



# Renmark High School

## **Policy Name:** Medication Dispensing

Date: February 2011

Review Date: 2014

### **Rationale:**

This policy aims to address the schools obligation to dispense medication to students with conditions requiring medication, in order to facilitate their attendance at school.

### **Beliefs:**

Only when absolutely necessary should medication be prescribed for administration during school hours. In such cases a meeting with parents/legal guardians should be sought to outline the responsibility of the school and the parents/legal guardians.

Once a school accepts responsibility for the administration of medication a duty of care is owed by the school to the student to give the correct medication at the correct time, according to prescribed instructions. The policy should apply during the course of a normal school day and during school activities outside normal school hours.

### **Legislative & DECS Considerations:**

DECS guidelines: Health Support Planning Guidelines, Section 2  
Approved Code of Practice for First Aid in the Workplace

### **Policy Statement:**

Prescribed medication required by students must be accessible to them as and when required, both at the school campus and whilst on excursions, sports days, camps etc.

The Principal, after consultation with staff, will nominate at least two members of staff who will be responsible for the administration of medication in the school. These staff shall be appropriately trained, especially in relation to Schedule 8 drugs.

All staff members should be made aware of students who:

- require ongoing medication: and
- may require immediate medication in specific emergency circumstances such as severe asthma, severe allergic reaction or hypoglycaemia

All staff members are to be trained in the administration of medication in emergency situations.

Staff and parents will be periodically reminded of the schools policy guidelines for dispensing medication.

## **Definitions:**

*Schedule 8 drugs* cover those medicines likely to cause dependence or to be abused. *Schedule 8 drugs* require restriction of supply, distribution, possession, storage and use to reduce abuse, misuse and physical or psychological dependence. Examples of these drugs are Ritalin and Dexamphetamine.

*Analgesics* are drugs producing analgesia, (pain relief). An example of these drugs is paracetamol (Panadol).

*Prescribed medication* is medication prescribed by a registered medical practitioner for a particular person for the treatment of a medical condition.

## **Procedures:**

### **1. General Guidelines**

- 1.1. The Principal or delegate is to be informed about students requiring medication during the school day
- 1.2. No medication should be given to a child without the written permission of a parent / guardian.  
**Form 1: Administration of Routine Medication/Authorisation Form for Parent/Guardian.**  
Some medication will also require authorisation from the student's medical practitioner.  
**Form 2: Administration of Prescribed Medication / Authorisation Form for Medical Practitioner.**
- 1.3. Parents should supply appropriate equipment for administration, for example a medication measuring cup.
- 1.4. All medication should be in the container in which it was dispensed.
- 1.5. All medication must be clearly labelled with:
  - the child's name,
  - the drug's dose,
  - the dosage and frequency to be given, and
  - the prescribing doctor's name.
- 1.6. All medication stored on the school premises must be kept in an appropriate, secure place. The security of the storage place will depend on the type of medication involved.
- 1.7. A record of all medication dispensed must be maintained. This should include: the date, time, student name, substance administered, dosage amount and name of person administering the medication on a Medication Register.  
**Form 3: Medication Register, and/or**  
**Form 4: Administration of Medication / Student Register.**
- 1.8. Supervision is to be arranged when a student self administers medication.
- 1.9. Alternative arrangement may involve parents if suitable staff are not available to administer the medication.

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1.10. Some provision should be made for staff who do not wish to be involved in the administration of medication.

### **2. Guidelines for the Dispensing of Analgesic / Non-prescribed Substances**

- 2.1. Schools should not normally dispense analgesics for pain relief. It is only appropriate in rare situations where it is necessary to maintain a child at school in spite of complex medical conditions
- 2.2. Aspirin or a medication containing aspirin may be harmful to the receiver and should only be administered in cases when written authorisation by the student's doctor (via the parent) states that aspirin has been prescribed for a specific condition.
- 2.3. Non-prescribed oral medication (such as analgesics and over-the-counter medication) cannot be administered by school staff.
- 2.4. Students are not to carry any form of medication, including non-prescription medication without the permission of the principal.

### **3. Guidelines for Administering Asthma Medication**

- 3.1. Staff should allow students with asthma to have their "puffer" medication on their person. A spare, labelled "puffer" should be stored in the Student Office in case of an emergency.
- 3.2. A bronchodilator, (i.e.) Ventolin, puffer must be carried in the school's first aid kit.
- 3.3. RHS maintains a register of students with asthma.
- 3.4. RHS should have a separate Action Plan devised and documented by the student's doctor for those students who may require emergency assistance.

### **4. Guidelines for the dispensing of Prescribed Medication; Other than a Schedule 8 Medication**

4.1. Written permission is required.

*Form 1: Administration of Routine Medication / Authorisation Form for Parent/Guardian, and/or*

*Form 2: Administration of Prescribed Medication / Authorisation Form for Medical Practitioner*

All permission notes and any other relevant written records must be maintained by the school for as long as the school maintains the student's records.

- 4.2. The school is to have a written procedure to ensure that students requiring medication attend at the appropriate time and place for the medication.
- 4.3. A designated staff member / class teacher is required to ensure the student attends the appropriate time and place for the medication.

## 5. Guidelines for Dispensing a Schedule 8 Medication

- 5.1. Students must be supervised when taking stimulant medication. The person dispensing the medication should ensure that the medication is actually taken by the student. If a student refuses to take the medication the principal is responsible for notifying the parent / legal guardian, as soon as possible.
- 5.2. Parents / legal guardians must arrange for a medical practitioner's authority to administer medication.  
*Form 2: Administration of Prescribed Medication / Authorisation Form for Medical Practitioner*, or a medical practitioner's letter with the same information.
- 5.3. Parents / legal guardians are responsible for delivery of the medication to school in the original container with medical practitioner's instruction on the pharmacist label. The principal or delegate will accept medication in the original container only.
- 5.4. The principal or delegate should accept the equivalent of one week of medication only at one time, (except in long-term continuous care arrangements). The Principal or delegate must count the tablets and document accordingly, in the case of S8 medication.
- 5.5. The principal or delegate must ensure that any medication left at the end of the week is returned to the parent / legal guardian in the prescribe container (except in long-term continuous care arrangements when it returned at the end of each term), but not via the student.
- 5.6. The principal is responsible for organising the completion of documentation in relation to the provision and administration of medication  
*Form 4: Administration of Medication / Student Register*.
- 5.7. If a student misses a dose the principal is responsible for notifying the parent / legal guardian, as soon as possible.

Parents / legal guardians can assist the school in the administration of oral medication during school hours by:

- Asking the pharmacist to supply two containers with the medical practitioner's instruction for administration, one container for home and one for school, and
- Asking the pharmacist to provide a portion of the required medication in a multi-dose pack (Webster pack) with the medical practitioner's instruction for administration on the label this is especially important if more than one medication, or more than one dose, is needed during school hours.

## 6. Guidelines for Injected Medication

- 6.1. Non-medical staff should not routinely administer injections. Non-medical staff can administer injections only in the case of an emergency where no other medical assistance can be obtained within the desired time frame. The most likely instance will be the administration of adrenalin for severe allergic (anaphylactic) reactions.
- 6.2. Parents / legal guardians must arrange for a medical practitioner's authority to administer the medication.

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### **Form 2: Administration of Prescribed Medication./ Authorisation Form for Medical Practitioner.**

When administration of an injection during school hours is necessary, or may be necessary, a meeting with parents should be sought to:

- outline the roles and responsibilities of school staff
- determine the guidelines to be followed. A medical plan should be developed with the student's medical practitioner to provide clear guidelines to follow if an emergency arises. **In the case of severe allergic reactions the need for treatment is usually urgent. It is imperative that an emergency plan be in place.**

6.3.School staff authorised by the principal to give an injection to a student may accept responsibility to give an injection to a student in an emergency when:

- an individual medical action plan by the student's medical practitioner's has been completed
- adequate training by a qualified practitioner has been completed. This needs to include safe handling and disposal of syringes.

### **Record keeping**

An official register for the administration of medication to students must be maintained. It should have a record of all occasions when medication is administered to a student

**Form 3: Medication Register, and/or**

**Form 4: Administration of Medication / Student Register.**

Record sheets should be kept with the medication.

Each entry on the record form should be completed by the person authorised to administer the medication, immediately the medication is administered. The form should contain:

- the name of the student receiving the medication
- the exact dosage of the medication and type of medication administered
- the method of administering the medication
- the name and signature of the person administering the medication
- the date and time the medication was administered
- student's initials or signature indicating he/she received the medication, if appropriate.

When any medical attention is given to a student the student's diary is stamped with the stamp,

**Medical Attention Given Today**

to inform parents of what treatment / medication was given. If a student presents on a more frequent basis parents are informed by phone.

If a medication error occurs, emergency medical advice should be obtained:

- Ring the POISONS INFORMATION LINE 131126
- Give details of the incident and student
- Act immediately on their advice
- Principal to notify the students emergency contact
- Document your actions
- Review medication management procedure

**Groups Consulted**

Governing Council  
Staff  
Student Representative Council  
Renmark Community

**Links to School Vision:**

Quality, respectful relationships between students, parents, staff and community are maintained

**Policy formulated by:**

RHS Policy Review Committee

**References:**

<http://www.education.tas.gov.au/school/health/students/medication>

<http://www.ceocg.catholic.edu.au/policies/medication.htm>

RHS diary

Approved Code of Practice for First Aid in the Workplace

Chess handouts (Child Health and Educational Support Services - DECS)

- Medication Management FAQ's
- Asthma first aid plan / Asthma care plan
- Anaphylaxis and Severe Allergic Reactions in school, Preschool and Childcare
- Diabetes Insulin pumps
- Health care plan folders

<http://www.webstercare.com.au/products/multi-dose-webster-pak.asp?section=ca>

Form 1



**Administration of Routine Medication  
Authorisation Form for Parent/Guardian**

<b>Student's Name</b>	Surname or family name _____ First given name Second given name _____
<b>Medication</b> to be given to student during school hours, as prescribed the by student's medical practitioner.	Name of medication (see note below) _____ Dose and route _____ Frequency _____ Relation to meals or n/a _____ Side effects, if any, school staff should be made aware of: _____ _____ Medication has been supplied in original container with the instructions provided by the pharmacist <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parent/Guardian's signature</b>	Parent/Guardian name (please print) _____ Address _____ _____ Postcode _____ Phone: _____ Signature: _____ Date: _____

**Note: For administration of prescribed medication an Authorisation Form for Medical Officers must be completed.**

**IMPORTANT: Please notify school immediately of any changes to details above**



**Administration of Prescribed Medication  
Authorisation Form for Medical Officers**  
(Only complete the sections where applicable)

<b>Student's Name</b>	Surname or family name _____ First given name                      Second given name _____
<b>Oral medication</b> to be given to student during school hours	Name of medication _____ Dose and route _____ Frequency _____ Relation to meals or n/a _____ Side effects school staff should be made aware of _____
<b>EpiPen treatment</b> to be given to student when sign/symptoms occur during school hours after known or suspected exposure.	Student has severe allergic reaction to: _____ Allergic reaction is a result of the student being exposed to: _____ The following signs/symptoms result from exposure _____ Name of staff member to administer medication _____ Name of medication _____ Dosage and route _____ Frequency _____
<b>Doctor's signature</b>	Doctor's name (please print) _____ Address: _____ _____ Postcode: _____ Phone Number: _____ Signature: _____ Date: _____

**IMPORTANT: Please notify school immediately of any change to details above.**



