



POLICY STATEMENT

Many students attending school need medication to control a health condition. It is necessary that teachers (as part of their duty of care) assist students, where appropriate to take their medication. The school will ensure the students privacy and confidentiality and will exercise sensitivity towards this issue to avoid any stigmatisation.

2. GUIDELINES

- 2.1 Our school will have an administration of medication procedure which outlines the school's processes and protocols regarding the management of prescribed and non-prescribed medication to students at this school.
- 2.2 The student's parent/carer may wish to supply medication to be administered at the school. To minimise the quantity of medication held at the school, it should be considered if the medication can be taken outside of the school day, for example medication required three times a day may be able to be taken before and after school, and before bed.
- 2.3 Students will generally need supervision of their medication and other aspects of health care management. The school in consultation with parents/carers and the student's medical/health practitioner may consider the age and circumstances by which the student could be permitted to self-administer their medication, however this may only occur in very rare circumstances.

PROGRAM

- 3.1.1 All medications, including prescription as well as non-prescription medication, including analgesics, such as paracetamol and aspirin and other medications which can be purchased over the counter without a prescription, are to be administered by school personnel following the processes and protocols set out in the Medication Management Procedures (**see Appendix A**) of the school. In order to ensure that the interests of staff, students and parents/guardians/approved persons are not compromised, medication will only be administered with explicit written permission from parent/guardian/approved person, or in the case of an emergency, with permission of a medical practitioner.
- 3.2.1 When administering prescription medication on behalf of parent/carers, the written advice received must be supported by specific written instructions on the original medication bottle or container, such as that on the pharmacist's label noting the name of the student, dosage and time to be administered. Analgesics can mask signs and symptoms of serious illness or injury and will not, therefore, be administered by the school, as a standard first aid strategy. Therefore analgesics such as aspirin and paracetamol will not be stored in the school's first aid kit.
- 3.2.2 The Principal (or nominee) administering medication needs to ensure that:
 - the right child;
 - has the right medication;
 - and the right dose;
 - by the right route (for example, oral or inhaled);
 - at the right time; and
 - that they write down what they have observed
 - permission to administer medication has been received from the child's parents/guardians/approved persons or a medical practitioner.



- 3.2.3 The principal or their nominee will inform teachers of those students in their charge who require medication to be administered at the school. The teachers may be required to release students at prescribed times so they may receive their medications from the principal or nominee.
- 3.2.4 The School register will be completed by the person administering the taking of medication.
- 3.3 The school in consultation with parents/carers and the student's medical/health practitioner will consider the age and circumstances by which the student could be permitted to self-administer their medication. Ideally, medication to be self-administered by the student should be stored by the school. However, where immediate access is required by the student, such as in the case of asthma, anaphylaxis, or diabetes, medication must be stored in an easily accessible location.

Note: It is at the Principal's discretion to agree for the student to carry and manage his/her own medication.

4. **LINKS AND APPENDICES (including processes related to this policy)**

Links which are connected with this policy are:

- [DEECD Medication Policy](#)
- [DEECD Anaphalaxis Policy](#)
- [DEECD Health Support Planning Policy](#)
- [Asthma Society Webpage](#)

Appendices which are connected with this policy are:

- Appendix A: Medication Management Procedures
- Appendix B: Medication Authority Form

EVALUATION

This policy will be reviewed as part of the school's annual review cycle and/or as per DEECD recommendations.

CERTIFICATION

This policy was ratified at the School Council Meeting held at Cranbourne South Primary School, on ...

Signed.....
School Council President

Signed.....
Principal



Appendix A

Medication Management Procedures

The school has developed procedures for the appropriate storage and administration of prescribed and non-prescribed medicines to students by school staff with reference to individual student medical information.

1. Student Information

Parents and/or guardians are required to keep the school informed of current medical contact details concerning students and any current medical conditions and appropriate medical history.

Every student who has a medical condition or illness has an individual management plan that is attached to the student's records. This management plan is provided by the student's parents/guardians and contains details of:

- the usual medical treatment needed by the student at school or on school activities
- the medical treatment and action needed if the student's condition deteriorates
- the name, address and telephone numbers for an emergency contact and the student's doctor

2. Administration of prescribed Oral Medication

Parents/guardians are required to inform the principal in writing of any prescribed medication that students need to take in school hours. Where medication is required in spontaneous situations, detailed administration instructions should be provided, for example in the case of asthma attacks. Medication Administration Permission Forms are available from the Administration Office and should be completed and signed by the parent/guardian.

Certain students are capable of taking their own medication (usually tablets) while other students will need assistance from teachers. This information will be recorded on the individual student's management plan.

All medication sent to school is to be administered by school staff and, parents/guardians are required to supply medication in a container that gives the name of the medication, name of the student, the dose, and the time it is to be given.

Where medication for more than one day is supplied, it is to be locked in the storage cupboard in the school administration office.



3. Administration of Analgesics

Analgesics are only to be given following permission of parents/guardians and are to be issued by a First Aid Officer who maintains a record to monitor student intake. Analgesics are to be supplied by the parents.

4. Asthma

Asthma is an extremely common condition for Australian students. Students with asthma have sensitive airways in their lungs. When exposed to certain triggers their airways narrow, making it hard for them to breathe.

Symptoms of asthma commonly include:

- cough
- tightness in the chest
- shortness of breath/rapid breathing
- wheeze (a whistling noise from the chest)

Many children have mild asthma with very minor problems and rarely need medication. However, some students will need medication on a daily basis and frequently require additional medication at school (particularly before or after vigorous exercise). Most students with asthma can control their asthma by taking regular medication.

4.1 Student Asthma Information

Every student with asthma attending the school has a written Asthma Action Plan, ideally completed by their treating doctor or pediatrician, in consultation with the student's parent/carer.

This plan is attached to the student's records and updated annually or more frequently if the student's asthma changes significantly. The Asthma Action Plan should be provided by the student's doctor and is accessible to all staff. It contains information including:

- usual medical treatment (medication taken on a regular basis when the student is 'well' or as pre-medication prior to exercise)
- details on what to do and details of medications to be used in cases of deteriorating asthma – this includes how to recognise worsening symptoms and what to do during an acute asthma attack
- name, address and telephone number of an emergency contact
- name, address and telephone number (including an after-hours number) of the student's doctor

If a student is obviously and repeatedly experiencing asthma symptoms and/or using an excessive amount of reliever medication, the parents/carers will be notified so that appropriate medical consultation can be arranged. Students needing asthma medication during school attendance must have their medication use; date, time and amount of dose recorded in the First Aid Treatment Book in the sick bay each time for monitoring of their condition.



4.2 Asthma Medication

There are three main groups of asthma medications: relievers, preventers and symptom controllers. There are also combination medications containing preventer and symptom controller medication in the same delivery device.

Reliever medication provides relief from asthma symptoms within minutes. It relaxes the muscles around the airways for up to four hours, allowing air to move more easily through the airways. Reliever medications are usually blue in colour and common brand names include Airomir, Asmol, Bricanyl, Epaq and Ventolin. These medications will be easily accessible to students at all times, preferably carried by the student with asthma. All students with asthma are encouraged to recognise their own asthma symptoms and take their blue reliever medication as soon as they develop symptoms at school.

Preventer medications come in autumn colours (for example brown, orange, and yellow) and are used on a regular basis to prevent asthma symptoms. They are mostly taken twice a day at home and will generally not be seen in the school environment.

Symptom controllers are green in colour and are often referred to as long acting relievers. Symptom controllers are used in conjunction with preventer medication and are taken at home once or twice a day.

Symptom controllers and preventer medications are often combined in one device. These are referred to as combination medications and will generally not be seen at school.

Cranbourne South PRIMARY SCHOOL
Distribution of Medication Policy/Procedures

239 Pearcedale Road Cranbourne South VIC 3977 Tel: 9782 2999
Email: cranbourne.south.ps@edumail.vic.gov.au Website: <http://www.cranbournesouth.vic.edu.au/>



Appendix B

Confidential

Notification of Medical Condition & Medication Authorization Form

This form is to be completed by the parent when notifying the school of a medical condition and authorising school personnel to administer medication to their child.

Notification of Medical Condition

Student's Name	MAC	Birthdate
Medical condition		
List the symptoms your child may display in relation to this condition		
Recommended action if symptoms are observed <input type="checkbox"/> Administer medication as authorised below <input type="checkbox"/> Other		

Medication Authorization

Medication to be administered (SUPPLIED BY PARENT)	
Dosage and how often	Other instructions
CONSENT TO ADMINISTER MEDICATION In the event of illness or injury to my child whilst at school, on camp or an excursion, or travelling to or from school, I authorise the Principal or teacher-in-charge of my child to administer such medication supplied by me and in accordance with my instructions above. Signature of Parent/Guardian _____ Date: / /	

Anaphylaxis Management Policy/Procedures



239 Pearcedale Road Cranbourne South VIC 3977 Tel: 9782 2999

Email: cranbourne.south.ps@edumail.vic.gov.au Website: <http://www.cranbournesouth.vic.edu.au/>

Introduction

Cranbourne South Primary School has developed and maintains an Anaphylaxis Management Policy that fully complies with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.

The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

AIMS

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Management Plans

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's Parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis. The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;
- the name of the person(s) responsible for implementing the strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA Action Plan.

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

Review of Individual Anaphylaxis Management Plans

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in all of the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

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Responsibilities of the Parents

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

Prevention Strategies

School staff will know these prevention strategies:

- Know student/s in their class or classes who are at risk and be familiar with their individual management plans and have up to date training in anaphylaxis management.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food with others.
- Send parent permission notices home to all parents about classroom or school activities that may pose a risk to students with anaphylaxis, for example hatching chicken eggs.
- Be aware of hidden allergens or ingredients used for cooking, science and technology or art classes e.g. egg or milk cartons.
- Know where medication for at risk students is stored and how to use it.

School Management and Emergency Response

The School will ensure that:

- Individual Anaphylaxis Action Plans are displayed in the First Aid room.
- A copy of Individual Anaphylaxis Action Plans will be attached to each enrolment record, placed in the Serious Illness Register (First Aid office) and if appropriate included in the camp health documents folder.
- Individual Anaphylaxis Action Plans are reviewed in consultation with parents/ carers annually, if conditions change or immediately after a student has an anaphylactic reaction at school.
- The First Aid Coordinator updates school first aid records in accordance with action plans annually or if conditions changes or a reaction occurs.
- The Casual Relief Teacher (CRT) coordinator informs CRTs of students at risk of anaphylaxis in their class and provides information on the procedures for dealing with an anaphylactic reaction with class buildings and out in the yard.
- At risk students who are under the care or supervision of the school during yard duty, excursions, camps and special events, are provided with a sufficient number of staff present who have current training in anaphylaxis management.
- An EpiPen is carried by school staff on excursions, outings and camps for each student with an Individual Anaphylaxis Action Plan and the EpiPen is accessible to the adult who is responsible for or accompanying the child during the activity.
- School staff are trained in anaphylaxis risk assessment and management as soon as practicable from the start of the school year and participate in an update in Semester 2.
- An interim plan is made for any new students enrolled, developed in conjunction with parents and to be replaced by an Individual Anaphylaxis Action Plan (ASCIA) developed with their doctor and returned to the first aid officer within a week of enrolment.
- Induction for new staff will include anaphylaxis awareness information and appropriate training will be sought as soon as possible for new staff.
- A school communication plan is in place providing current information for all staff, students and parents.
- The communication plan includes information about what steps will be taken to respond to a student's anaphylactic reaction in a classroom, in the yard, on a school excursion, camp and special event day.
- EpiPens of children identified by Individual Anaphylaxis Action Plans will be kept in individual bags / containers that are colour coded and clearly labelled. The bags/containers are kept in the First Aid room in a clearly identified cupboard.
- The school has 3 EpiPens, 2 in the office and one in the Gallery in MAC 15.

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Adrenaline Autoinjectors for General Use

The Principal will purchase Adrenaline Autoinjector(s) for General Use and as a back up to those supplied by Parents. The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including
- in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- the Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first..

Communication Plan

The school will have a Communication Plan to raise staff, students and school community awareness about anaphylaxis, severe allergies and the following school rules:

- Children must not share food at any time
- Parents and families must see the class teacher before bringing a birthday cake or lolly bags to school.
- Parents should not give food treats to children in the playground
- Parents and families should never give food to another person's child unless prior arrangement has been made between the parents

Staff Training

The following School Staff will be appropriately trained:

- School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - o the School's Anaphylaxis Management Policy;
 - o the causes, symptoms and treatment of anaphylaxis;
 - o the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
 - o how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
 - o the School's general first aid and emergency response procedures; and
 - o the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

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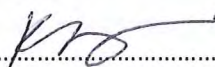
Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

This checklist can be found at

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

This policy was adopted at the School Council Meeting held at Cranbourne South Primary School, on ...

Signed.....
School Council President

Signed.....
Principal