1. **Rationale:**
The school is committed to taking all reasonable steps to provide a safe environment for students, including by ensuring staff fulfil their duty of care in relation to any medication requirement.

2. **Aims:**
Parkmore Primary School aims to:
2.1. Assist students to administer medication in accordance with Department’s policies and procedures in relation to the administration of medication for students
2.2. Ensure health information about students is managed sensitively and in accordance with this policy.

3. **Implementation:**
3.1. All medication (both prescription and non-prescription) will be administered to a student only with written permission from the student’s parents/guardians by way of filling out the Medication Authority Form (Appendix A) and with the relevant documentation from the student’s medical/health practitioner.
3.2. In the case of an emergency, medication can be administered with the permission of a medical practitioner.
3.3. Medication to treat asthma or anaphylaxis is administered in accordance with student’s Asthma Care Plan or ASCIA Action Plan for Anaphylaxis.
3.4. All medication to be administered at school must be:
   3.4.1. accompanied by written advice providing directions for appropriate storage and administration
   3.4.2. in the original bottle or container clearly labelled specifying the name of the student, dosage and time to be administered
   3.4.3. within its expiry date
   3.4.4. stored according to the product instructions, particularly in relation to temperature.
3.5. If necessary, Parkmore Primary School will clarify directions about medication from the student’s parents/guardians.
3.6. The principal (or nominee) administering medication must ensure that the student receives;
   3.6.1. the correct medication
   3.6.2. in the correct dose
   3.6.3. via the correct method (such as orally or inhaled)
   3.6.4. at the correct time of day
   3.6.5. a log is kept of the medicine administered
   3.6.6. Medication Authority Form (Appendix A) has been completed
   3.6.7. Complete the medications register.
3.7. The principal or their nominee will inform teachers of those students in their charge who require medication to be administered at the school. Teachers may be required to release students at prescribed times so they may receive their medication.
3.8. Medication will be stored in accordance with instructions provided in the Medication Authority Form, in a secure location accessible by staff.
3.9. Parents and/or guardians of students with a medical condition/illness must keep the school informed of current medical contact details, current medical conditions and appropriate medical history of the student.
3.10. Teachers will be provided with students health support needs.

4. **Resources:**
Department Policies
4.1. DET Medication Policy
4.2. DET Anaphalaxis Policy
4.3. DET Health Support Planning Policy
4.4. Health Care Needs
4.5. DET Specific Condition Support
4.6. SPAG - Asthma
4.7. SPAG - Asthma First Aid Kits
4.8. Appendices connected with this policy are:
   4.8.1. **Appendix A:** Medication Authority Form
5. **Evaluation:**
   This policy will be reviewed as part of the school’s three-year review cycle.
   Review Date: 2018

This policy was last ratified by School Council in: **July 2015**
Care Arrangements for Ill Students

All staff at Parkmore Primary School will observe their duty of care to students by providing first aid treatment within the limits of their skill, expertise, training and responsibilities.

Parkmore Primary School will ensure that sufficient staff are trained in first aid under the provisions of the Occupational Health & Safety Act 2004 and the Department's First Aid and Infection Control advice, see: Department resources. Where possible, first aid will only be provided by staff who have been designated as the first aid providers. However, in an emergency, other staff may be required to help within their level of competence.

Any students in the first aid room will be supervised by a staff member at all times.

Staff administering first aid should be familiar with the Department's first aid requirements and procedures as outlined in the Schools Policy and Advisory Guide - http://www.education.vic.gov.au/school/principals/spag/health/pages/firstaidneeds.aspx#1

Staff will communicate students’ health problems to their parents/carers as necessary.

General Care Arrangements

If a student feels unwell they will be sent to the Office where staff will:

- assess a range of signs and symptoms
- take action based on the signs and symptoms
- level 2 first aid trained staff member will assess and treat if possible
- seek emergency assistance where necessary
- teachers have the responsibility and authority to call an ambulance immediately in an emergency. If the situation and time permit, a teacher may confer with others before deciding on an appropriate course of action.
- contact parents/carers to request that they take their children home where necessary.

See: Medical Emergencies

Any student with injuries involving blood must have the wound covered at all times.

Any student who is administered treatment by school staff will be reported to the Department by entering the details onto CASES21.

Resources:

First Aid and Related Policies
Health Support Planning Forms
NURSE-ON-CALL
This form should be completed ideally by the student’s medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation’s *School Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead. These forms are available from the Australasian Society of Clinical Immunology and Allergy (ASCIA): [http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment](http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment). Please only complete those sections in this form which are relevant to the student’s health support needs.

Name of School: 

Student’s Name: ___________________________ Date of Birth: ____________________

MedicAlert Number (if relevant): ______________ Review date for this form: ______________

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Time/s to be administered</th>
<th>How it is to be administered. (oral, topical, injection)</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Start Date / /</td>
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<td></td>
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<td>End Date / /</td>
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<td>☐ Ongoing</td>
</tr>
<tr>
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<td>Start Date / /</td>
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<td>End Date / /</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Ongoing</td>
</tr>
</tbody>
</table>

Please Note: wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.
Parkmore Primary School
Administration of Medication and Care Arrangements for Ill Students with Medical Conditions

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

**Authorisation:**

<table>
<thead>
<tr>
<th>Name of Medical/health practitioner:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Role:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>

**Medication Storage**

Please indicate if there are specific storage instructions for the medication:

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**Medication delivered to the school**

Please ensure that medication delivered to the school:

- [ ] Is in its original package
- [ ] The pharmacy label matches the information included in this form.

**Self-management of medication**

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

Please advise if this student’s condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

**Monitoring effects of Medication**

Please note: School staff do not monitor the effects of medication and will seek emergency medical assistance if concerned about a student’s behaviour following medication.

**Date:**

**Contact details:**

**Name of Parent/Carer or adult/Mature minor**: 

**Signature:**

**Date:**

If additional advice is required, please attach it to this form.

**Please note:** Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: Decision Making Responsibility for Students - School Policy and Advisory Guide).
### Student Health Support Plan

**Parkmore Primary School Student Health Support Plan**

This plan outlines how the school will support the student’s health care needs, based on health advice received from the student’s medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan – see [http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx). This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and student.

<table>
<thead>
<tr>
<th>School:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s name:</td>
<td>Date of birth:</td>
</tr>
<tr>
<td>Year level:</td>
<td>Proposed date for review of this Plan:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/carer contact information (1)</th>
<th>Parent/carer contact information (2)</th>
<th>Other emergency contacts (if parent/carer not available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Home phone:</td>
<td>Home phone:</td>
<td>Home phone:</td>
</tr>
<tr>
<td>Work phone:</td>
<td>Work phone:</td>
<td>Work phone:</td>
</tr>
<tr>
<td>Mobile:</td>
<td>Mobile:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
<td>Address:</td>
</tr>
</tbody>
</table>

**Medical /Health practitioner contact:**

Ideally, this plan should be developed based on health advice received via the appropriate Departmental Medical Advice form or in case of asthma, the Asthma Foundation’s *School Asthma Action Plan*. Please tick the appropriate form which has been completed and attach to this Plan. All forms are available from the [Health Support Planning Forms – School Policy and Advisory Guide](#).

- General Medical Advice Form - for a student with a health condition
- School Asthma Action Plan
- Condition Specific Medical Advice Form – Cystic Fibrosis
- Condition Specific Medical Advice Form – Acquired Brain Injury
- Condition Specific Medical Advice Form – Cancer
- Condition Specific Medical Advice Form – Diabetes
- Condition Specific Medical Advice Form – Epilepsy
- Personal Care Medical Advice Form - for a student who requires support for transfers and positioning
- Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking
- Personal Care Medical Advice Form - for a student who requires support for continence

List who will receive copies of this **Student Health Support Plan**:

1. Student’s Family
2. Other: ______________
3. Other: ______________
The following Student Health Support Plan has been developed with my knowledge and input

Name of parent/carer or adult/mature minor** student: __________________________ Signature: ___________ Date: ________

**Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: Decision Making Responsibility for Students - School Policy and Advisory Guide).

Name of principal (or nominee): __________________________ Signature: ___________ Date: ________

Privacy Statement
The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

How the school will support the student’s health care needs

<table>
<thead>
<tr>
<th>Student's name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
</tr>
<tr>
<td>What is the health care need identified by the student's medical/health practitioner?</td>
</tr>
<tr>
<td>Other known health conditions:</td>
</tr>
<tr>
<td>When will the student commence attending school?</td>
</tr>
<tr>
<td>Detail any actions and timelines to enable attendance and any interim provisions:</td>
</tr>
</tbody>
</table>

Below are some questions that may need to be considered when detailing the support that will be provided for the student's health care needs. These questions should be used as a guide only.

<table>
<thead>
<tr>
<th>Support</th>
<th>What needs to be considered?</th>
<th>Strategy – how will the school support the student’s health care needs?</th>
<th>Person Responsible for ensuring the support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Support</td>
<td>Is it necessary to provide the support during the school day?</td>
<td>For example, some medication can be taken at home and does not need to be brought to the school.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?</td>
<td>For example, students using nebulisers can often learn to use puffers and spacers at school.</td>
<td></td>
</tr>
</tbody>
</table>
| Who should provide the support? | For example, the principal, should conduct a risk assessment for staff and ask:  
- Does the support fit with assigned staff duties and basic first aid training (see the Department First Aid Policy www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm)  
- If so, can it be accommodated within current resources?  
- If not, are there additional training modules available? |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?</td>
<td>For example, detail the steps taken to ensure that the support provided respects the students, dignity, privacy, comfort and safety and enhances learning.</td>
</tr>
<tr>
<td>First Aid</td>
<td>Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?</td>
</tr>
<tr>
<td>Support</td>
<td>What needs to be considered?</td>
</tr>
<tr>
<td>Person Responsible for ensuring the support</td>
<td></td>
</tr>
<tr>
<td>First Aid, cont’d</td>
<td>Does the school require relevant staff to undertake additional training modules not covered under basic first aid training, such as staff involved with excursions and specific educational programs or activities</td>
</tr>
<tr>
<td>Complex/Invasive health care needs</td>
<td>Does the student have a complex medical care need?</td>
</tr>
</tbody>
</table>
| Routine Supervision for health-related safety | Does the student require medication to be administered and/or stored at the School? | Ensure that the parent/carer is aware of the School’s policy on medication management.  
Ensure that written advice is received, ideally from the student’s medical/health practitioner for appropriate storage and administration of the medication – via the Department’s Medication Authority Form  
Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication. |
| --- | --- | --- |
|  | Are there any facilities issues that need to be addressed? | Ensure the schools first aid room/sick bay and its contents provide the minimum requirements and discuss and agree if other requirements are needed in this room to meet the student’s health care needs.  
Ensure the school provides sufficient facilities to assist a student who requires a wheelchair or other technical support. Discuss this with the parent/carer/student. |
|  | Does the student require assistance by a visiting nurse, physiotherapist, or other health worker? | Detail who the worker is, the contact staff member and how, when and where they will provide support.  
Ensure that the school provides a facility which enables the provision of the health service. |
|  | Who is responsible for management of health records at the school? | Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information. |
|  | Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student? | For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student attending part-time or episodically. |
| Personal Care | Does the medical/health information highlight a predictable need for additional support with daily living tasks? | Detail how the school will support the student’s personal care needs, for example in relation to nose blowing, washing hands, continence care.  
Would the use of a care and learning plan for toileting or hygiene be appropriate? |
| Support | What needs to be considered? | Strategy – how will the school support the student’s health care needs? |
| Other considerations | Are there other considerations relevant for this health support plan? | Person Responsible for ensuring the support |
|  |  | For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.  
For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.  
For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?  
For example, is there a need for planned support for siblings/peers? |
Parkmore Primary School
Administration of Medication and Care Arrangements for Ill Students with Medical Conditions