

**Holy Family Primary School
GOWRIE**



**DISPENSING OF
MEDICATION**

Policy



Dispensing of Medication Policy

Related Policies

CE Medical Welfare of Students Policy
CE Privacy Policy
HF Privacy Policy
HF Anaphylaxis Policy
HF First Aid Policy

Purpose

Holy Family Primary School has a duty of care to provide a secure and safe environment for all students. This policy requires Holy Family to assist students who have health support needs that include the provision of First Aid, the administration of medication and health care procedures as outlined in this policy and the development of individual health care plans for diabetes, anaphylaxis, epilepsy, asthma and other medical needs.

Roles and Responsibilities

Family

1. The family will provide the school with a written procedure to ensure that students requiring prescribed medication attend at the appropriate time and place for their medication.
2. Every year, parents must provide an updated Individual Health Care Plan (see attached) for children who are diagnosed with severe asthma, type 1 diabetes, epilepsy, anaphylaxis or diagnosed as being at risk of an emergency or who requires the administration of health care procedures.

The individual Health Care Plan is completed by a medical practitioner. It will specify the student's specific health care needs, describe agreed actions to meet these needs, include emergency phone numbers for ambulance, parent and emergency contact, include the phone number of the student's medical practitioner(s) and include:

- An emergency care/response plan
 - A schedule for the administration of prescribed medication
 - A schedule for the administration of health care procedures
 - An authorisation to contact the medical practitioner
3. Parents supply an EpiPen for their child which is kept in the child's classroom and stored in the top drawer of the teacher's desk

4. All medication is to be supplied to the school in the container in which it was dispensed. It must also be clearly labelled with the:
 - child's name;
 - drug's name;
 - dosage and frequency to be given; and
 - prescribing doctor's name and phone number.

School

1. Prescribed medication required by students must be accessible to them as and when required both at the school and whilst on excursions, sports days, camps, etc.
2. All medication stored on the school premises is kept in locked cupboard in Sick Bay or in the Sick Bay fridge.
3. Three EpiPens are purchased by the school each year. One is stored in the Front Office at all times. The other two are attached to 'bumbags', which are taken out onto the playground at recess and lunch times by teachers rostered on oval duty. Each bumbag has photo ID of children who have been diagnosed with Anaphylaxis.
4. It is the responsibility of designated staff and the class teacher to ensure that all students attend at the appropriate time and place for their medication.
5. All teachers must be adequately trained in the administration of medication in emergency situations which are likely to arise in the school, especially where it is known that a student has a particular medical condition or serious allergy.
6. The EpiPen supplied by parents for their child is kept in the top drawer of the teacher's desk. It must be taken with the teacher whenever the class leaves the school premises eg excursion, camps, sporting events.
7. Written permission must be used to facilitate parental permission regarding the dispensing of prescribed medications, deed of indemnity, and authorisation of changes to the medication regime. *Forms 2 and 3*
8. All permission notes, deeds of indemnities and any other relevant written records are maintained by the school for as long as the school maintains the student's records.
9. All staff are made aware of the information available from the Asthma Foundation on the management of asthma in schools (<http://www.asthmafoundation.org.au/>). Staff should allow students with asthma to have their medication on their person. They should encourage students to be educated in their use of asthma medication.
10. Holy Family does not dispense analgesic substances for pain relief. Parents complete *Form 1* if the school is asked to administer analgesics to a student. A record is kept of any medication dispensed at school - Medical Register.

11. Staff are trained in Senior First Aid every three years with a refresher CPR/Asthma/Anaphylaxis training annually. A record of training is maintained by the Assistant Principal.

Front Office

1. The administration of prescribed medications and health care procedures at Holy Family is carried out by the Front Office staff who are designated to undertake these duties and who are trained. No medication is given to a child without written permission of parents/guardian. *Form 1* is generally used for obtaining permission to dispense most medications. Parents supply the appropriate medical equipment for administration of these duties.
2. A Medical Register is established and maintained within the school. The Register should provide the following information:
 - Date;
 - Time;
 - Name of student;
 - Type of medication; and
 - Dosage and the name of the person administering the medication.
3. Supervision is arranged where a student self-administers medication. The Medical Register is located in the Front Office.
4. Students with health needs have their name and photo displayed in Sick Bay.
5. Student medication information is provided to the classroom teacher. A copy of the individual Health Care plan is stored in the Class Roll, which is kept in the top drawer of the classroom teacher's desk.

Student

1. If a parent is unable to deliver medication to school, the student must take all medication to the Front Office upon arrival at school.
2. The student must take responsibility for attending the Front Office to receive their medication. Teachers will prompt younger children to attend.
3. Students who are able to self-administer asthma medication should carry a Ventolin puffer on their person or in their bag.

References

Nil

Forms

1. Request to Dispense Medication
2. Notification and Request by a Parent/Guardian for the Administration of Medication during school hours.
3. Deed of Indemnity
4. Medical Advice to School
5. Notification of Change to Medication

Approved by: **Holy Family School Board**

Implementation Date:

Policy last Updated: **March 2014**

School Contact Officer: **Anne-Marie Marek**



HOLY FAMILY PRIMARY SCHOOL

Dear parents,

Please find attached the Form that needs to be completed so that medication can be administered to your child during the school day.

This Form has been designed to ensure the safety of your child and to protect the school staff who do not have medical training.

Please return the form to the school as soon as possible. It is important that your doctor also signs this form.

As an interim measure only, we will undertake to administer medication to your child without the required documentation **until**

Please do not hesitate to contact me if I can be of further assistance to you.

Yours sincerely,

Anne-Marie Marek
Principal



FORM 1

HOLY FAMILY PRIMARY SCHOOL

**REQUEST FOR ADMINISTRATION OF
MEDICATION ON A TEMPORARY BASIS**

To be completed by parent/guardian

I request that my child

(Full name of student)

(Class)

be given/allowed to take

(Name of Medication)

at _____ in dosages of _____

(times) *(ml or tablets)*

For the Medical Condition:

Any other comments:

Signed:

Parent/Guardian _____ *Date* _____

I accept it is my responsibility to inform the Front Office of any changes involving the administration of the medication. I also accept that all care will be taken but agree to indemnify the school from any legal responsibility



FORM 2

HOLY FAMILY PRIMARY SCHOOL

NOTIFICATION AND REQUEST BY PARENT/GUARDIAN FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

To be completed by Parent or Guardian

I request that my child

(Full name of student)

(Class)

Be allowed to take medication at school according to instructions from:

(Full name of Prescribing Doctor)

Address and phone number of Prescribing Doctor

The medication has been prescribed for the following reason:

Medication Details

Condition name	Medication	Dosage	Time/s of administration	Special instruction	Self administered Yes/No

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medicine. I agree to indemnify the School and related parties on the terms of the attached Deed of indemnity.

Signed:

Parent/Guardian _____ *Date* _____



FORM 3

HOLY FAMILY PRIMARY SCHOOL

Deed of Indemnity

In consideration of the members of staff of Holy Family Primary School, Gowrie ACT and at the request of administering medication to my child

(Name of child)

(Class)

I hereby indemnify and agree to keep indemnified Holy Family Primary School and its staff from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signed, sealed and delivered by the said:

Parent/Guardian _____ *Date* _____

In the presence of:

Witness _____ *Date* _____



FORM 4

HOLY FAMILY PRIMARY SCHOOL

NOTIFICATION TO CHANGE MEDICATION

To be completed by Parent/Guardian

Name of Student

Class

Name of Prescribing Doctor

Reason for Change

Change to apply from _____ to _____ (dates)

Medication Details

Condition name	Medication	Dosage	Time/s of administration	Special instruction	Self administered Yes/No

Signed:

Parent/Guardian _____ *Date* _____