

# YRSDS OSH PROGRAM

## ADMINISTRATION OF MEDICATION POLICY

### 1. POLICY STATEMENT

Some participants attending the OSH Program require medication to control a health condition. It is necessary that program staff (as part of their duty of care) assist participants, where appropriate to take their medication. The school will ensure the participants' privacy and confidentiality and will exercise sensitivity towards this issue and promote dignity. It is important that this is managed in a manner that is appropriate, ensures the safety of participants, and fulfils the duty of care of staff.

**Aims** - To ensure that medications are administered appropriately to participants.

### 2. GUIDELINES

- 2.1 Our school will have an administration of medication procedure which outlines the OSH Program's processes and protocols regarding the management of prescribed and non-prescribed medication to participants of the OSH Program.
- 2.2 The participant's parent/carer is 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 program hours.
- 2.3 Participants 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.
- 2.4 All medications must either be in the original packaging or a Webster Pack as prepared by pharmacist. They must be labelled indicating the name of the participant, name of medication, dosage and time to be administered.
- 2.5 Medications must be stored in the locked first aid cabinet located in First Aid room. Medications requiring refrigeration are to be stored in locked fridge located in First Aid room.

All parent requests for the program staff to administer prescribed medications to their child must be in writing on the form provided and must be supported by specific written instruction including the name of the participant, name of medication, dosage and time to be administered.

### PROGRAM

- 3.1 All medications 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, participants 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** 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 participant, 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, ibuprofen and paracetamol will not be stored in the school's first aid kit.
- 3.3** The principal/APO (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 and/or a medical practitioner.
- 3.4** The principal/APO or their nominee will inform program staff of those participants in their charge who require medication to be administered during attendance at the OSH Program.
- 3.5** The Medication Administration Chart (kept in the First Aid Room) will be completed by the person administering the medication.
- 3.6** The school in consultation with parents/carers and the participant's medical/health practitioner will consider the age and circumstances by which the participant could be permitted to self-administer their medication. Ideally, medication to be self-administered by the participant should be stored by the school. However, where immediate access is required by the participant, 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/APO's discretion to agree for the participant to carry and manage his/her own medication.

**3. APPENDICES (including processes related to this policy)**

- Appendix A: Medication Management Procedures
- Appendix B: Medication Authority Form
- Appendix C: YRSDS OSH Program Process for administration, storage and reporting of medication/s

<b>Policy review and approval Policy last reviewed</b>	August 25, 2021
<b>Approved by</b>	Janet Taylor – Principal and APO
<b>Next scheduled review date</b>	This policy was reviewed and implemented in August 2021 and will be reviewed on a 3 yearly cycle or more often if necessary due to changes in regulations or circumstance.

The school has developed procedures for the appropriate storage and administration of medicines to participants by OSH program staff with reference to individual participant medical information.

### **1. Student Information**

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

Every participant who has a medical condition has an individual management plan that is attached to the participant's records. This management plan is provided by the participant's parents/guardians.

### **2. Administration of prescribed Oral Medication**

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

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

All medication sent to school is to be administered by the school nurse or nominated staff member and, parents/guardians are required to supply medication in original packaging that gives the name of the medication, name of the participant, 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 First Aid Room.

### **3. Administration of Analgesics**

Analgesics are only to be given following the completion of a Medication Authority Form by a participant's parent/guardian, general health practitioner or dispensing pharmacist. Analgesics are to be administered by the school nurse or nominated staff member who maintains a record to monitor participant intake. Analgesics are to be supplied by the parents.

### **4. Student Asthma Information**

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

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

- usual medical treatment (medication taken on a regular basis when the participant 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 participant's doctor

If a participant 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. Participants needing asthma medication during OSH Program attendance must have a Medication Administration Chart completed recording the medication use; date, time and dose.

#### **4.1 Asthma Medication**

Consistent with our school's Asthma policy, asthma medication will be administered with written parent permission as part of the participant's Asthma management plan. When required, Ventolin may be administered according to standard asthma management by the school nurse or nominated staff member.

#### **5. Regular and P.R.N. administration**

P.R.N. (as needed) medications will only be administered if protocols are documented to indicate emergency medical or in rare instances behavioural intervention, and counter-signed by a participant's medical practitioner or specialist.

The need for regular and PRN medication required for behavioural intervention must be documented via internal processes, be indicated in an approved Behaviour Support Plan and reported to the NDIS Commission.

The need for emergency administration of medication required for behavioural intervention must be documented via internal processes and reported to the Victorian Office of Senior Practitioner and the NDIS Quality and Safeguards Commission.

# MEDICATION AUTHORITY FORM

For students requiring medication to be administered at school

This form should, ideally, be signed by the student's medical/health practitioner (including a pharmacist) for all medication to be administered at school. In exceptional circumstances please contact the principal or nominee.

- For students with asthma, [Asthma Australia's School Asthma Care Plan](#)
- For students with anaphylaxis, an [ASCI Action Plan for Anaphylaxis](#)

Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach it to this form.

Please note: wherever possible, medication should be scheduled outside school hours, e.g. medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.

## Student Details:

Name of School:

Name of Student:

Date of Birth:

MediAlert Number (if relevant):

Review Date of this Form:

## Medication to be administered at school:

Name of Medication	Dosage (amount)	Time(s) to be Taken:	How is it to be taken?	Dates to be administered:	Supervision Required:
				Start: / / End: / / <b>OR</b> <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / <b>OR</b> <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / /	<input type="checkbox"/> No – student self-managing

				<b>OR</b> <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
--	--	--	--	----------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Medication delivered to the school:**

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

--

**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

**Supervision Required:**

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 be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner. Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

--

**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.

**Privacy Statement:**

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy which applies to all government schools (available at: <http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>) and the law.

**Authorisation to administer medication in accordance with this form:**

Name of Parent/Carer:

Signature:

Date:

Name of medical/health practitioner:

Professional Role:

Signature

Date:

Contact Details:

--

## Appendix C

### YRSDS OSH Program - Process for administration, storage and reporting of medication/s

All medication/s to be handed to either the Nurse or Program Manager when participant arrives at program.

The Nurse is responsible for ensuring that:

- Medications Administration Book is completed when medication arrives at program and when medication is returned to parent/carer at end of day.
  - Medication Authority form which has been completed by the participant's parent/carer is attached to the Medication Chart
  - Medication/s to be stored in a locked area or the refrigerator as required.
  - Medication is administered as directed.
  - Details of administration are recorded as required, ie:
    - Details of administration to be recorded on the Medication Chart
    - All records to be returned to the Manager at the end of the day
  - If nurse is not available to administer medication/s during excursions – attending staff member responsible for administering medication will be made aware of the effects and side-effects of the medication and the steps to take in the event of an incident involving medication (see table below).
- 

The Parent/Carer is responsible for ensuring that:

- Medication Authority form is completed and supplied to the Program for each medication that is to be administered.
  - All medication/s to be in original packaging or Webster Pack type of container, clearly labelled with participant's name and medication details.
  - Liquid medication/s to be in the original container clearly labelled with participant's name and medication details.
- 

The Program Manager is responsible for ensuring that:

- If restrictive medications are administered they are reported as required under the NDIS (Incident Management and Reportable Incidents) Rules 2018 via the NDIS Commission portal, to the Victorian Office of Senior Practitioner and documented via the school's internal processes.

Incident	Actions to be taken
<b>MISSED DOSE / REFUSAL</b>	<ul style="list-style-type: none"> <li>▪ Contact parent/carer for advice and follow given instructions</li> <li>▪ Observe for any side effects and respond as directed.</li> <li>▪ Record full details of incident and action taken</li> <li>▪ Report via NDIS Commission portal, the Victorian Office of Senior Practitioner and internal processes.</li> </ul>
<b>INCORRECT DOSE GIVEN</b>	<ul style="list-style-type: none"> <li>▪ Contact parent/carer for advice and follow given instructions</li> <li>▪ Observe for any side effects and respond as directed.</li> <li>▪ If parent/carer unavailable try other emergency contact, pharmacist or poisons information</li> <li>▪ Record full details of incident and action taken</li> <li>• Report via the NDIS Commission portal, the Victorian Office of Senior Practitioner and internal processes.</li> </ul>
<b>MEDICATION GIVEN TO WRONG PARTICIPANT</b>	<ul style="list-style-type: none"> <li>▪ Seek urgent medical advice (poisons information or 000) and follow instructions given</li> <li>▪ Observe for any side effects and respond as directed.</li> <li>▪ Advise parents/carers of both participants as soon as possible</li> <li>▪ Record full details of incident and action taken</li> <li>▪ Report via the NDIS Commission portal, the Victorian Office of Senior Practitioner and internal processes.</li> </ul>