MEDICATION POLICY
FOR
DIOCESAN SCHOOLS SYSTEM

February 2016
PURPOSE
To provide a policy for the administration of medications to students whilst attending school or school-based activities, in accordance with the advice of the student’s ‘prescribing health practitioner’ or as an emergency first aid response. This policy must be read in conjunction with the Diocesan Schools System Administration of Medication in Schools Procedures.

OVERVIEW
The Diocesan Schools System (DSS) acknowledges that the dignity, safety and wellbeing of students are central to the Church’s teaching. The DSS also recognises that it is responsible and accountable for ensuring that students have a reasonable standard of support for their health needs whilst attending school or school-based activities. This forms part of the DSS’s common law duty of care, which is fulfilled through its staff members, and includes the administration of prescribed medication and / or health care procedures.

All Broken Bay Systemic Schools require medical authorisation from a prescribing medical or health practitioner to administer any medication to students (including over the counter medications such as Paracetamol, Claratyne etc).

An EpiPen or Ventolin inhaler may be administered without a prescribing medical or health practitioner authority, as part of emergency care in the case of an anaphylactic reaction or asthma attack.

It is acknowledged that prescribing health practitioners may not write ‘a prescription’ for non-prescribed or over the counter medications, however NSW Health, the Australian Medical Association and the Pharmacy Guild of Australia advise that this does not mean that these medicines are not potentially harmful and thus, schools should follow the same procedures for such medications as for ‘prescribed medication’.

Any request for school staff to administer medication during school hours should be considered only when there is no other alternative regarding the treatment of specific medical conditions or when a prescribing health practitioner has determined that the administration of medication at school is necessary.

DEFINITIONS
Action Plan: This is developed by a medical or qualified health practitioner to provide guidelines to support a student with specialised health needs of ie. Anaphylaxis or Asthma. It provides step by step directions about how to manage safety a predictable medical emergency in relation to the chronic health condition and the correct use of emergency medication.

There are a variety of nationally approved and standardised Action Plan proformas developed by peak medical organisations available for medical or qualified health practitioners to complete. Refer to Administration of Medications in Schools Procedures for detail regarding Action Plan(s).

Emergency medication: Medication required for the emergency first aid treatment of medical conditions, e.g. Midazolam for specific seizures, adrenaline auto-injectors for anaphylaxis, or Ventolin (blue reliever) for asthma.

Health Care Management Plan: This provides a daily guideline for the management of the student’s health condition and may contain some instructions concerning the routine medication regime. The plan is developed by a qualified health practitioner, in consultation with the school.
staff, parent/carer, student, medical and other health professionals. Refer to Administration of Medications in Schools Procedures for detail regarding Health Care Management Plan.

Medication: In relation to this policy, medication refers to medication prescribed or used on the advice of a prescribing health practitioner, including over the counter medications. Either may be required and considered essential to be administered at school for a student to achieve optimum health and to participate fully in school life. Medication is likely to be associated with a health condition such as epilepsy, diabetes, asthma, anaphylaxis, cystic fibrosis, Attention Deficit Hyperactivity Disorder (ADHD), or other conditions diagnosed by a medical practitioner. Medicines may include capsules, eardrops, eye drops, inhalants, liquid, lotion and cream, nose drops, patches, powder, tablets, wafers, oxygen, nebulisers, schedule 8 drugs, and insulin (by pen, pump or pre-filled syringes).

Medical practitioner: A doctor registered with the Medical Board of Australia, through the Registers of Practitioners, Australian Health Practitioner Regulation Agency (AHPRA).

Medication error: Any preventable event that may cause or lead to inappropriate medication use or harm to a student. Medication errors occur for a variety of reasons, for example, miscommunication of drug orders, poor handwriting or confusion between drugs with similar names, poor packaging design and confusion of metric and other dosing units.

A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the:

- medication
- right medication
- right medication to the right student
- medication within appropriate time frames
- right medication in the correct dosage
- right medication by the correct route

Over-the-counter medication: These medications are for self-treatment and can be purchased from pharmacies, with selected products also available in supermarkets, health food stores and other retailers. Examples include cough and cold remedies, anti-fungal treatments, non-prescription analgesics such as aspirin and paracetamol; anti-allergy remedies such as Claratyne, and antacids as well as alternative (traditional or complementary medicines) such as herbal, aromatherapy and homeopathic preparations, vitamins and minerals and nutritional supplements such as fish oil.

Prescription medication: Medications prescribed by a prescribing health practitioner under the Poisons and Therapeutic Goods Regulation 2008, are dispensed by a pharmacist. Examples might include: Ritalin, Dexamphetamine, Seretide, Insulins and Antibiotics. Students on prescribed medication must provide via the parent or carer a written authority from the medical practitioner to give to the school. The presentation of the original medication container with an attached prescription pharmacy label constitutes a medical authority.

Pharmacy label: is attached to the original prescription medication container and includes:

- student name
- strength and description of the medication
- dose and route of administration (may include the duration of therapy)
- correct storage information, expiry date and batch number
- initials / logo of the pharmacist taking responsibility
- time the medication is to be taken
- any other relevant directions for use, e.g. whether the medication is to be taken with food
Prescribing health practitioner: A health professional who has completed the appropriate training and whose qualifications have been conferred by an accredited university giving them the authority to prescribe certain medications under the Poisons and Therapeutic Goods Regulation 2008 e.g. medical practitioner (doctor), dentist, optometrist, pharmacist - for Pharmacist Only Medicines - unscheduled, Schedule 2 – 3.

Qualified health practitioner: is a health professional with the skills and knowledge to assess, plan and evaluate care. This can be the student’s medical practitioner or specialist doctor, a Clinical Nurse Educator (NSW Registered Nurse), a pharmacist, a registered nurse (dependent on their role description), a credentialed diabetes educator or allied health professional such as a Speech Pathologist. Qualified health practitioners are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

Reasonable standard of support: refers to a level of care that could reasonably be expected of a school, considering the health needs of the individual student requiring support; the skills and knowledge of the school’s staff and the resources available from within the school. There may be some instances when schools are not able to provide the level of care required to support the student to attend school or certain school-based activities. For example, it may not be possible in the school environment to administer procedures that should be carried out by medically trained staff.

Schedule 8 medication: medicinal products that are likely to cause dependence or be abused. There are usually restrictions on the prescribing of these medications e.g. Ritalin, or drugs of addiction or anti-depressants.

POLICY RESPONSIBILITY

School communication with parents/carers
a) advise parents/carers about the Policy and Procedures for Administration of Medication in Schools;
b) advise parents/carers about the school’s procedures for the administration of medications and management of health conditions;
c) advise parents/carers e.g. via the school’s website, newsletter or with school enrolment form that the Request to Administer Medication in School form, needs to be completed by the parent and their child’s medical practitioner for students requiring routine, short term or emergency medications. Hardcopies should be available:
   o at the beginning of the school year;
   o on enrolment; and
   o when required (changed medication, newly prescribed medication)
d) where relevant and practicable, arrange a meeting with student’s parent/carer to discuss the responsibilities of both parties e.g. ensuring appropriate supply of medication is made available if required;
e) if advised by the parent that the medication is no longer required and / or there is a change in medication dose or time etc. contact the parent/carer (not via the student) for disposal arrangements; or discuss the medication changes;
f) where relevant, notify the parent / carer of the procedure to develop a Health Care Management Plan or provide Action Plan(s) in accordance with any ‘diagnosed’ medical condition. (i.e. asthma management plan);
g) the Request to Administer Medication in School form’s purpose is to:
   • provide comprehensive advice including any special instructions regarding a student’s medication needs, to school staff
Responsibilities of parents/carers

a) obtain the Request to Administer Medication in School form, (should be accessible from the school’s website) and arrange for its completion and return;
b) notify the school if the student requires medication during school or school based activities (excursions) via:
   • a Request to Administer Medication in School form completed and signed by a medical or prescribing health practitioner and the parent, if the student has a short or long term (chronic) medical condition and requires routine or emergency medications;
c) make arrangements with the medical or prescribing health practitioner wherever possible, for the medication to be provided in a form which minimises or eliminates the need to provide the medication during the school day;
d) discuss the option with the dispensing pharmacist to supply the medication in a multi-dose pack with clear administration directions (particularly when multiple medications are prescribed);
e) notify the school in writing (with accompanying letter from a medical or prescribing health practitioner) of any requests and / or guidelines relating to the student’s medication plan and / or administration;
f) notify the school in writing if medication is being carried by the student for purposes other than administration at school e.g. shared parental arrangements;
g) provide the medication in the original labelled container to the nominated staff member;
h) ensure the medication is not out of date, is in adequate supply for the time period, and replenished as required (school may notify); and has an original pharmacy label with the student’s name, dosage and time to be taken;
i) consult with the school to develop a Health Care Management Plan if emergency medication or daily management of a health condition is required for the student;
j) provide a colour version of any Action Plan for Anaphylaxis or Asthma which has been completed by the student’s medical or prescribing health practitioner, when medication is prescribed to manage emergency health conditions / situations;
k) advise the school in writing and collect medication when it is no longer required to be administered at school;
l) if for any reason the Request to Administer Medication in School form is not accessible, then the parent must provide the school with the medical or prescribing health practitioner’s instructions regarding the medication in a letter or note which is on the medical or prescribing health practitioner’s original letter head.

School communication with staff

a) ensure procedures have been implemented for all staff, including casual and temporary relief teachers and other staff, to be informed of all students they supervise who require the administration of medication and where possible, be fully aware of warning signs, triggers and emergency responses for health conditions requiring medication or other management as outlined in the student’s Health Care Management Plan;
b) ensure staff are aware of the school’s emergency procedures and First Aid policy procedures and are trained in the recognition and management of a health-related emergency;
c) ensure safe hygiene practices are carried out in the preparation and giving of medications;
d) ensure the administration of prescribed and/or over the counter medication and/or specific health care procedures is in response to parents’/carers’ and the medical practitioner’s written request and is documented on the student’s Register of Administration of Medication form;

e) ensure provision of emergency care when required;

f) ensure procedures that incorporate privacy, safety and security considerations for students approved to self-administer medication and/or self-manage a health condition, are followed;

g) ensure staff remind students (where necessary) about taking medication.

Training and Support

a) identify sufficient staff willing and able to receive training in administering medication for specialised health conditions;

b) ensure that sufficient staff in the school access the relevant information / training required to voluntarily administer medication in accordance with student’s Health Care Management Plan (refer Part B of the Request for Medical Funding Support form) or Action Plan(s) and understand that all medications administered must be documented on the Register of Administration of Medication form;

c) contact the School Consultant to determine local solutions where there is insufficient staff available to administer medications for students’ specialised health needs in accordance with their Health Care Management Plan or Action Plan(s);

d) develop a Health Care Management Plan for the student (in consultation with the parents/carers and medical or prescribing health practitioner) where there are known potential emergency care needs including administration of medication is necessary.

RELATED POLICIES, GUIDELINES AND PROCEDURES

Overnight Excursions Policy
Privacy Policy for Diocesan Systemic Schools
Administration of Medication in Schools Procedures
Infection Control Guidelines
School Enrolment form

POLICY REVIEW

This policy will be reviewed periodically and not less frequently than once in every five years from the date of implementation.

POLICY DATES

Date of development 2004
Date of implementation 2004
Revised and confirmed 2016
Date of next review 2021

authorised by

Peter Hamill
Director of Schools