MEDICATION ADMINISTRATION POLICY

Help for non-English speakers

If you need help to understand the information in this policy, please contact Keysborough Secondary College. Phone 03 9798 1877 – Acacia Campus or 03 9546 4144 – Banksia Campus or email at: keysborough.sc@education.vic.gov.au.

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 College Principal or the Wellbeing Assistant Principal 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. The 'Medication Administration Log' is maintained both electronically and in hardcopy by the Campus Nurse.
- 3. Where possible, two staff members will supervise the administration of medication.
- 4. The teacher in charge of a student at the time their medication is required:

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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 College Principal or the Wellbeing Assistant 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 College Principal or the Wellbeing Assistant 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-adminis- 3 1 (ci)in(a)pabor (b)-3.79c(1)) ASSISTANCE (b)-3.79c(1)) ASSISTANCE (b)-3.79c(1)) ASSISTANCE (b)-3.79c(1)) ASSISTANCE (b)-3.79c(1)) ASSISTANCE (c)-6.4 (c

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

APPENDIX 1

MEDICATION AUTHORITY FORM

For students requiring medication to be administered at Keysborough Secondary College

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 see Asthma Care Plan and 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, 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.

Student Details					
Name of student:					
Date of Birth:					
MedicAlert Number (if	f relevant):				·
Review date for this fo	orm:				
Year Level of Student:					
Keysborough College (Campus:				·
Medication to be admi	inistered at sch	nool:			
Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken?	Dates to be administered	Supervision required
			a. Oral b. Topical c. Injection		
	I	l	1	Start: / / End: / /	

OR

The pharmacy label ma	tches the information included in this form
Please indicate if there are	any specific storage instructions for any medication:
Supervision required	
management. In line with a for their own health care. S and the student's medical/	rvision or assistance is required by the student when taking medication at school (e.g.
Monitoring effects of me	edication
Please note: School staff concerned about a student	monitor the effects of medication and will seek emergency medical assistance if t's behaviour following medication.
Privacy Statement	
collected will be used and which applies to all govern	ealth information to plan for and support the health care needs of our students. Information disclosed in accordance with the Department of Education and Training's privacy policy ment schools (available at: gov.au/Pages/schoolsprivacypolicy.aspx) and the law.
Authorisation to adminis	ster medication in accordance with this form:
Name of parent/carer:	
Signature:	
Date:	
Name of medical practition	ner:
Medical practitioner Pratur	·e: