



“A light beneath our feet”

POLICY NAME	Administration of Medication
ORIGINALLY RELEASED	2015
REVIEW DATES	LAST REVIEWED 2020 NEXT REVIEW 2023

RATIONALE

Our aim is to ensure that at St Anthony’s School, the students are as safe and secure as possible and that in the event of illness or injury we have in place a system for the provision of basic medical care and First Aid which is appropriate to our role as a school and minimises harm to the injured person or to others.

PROCEDURES

Where possible student medication should be administered by the parent/guardian at home rather than at school. As this is not possible in all instances, should the Principal or delegate approve school staff to administer prescribed medication to students, the following requirements are to be met.

- School staff are not to administer analgesics such as paracetamol to students without the written authorisation from the student’s parent/guardian. The parent/guardian is responsible for the supply of any medication that is required due to an Action Plan.
- Prescribed student medication is to be presented to the office staff, and should be stored in the original container clearly showing the name of the student, the name of the medication, the dosage and frequency.
- Parents/Guardians are to provide any additional information to staff regarding special requirements that may exist for the administration of the medication.
- Prescribed medication is to be stored safely and access must be restricted to authorised personnel. All medication must be appropriately packaged and clearly show the name of the medication, student’s name, dosage and frequency of the dosage.
- A register for medication expiry dates is managed and updated quarterly by the School Nurse.

THE ADMINISTRATION OF MEDICATION

1. Medication needs to be in its original container, kept in a secure place, clearly marked with the child's name and the dosage required and the appropriate equipment for administration supplied.
2. All prescribed medication must be stored in the front office. Pre Primary and Kindy Staff are to safely store medication in their classrooms.
3. The Principal, after consultation with Staff, will nominate members of staff who will be responsible for the administration of the medication.
4. Staff will record details of medication given to a child, which will be kept and made at the time of administration. Asthma puffer usage will be recorded on SEQTA by the class or supervising teacher.
5. The School Nurse will administer the medication to the child. The School Nurse will check prescribed medication, name, dosage and frequency; and administer according to the signed Student Medication Request/Record. The Ongoing Medication Record form will be signed after administration of medication has been given. In the absence of the School Nurse, TWO qualified staff members will be required to follow the same protocol and sign the Medication Record form. Only qualified staff members will administer medications.

EMERGENCY ADMINISTRATION OF MEDICATION

For anaphylaxis or asthma emergencies, medication may be administered to a child without authorisation.

Contact must be made to the following as soon as practicably possible -

1. Emergency services.
2. A parent of the child.

The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained staff member.

STUDENT MEDICATION REQUEST / RECORD

Where possible student medication should be administered by the parent/guardian at home rather than at school. As this is not possible in all instances, should the Principal approve school staff to administer prescribed medication to students, the following requirements are to be met:

- The parent/guardian is to provide any additional information to staff regarding special requirements that may exist for the administration of the medication.
- Prescribed student medication is to be presented to the office staff, and should be stored in the original container clearly showing the name of the student, the name of the medication, the dosage and frequency.

I _____ being the parent / guardian of

_____ (name of student)

Class _____

request that St Anthony's School administer the following medication for the purpose of treating

_____ (condition)

Name of medication _____

Dose _____

Time to be taken _____

Comments

SIGNED _____ DATE _____

Date	Time	Signature	Signature

