

MEDICATION

POLICY BRUNSWICK EAST PRIMARY SCHOOL

Rationale

School staff are often asked by parents to administer medication to their children at school. It is important that administering of medication is managed appropriately, ensuring the safety and privacy of students and staff, and fulfilling the legal duty of care of staff. The scope of this policy does not include Anaphylaxis Management and Asthma. These are separate policies.

Aims

- To ensure medications are administered appropriately to the students in our care.

Implementation

- Children who are unwell should **not** attend school.
- If a child becomes unwell at school, the parent/guardian will be contacted to collect their child.
- All medication must be delivered to the office with a completed **Medication Management Plan** by a parent/guardian. This plan can be collected from the school office or printed online.
- All parent/guardian requests for the administration of prescribed medication to their child must be in writing on the Medication Management Plan and must be supported by specific written instruction from the medical practitioner or pharmacist including the name of the student, dosage, and time to be administered (the original medication bottle or container should provide this information). This includes medication that is to be administered 'as needed'.
- Parents/Guardians are encouraged to not have students take medication for the first time at school, in case of adverse reaction. To minimise the housing of medications at school, where possible, parents/guardians are advised to consider the administration of medication outside the school day (e.g. three times a day could be taken in the morning, after school and before bed).
- The school will not administer or supply unprescribed medication including analgesics (pain relievers) unless directed by parents as part of the agreed Medical Management Plan. Students who require unprescribed medication for any reason should have written information from a medical practitioner about the requirement and discuss these with the Principal when submitting a Medical Management Plan.
- All student medication must be in the original containers or dosette box and clearly labelled with the name of the student, dosage and time to be administered. The medication must be within the expiry date. The medication must be stored in either a locked office cabinet or refrigerator that is out of bounds for students.
- Classroom teachers and casual relief teachers will be informed by the Principal of medications for students in their charge, and teachers will release students at specified times so that they may visit the school office and receive their medication from the Principal or designated officer.
- All Medical Management Plans and student details relating to administration of medication will be kept in a confidential medication register located in the school office.
- In keeping with best practice, when distributing medication, two staff members will be present to confirm administration and ensure that the correct child, dosage and time of administration is adhered to. The distribution of medication will be recorded on the loose leaf log sheets that are located in the front of the medical register.
- Students involved in excursions and camps will be administered medication by the 'nominated medical officer' in a manner consistent with the above procedures, with all details recorded on the loose leaf log sheets from the medications register. Completed pages will be returned to the medications register upon return to school.

- When students require injections or suppositories, parents **must** meet with the Principal to discuss the matter to determine an appropriate medical plan.

Evaluation

- This policy will be reviewed as part of the school's three-year review cycle.

This policy was ratified by School Council on

27/5/14

MEDICAL MANAGEMENT PLAN

DATE:

CHILD NAME:

PARENT/GUARDIAN NAME:

PLACE OF RESIDENCE:

TELEPHONE:

OR

Dear Principal,

I request that my child _____ be administered the following medication whilst at school.

NAME OF MEDICATION:

EXPIRY DATE:

STORAGE INSTRUCTIONS:

DOSAGE (AMOUNT):

TIME TO ADMINISTER:

HAS YOUR CHILD HAD THIS MEDICATION BEFORE?

I have sent the medication in the original container displaying the instructions provided by the pharmacist and/or medical practitioner.

The information collected will only be used for the purpose of management of distribution of medication.

Yours Sincerely

_____ (Parent/Guardian Signature)