which applies to all government schools (available at: <http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>) and the law.

Name of parent/carer: _____

Signature: _____ Date: _____

Name of medical/health practitioner: _____

Professional role: _____

Signature: _____ Date: _____

Contact details: _____



MEDICATION ADMINISTRATION LOG

For students requiring medication to be administered at school

This log should be completed by the staff member administering medication to any student at the school.

Name of student: _____ Year level: _____

Date	Time	Name of Medication and Dose	Tick when checked ✓				Comments	Staff member administering (print name and initial)	Staff member checking* (print name and initial)
			Correct Child	Correct Medication	Correct Dose	Correct Route			

*Cross-checking: It is recognised that in many school settings medication is administered using a system of two staff members checking that medication is correctly administered. This is an appropriate added safety measure and is seen as good practice.

Date	Time	Name of Medication and Dose	Tick when checked ✓				Comments	Staff member administering (print name and initial)	Staff member checking* (print name and initial)
			Correct Child	Correct Medication	Correct Dose	Correct Route			