

FRANKSTON HIGH SCHOOL

ADMINISTRATION OF MEDICATION

Approved November 2021

POLICIES AND PROCEDURES

PURPOSE

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

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.

POLICY

If a student requires medication, Frankston High School encourages parents to arrange for the medication to be taken outside of school hours. However, Frankston High School understands that students may need to take medication at school or school activities. To support students to do so safely, Frankston High 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 regarding prescribed medication to the school which details:
 - o the name of the medication required
 - the dosage amounts
 - o 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
- 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 Frankston High Administration/First Aid Staff, 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
- Date of Expiry on all packaging supplied.

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:

- Medication is administered to the student in accordance with the Medication Authority Form so that:
 - the student receives their correct medication
 - o in the proper dose
 - via the correct method (for example, inhaled or orally)
 - at the correct time of day
- A log is kept of medicine administered to a student
- Where possible, two staff members will supervise the administration of medication
- The teacher in charge of a student at the time their medication is required:
 - is informed that the student needs to receive their medication
 - o if necessary, release 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
- Away from a classroom (unless quick access is required)
- Away from first aid kits
- According to packet instructions, particularly in relation to temperature.

For most students, Frankston High School will store student medication at the School's First Aid Office, in a locked cabinet that is clearly labelled.

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 the 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.

Frankston High 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.

COMMUNICATION

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

- Included in staff induction processes
- Available publicly on our school's website
- Included in transition and enrolment packs
- Included in our staff handbook/manual
- Discussed at staff briefings/meetings as required
- Made available in hard copy from school administration upon request

FURTHER INFORMATION AND RESOURCES

The Department's Policy and Advisory Library (PAL)

Our school policies and documents:

- Medication Policy
- First Aid Policy
- Asthma Policy
- Anaphylaxis Policy
- Health Care Needs Policy
- Head Injury & Suspected Concussion Policy

Appendices which are connected with this policy are:

• Appendix A: Medication Authority Form

POLICY REVIEW AND APPROVAL

Policy Last Reviewed	November 2021
Approved By	Principal
Next Scheduled Review Date	November 2022

Appendix A



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 in the absence of a signature from a medical practitioner.

- For students with asthma Asthma Australia's School Asthma Care Plan
- For students with anaphylaxis an ASCIA Action Plan for Anaphylaxis

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, e.g. medication required three times daily is generally not required during a school day — it can be taken before, after school and before bed.

Student Details		
Name of School: FRANKSTON HIGH SCHOOL		
Name of Student:	Date of Birth:	
MedicAlert Number (if relevant):	Review Date for this form:	

Medication to be administered at school					
Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (e.g. oral/ topical/ injection)	Dates to be administered	Supervision Required
				Start: / /	☐ No, student self-managing
				End: / /	□ Yes
				OR	□ remind
					□ observe
				□ Ongoing	□ assist
				medication	□ administer
				Start: / / End: / /	☐ No, student self-managing
				Liiu. / /	□ Yes
				OR	☐ remind
					□ observe

Medication d	elivered to t	ne school			
				☐ Ongoing medication	□ assist □ administer
Please indicate i	if there are an	v specific stora	age instructions	s for any medication	on:
Please ensure th	nat medication	delivered to the	he school:		
☐ Is in its origidum ☐ The pharmad		es the informa	ition included i	n this form	
Supervision F	Required				
management. I	n line with to or their own	neir age and health care. S	stage of dev Self-manageme	elopment and ca ent should be ag	on and other aspects of health ca pabilities, older students can tal preed to by the student and the
Please describe remind, observe			ce is required	by the student wh	en taking medication at school (e.
Monitoring E	ffects of Med	lication			
Please note: Sch concerned abou					eek emergency medical assistance
Privacy State	ement				
Information coll (DET) privacy po	ected will be uolicy which ap	ised and disclo plies to all gov	osed in accorda ernment schoo	ance with the Dep	health care needs of our student artment of Education and Training spx)
Authorisation	n To Adminis	ter Medicatio	on In Accorda	ance With This F	Form
Name of Parent,	/Guardian:				
Signature:				D	ate:
Name of Medica	ıl/Health Pract	tioner:			

Professional Role:

Signature:	Date:	
Contact Details:		