

**Winton Primary School Fox Street Winton Victoria 3675**

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**Medication Policy**

**Help for non-English speakers**

If you need help to understand the information in this policy, please contact Language Loop - 03 9280 1955

**Purpose**

To explain to parents/carers, students, and staff the processes Glenrowan and Winton Primary Schools 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, Glenrowan and Winton Primary Schools encourages parents to arrange for the medication to be taken outside of school hours. However, Glenrowan and Winton Primary Schools understand that students may need to take medication at school or school activities. To support students to do so safely, Glenrowan and Winton Primary Schools 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.
* 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 Glenrowan and Winton Primary Schools 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.
1. A log is kept of medicine administered to a student.
2. Where possible, two staff members will supervise the administration of medication.
3. 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, 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, Glenrowan and Winton Primary Schools will store student medication at the school office.

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

* that the student’s medication should be stored securely in the student’s classroom if quick access might be required
* 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.

**Warning**

Glenrowan and Winton Primary Schools 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** |
|  | If required, follow first aid procedures outlined in the student’s Health Support Plan or other medical management plan. |
|  | Ring the Poisons Information Line, 13 11 26 and give details of the incident and the student. |
|  | Act immediately upon their advice, such as calling Triple Zero “000” if advised to do so. |
|  | Contact the student’s parents/carers or emergency contact person to notify them of the medication error and action taken. |
|  | 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:

* Available publicly on our school’s website
* Included in our staff handbook/manual
* Included in transition and enrolment packs
* Made available in hard copy from school administration upon request

**Further information and resources**

The Department’s Policy and Advisory Library (PAL):

* [Medication Policy](https://www2.education.vic.gov.au/pal/medication/policy)
* [First Aid for Students and Staff Policy](https://www2.education.vic.gov.au/pal/first-aid-students-and-staff/policy)

Our School policies and documents:

* Including *First Aid, Health Care Needs, Medication Authority Form, Medication Administration Log*

## Review cycle

|  |  |
| --- | --- |
| **Date Implemented** | October 2022 |
| **Author** |  |
| **Approved By** | Glenrowan Primary School Council – October 2022Winton Primary School Council – October 2022 |
| **Responsible for Review** | Principal |
| **Review Date** | October 2025 |

**MEDICATION REQUEST FORM**

**DATE:**

**PARENT’S NAME:**

**ADDRESS:**

**TELEPHONE:**

 **(Business Hours)**

Dear Principal,

I request that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be administered the following medication

 ( Child’s Name )

whilst at school, as prescribed by the child’s medical practitioner.

**NAME of MEDICATION:**

**DOSAGE (AMOUNT):**

**TIME:**

I have sent the medication in the original container displaying the instructions provided by the pharmacist.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature)