



Medication Administration Policy

Level: 3

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1. **Preamble**

- 1.1. As a caring Christian community that considers individuals to be uniquely created in the image of God, Chairo Christian School has a responsibility and desire to provide for the care, safety and welfare of members of the school community, within the reasonable limits of its capacity to do so.
- 1.2. Chairo has a specific duty of care for the wellbeing of students whereby the risk of harm is minimised and students are able to function within a physically and emotionally secure, supportive and productive environment. This encompasses the health and medical needs of students. Such duty of care may, at times, extend beyond the school day and school premises.
- 1.3. In order to fulfil Chairo's responsibilities to care for the needs of students, the school endeavours to make proper arrangements to administer medication to those students who are ill or who have specific medical conditions requiring medication.
- 1.4. For the safety and welfare of the whole school community, Chairo has a duty of care to ensure that the risk of harm is minimised with ongoing risk assessments in place and appropriate training for staff members.
- 1.5. Related Chairo policies include *Health & First Aid (Student) Policy*, *Anaphylaxis Management Policy*, *Asthma Management Policy*, *Diabetes Management Policy* and *Emergency and Critical Incident Management Policy*.
- 1.6. This policy is to be read in conjunction with procedures relating to medication administration.

2. **Definitions**

- 2.1. *Duty of care* refers to the requirement that the school and staff members take all reasonable care to provide a suitable and safe environment for students, and to take reasonable measures to protect students from risk of injury that should have been reasonably foreseen. Safety measures will differ dependant on the age, health and location of the student.
- 2.2. *First Aid* as referred to in this policy relates to emergency treatment and support provided to those who suffer injury or illness, while at school or participating in an approved school activity and incorporates basic life support.
- 2.3. *First Aid Officers* are those staff members appointed by the school to provide first aid in the event of illness and injury, monitor students according to their condition and ensure that relevant injury and/or incident report forms are completed.
- 2.4. *Medical Practitioner* refers to a General Practitioner or other specialist doctor.
- 2.5. *Medication* refers to a substance taken into the body to relieve symptoms, treat or cure a medical condition or illness. A common route by which medication is taken into the body is orally (e.g. tablet, capsule, liquid) but it can also be administered in other forms, including inhaled, injected or as a topical medication (cream).



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- 2.6. *Parents* in this policy refers to a student's parent or legal guardian.
- 2.7. *PRN* refers to the abbreviation given to the Latin word *pro re nata*, which means, 'as the occasion arises; as needed'.

3. Policy

3.1. Authority to Administer

- 3.1.1. Parents have primary responsibility for their child's medical conditions and related medication administration.
- 3.1.2. Parents are responsible for providing accurate and up-to-date information about their child's medical conditions and management needs, and for authorising the administration of medication for their child's specific acute or ongoing medical condition.
- 3.1.3. For prescription and non-prescription medication to be administered to a student throughout their enrolment period, a once-off Medication Administration Authority Form must be completed by a parent/guardian.
- 3.1.4. Individual prescription medication to be administered to a student during school hours requires a Medication-specific Authority Form, to be completed by the parent/guardian when they provide the school with the medication at the sickbay. This form requires detailing the name of the medication, active ingredients, reason, frequency, route for administration, storage instructions, and period of administration (dates/ongoing).
- 3.1.5. If the medication is a schedule 8 medication, then the quantity needs to be counted by the staff member and parent/guardian with both parties signing the form. Once the medication runs out or expires, a new form must be completed on receipt of additional medication brought to the school by the family. Other medication, often purchased directly off the shelf, may also be provided to the school for 'as needed' (PRN) administration and will be given to the student in accordance with the reason documented in the medication-specific form (see above). Examples include paracetamol for headaches and antihistamines for hay fever.
- 3.1.6. Parents may give approval for their child to self-administer medication dependant on their age, capabilities and competence. Such self-administration of medication requires written approval by the Principal and/or Head of School and, in some cases, the student's medical practitioner.
- 3.1.7. In the case of an emergency, authorisation to administer medication may be given verbally by a parent or, if a parent cannot be contacted, by a registered medical practitioner or emergency service. Documentation of such authorisation will be retained within the student's medical records.
- 3.1.8. The school will ensure that information privacy principles are applied when collecting, using, retaining or disposing of student health information, including that of medication administration requirements. See *Privacy Policy*.

3.2. Administration and Documentation of Medication

- 3.2.1. First Aid Officers at each campus are responsible for administering only the medication that has been authorised by a student's parent and/or medical practitioner. First Aid Officers are to administer medication within the limits of their skill level, expertise and training.



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- 3.2.2. Teachers, including casual relief teachers, may be required to administer authorised medication to a student during school hours or on a camp or excursion, within the limits of their training competence and according to a student's medical management plan.
- 3.2.3. In accordance with the Department of Education and Training (DET) advice, the school does not administer school-provided analgesia (e.g., paracetamol, aspirin) to students as a first aid strategy (note: exception during camps. See 3.6). Analgesia used in this way can easily mask signs and symptoms of underlying illness or injury. However, as with other medications, parents may provide the school with analgesia to be administered to their child while at school for specific medical concerns.
- 3.2.4. All medication must be removed directly from the original packaging at the time the medication is to be administered to a student. If medication is loose, or does not come directly from the packaging, it is not to be administered but either returned to the parent or disposed of safely.
- 3.2.5. In the case of a student medical emergency, such as an anaphylactic reaction, asthma attack, diabetic-related emergency or an epileptic seizure, appropriate first aid measures will be taken, which may include the administration of medication in accordance with action plans, in lieu of emergency services arrival. See related policies for more information.
- 3.2.6. Medication is to be administered only by those authorised to do so, ensuring the 6 rights of medication administration are adhered to, confirming the:
 - *Correct medication*
 - *Correct student*
 - *Correct dose*
 - *Correct time*
 - *Correct method/route*
 - *Correct documentation.*
- 3.2.7. Once medication has been administered by a First Aid Officer or teacher, details must be correctly documented and recorded in the student's medical records on TASS.
- 3.2.8. An inventory of schedule 8 medications (most commonly Ritalin) must be kept up-to-date and record all movement of medications (in and out) as it occurs.
- 3.2.9. All movement records of schedule 8 medications are to be completed and signed immediately on medications being received or dispensed. Entries must also be countersigned, preferably at the time, by a staff member who witnesses the access and administration of the dose. When this not possible, it must occur as soon as practicable thereafter, and after the remaining quantity has been confirmed by the countersigner.
- 3.2.10. For any PRN (as needed) medication administered to a student, a First Aid Officer will send out a SMS (text) communication to the primary parent. This will ensure that families are able to follow-up with their child and only administer the same medication when it is next permissible to do so. A First Aid Officer will contact families (or an emergency contact, if necessary) should any immediate actions be required.
- 3.2.11. Students who have been authorised by their parents and/or medical practitioner to self-administer their medication (e.g. Ventolin inhaler, insulin) must do so responsibly and in accordance with school procedure. If they are well enough to do so, the student will ideally attend sickbay or call for assistance if the medication has not been effective.



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- 3.2.12. If a First Aid Officer needs clarifying directions for a specific medication, they may contact a relevant hospital or pharmacy, while ensuring that they do not disclose identifying information of the student involved.
- 3.2.13. It is recommended that parents administer medication to their own child before or after school wherever possible.
- 3.2.14. The privacy and confidentiality of a student being administered medication, as far as practicable, will be protected as a means to reduce or avoid stigmatisation.
- 3.2.15. First Aid Officers and other staff members are not to administer the first dose of a new medication to a student in case of an allergic reaction. Initial doses should be supervised by parents or health professionals.
- 3.2.16. First Aid Officers and other staff members are not to administer medication to any student other than the student named on the prescribed medication packaging and in accordance with the *Medication-specific Authority Form*. The only exception is in a life-threatening emergency such as a student requiring Ventolin during an asthma attack when their own puffer is not accessible.

3.3. Storing Medication

- 3.3.1. Parents are required to provide the school with the required medication for their child in the original packaging, including that of over-the-counter medication. Medication is to be within its expiry date and the minimum amount possible for adequate administration is to be stored by the school unless it is ongoing medication.
- 3.3.2. Medication is to be stored in accordance with the medication's written instructions. For instance, some medications are to be refrigerated.
- 3.3.3. Medication is to be stored securely in a locked cabinet within the sickbay office/area and only accessible by authorised staff members responsible for administering the medication to the student, such as First Aid Officers and relevant teachers. Exceptions apply where a medication is required for a medical emergency (e.g., adrenaline auto-injector, asthma reliever, insulin) which should be stored in a safe but readily accessible location.
- 3.3.4. Where feasible, the school will store a student's self-administered medication but, where a student is permitted to carry their emergency medication in their school bag to and from school and while at school, the Principal or delegate will consider whether the student needs immediate access to their medication, the storage requirements of the medication and the risks of unsafe access to other students. An *Emergency Medication Bus Form* is to be completed if the student travels on the bus with their medication. See *Busing Policy* for more information.
- 3.3.5. Medication must not be accessible to students who may be in or near the sickbay for treatment, observation or other purposes.
- 3.3.6. Schedule 8 medications (e.g. most commonly Ritalin) must be kept locked in a wall-mounted S8 medication-only cabinet.
- 3.3.7. Specific medication may be stored in first aid kits for the purpose of a camp or excursion. This medication, whether school-provided or family-provided, should not be accessible to students at any point during the event.
- 3.3.8. All other medications is to be locked securely in a separate sickbay medication cupboard.



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- 3.3.9. Medication that has reached its expiry date will either be returned to the student's parents for disposal and replacement, or be disposed of safely (e.g. dropped off at a local pharmacy, student labels removed) by a First Aid Officer.

3.4. Medication Error

- 3.4.1. If a student has taken medication incorrectly, First Aid Officers or other relevant staff members are to take the following action:
- If relevant, follow any directions noted in a student's medical management plan.
 - Call the Poisons Information Line on 13 11 26 and give accurate details of the student and the incident.
 - Immediately act on advice given, such as call 000 and request an ambulance.
 - Contact the student's parents or emergency contact person when safe to do so and notify them of the medication incident and the actions taken.
 - Review the medication management and administration procedures in respect to the incident.

3.5. Immunisations of Students

- 3.5.1. Under the National Immunisation Program Schedule, students at Chairo are encouraged to receive age-appropriate vaccines conducted by local councils. The school is committed to endorsing and assisting the immunisation program by:
- distributing immunisation consent forms and collecting completed forms as required by local councils;
 - promoting council resources and information regarding immunisation programs; and
 - providing an environment in which the immunisation program can run smoothly and safely.
- 3.5.2. Council-approved staff/nurses will attend relevant campuses on the selected days to administer immunisations to students and complete required documentation.
- 3.5.3. Families may elect to immunise their child through their medical clinic or through council public immunisation sessions.

3.6. Medication Administration at Camps, Excursions and Other Approved Activities

- 3.6.1. It is a requirement that relevant staff members are aware of all medical conditions and medication requirements that students may have prior to school camps, excursions or other school-approved activities.
- 3.6.2. At each camp, excursion or other school-approved activity, there must be sufficient staff members trained in first aid and CPR to care for the needs of the students attending.
- 3.6.3. Staff members will be provided with appropriate first aid supplies for use throughout the event and in an emergency and may request additional first aid supplies or medication prior to the camp, in accordance with the camp schedule and student needs. See *Camping and Excursion Policy*.
- 3.6.4. In addition to emergency medication such as adrenaline auto-injectors and Ventolin, first aid kits that are taken on camps-only will contain the following age-appropriate medication: paracetamol, antihistamines (non-drowsy), antiseptic cream for open wounds, rehydration solution (e.g. hydrolyte), sunscreen, insect bite relief cream and burn cream if considered appropriate. Families are informed of this within the camp information letter and are



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encouraged to update all medical records or to contact the Camp Coordinator if any of the above should not be administered to their child.

- 3.6.5. Efforts will be made by staff to contact families should ongoing issues arise. All school-provided medication administered to a student during a camp or excursion must be documented on the *Camp/Excursion First Aid Register*. Excursion-only first aid kits will not contain non-emergency medication unless pre-arranged by the Event Coordinator.
- 3.6.6. Parents are required to complete the *Camps and Excursions Medication Information & Consent* form prior to their child attending a school camp or excursion outlining the medication provided to the Camp/Event Coordinator (or delegate) that is to be administered to their child during the event.
- 3.6.7. Parents are responsible for providing their child's medication to the Camp Coordinator (or staff delegate) prior to or on the day of the event, as per the specific camp/event instructions.
- 3.6.8. All medication provided to the Camp Coordinator (or delegate) must be within its original packaging and expiry date, and enough provided to last for the duration of the event/camp.
- 3.6.9. The Camp Coordinator, or delegate, responsible of for the supervision of and administration of the medication must complete the *Camp & Excursion Medication Register Form* each time a student's medication is administered. This staff member is also required to be aware of when all medication is due for administration for each student throughout each day of the camp/event to ensure continuity of treatment is maintained.
- 3.6.10. All camp medication forms are to be returned to Student Reception or campus sickbay immediately after the conclusion of a camp or excursion for inclusion in student records.
- 3.6.11. Staff members are responsible for ensuring that medication is stored safely, securely and according to the medication storage requirements as is practicable during the event.
- 3.6.12. Staff members are responsible for ensuring that medication is not accessible to students while attending camps or excursions, unless otherwise arranged and documented.
- 3.6.13. Parents of students with specialised medical needs may be required to meet with relevant staff members prior to the commencement of a camp or excursion in order to ensure that information regarding the administration of medication is accurate and thorough. Additional training for staff members may also be required prior to camp (e.g. Level 1-3 Diabetes in Schools training. See *Diabetes Management Policy*.)
- 3.6.14. There may be instances when the school may recommend a parent to attend a camp or excursion for the safety of their child and to carry out the medication administration requirements throughout. This may be determined by the Principal and/or Head of School and requested by the Camp Coordinator and/or parent/guardian involved.