



SACRED HEART CATHOLIC SCHOOL ADMINISTRATION OF MEDICATION TO STUDENTS POLICY

Reviewed 2017
Due for Review 2020

ADMINISTRATION OF MEDICATION TO STUDENTS

As a result of the increased number of children in schools being prescribed medications on a long and short-term basis, the educational, medical and legal authorities have been up-dating their recommendations on practices and procedures for administration of medication in schools.

In line with the Catholic Education Office policy, all decisions regarding the storage and administration of medication will be the responsibility of the Principal. The following guidelines have been taken into account to help the Principal to formulate a policy.

1. Approval for school staff to administer medication or supervise the administration of medication by students, along with the safe storage of all medication, is the responsibility of the Principal.
2. Where an agreement has been reached between the principal, parents/guardians and the school staff, the school staff may administer or supervise the administration of the medication by the student.
3. The degree of assistance offered by the school for students who require medication will depend on:
 - the ability of the school staff to meet the particular medical needs of the student.
 - the contribution toward care that may be provided by the student (as in self-administration), parents/guardians, school staff and other community assistance organisations.
 - the degree of specialist skills and training required by the school staff to meet the particular medical and health care needs of the student.
4. It should also be recognized that:
 - some students have a need to access medication on a regular basis for medical conditions.
 - the presence of various quantities of drugs within the school may cause problems and needs to be monitored.
 - assistance that can be offered by staff will be limited to their knowledge, skill and resources.
 - all information should be treated in a confidential manner.

POLICY

1. **Non-prescriptive pain suppressants** (aspirin, paracetamol, etc.) will not be administered to students by staff without the written permission of the student's parent/guardian. (The parent/guardian is responsible for the supply of any medication).
2. **Prescribed Medication.** The misuse of prescribed medication can place the user in serious and in some instances, in a life-threatening situation. Please note:
 - Parents/guardians must provide written authority for school staff to administer the prescribed medication. The dosage and frequency must be clearly identified.
 - Parents/guardians are responsible for advising the Principal, in writing, or any specific requirements when administering the medication. This should include details from the medical practitioner regarding the circumstances for use.
 - School staff are only to administer medication in accordance with the medical practitioner's instructions.

- The Principal must ensure that student's medical condition and the medication for that condition is brought to the attention of all staff who have the student under their care.
 - Bulk quantities of medication **will not** be left on the school premises and all medications will be removed from the school premises at the end of each term.
3. **Storage of Medication.** The medication will be stored at the school office OR in the staffroom fridge and access will be restricted to authorized personnel. All medication must be appropriately packaged, clearly show the name of the medication, student's name, dosage and frequency of the dosage.
- It should be noted that it is the parent/guardian's responsibility to ensure that all medication is labelled correctly, is not out of date and sufficient quantities are supplied for the student's needs.
 - Students are not to carry medication around in their pockets OR leave medication in their bags or desks because of the likelihood of other children having access to the medication.
 - In many cases, depending on the age/awareness factors and with parent's permission, children will be allowed to self-administer but in the presence of a staff member. This is particularly appropriate with 'puffers' for asthmatics.
4. **Records.** Sacred Heart Catholic Primary School will maintain the appropriate documentation and store it safely until the student has completed the relevant course of medication.

CONTAGIOUS DISEASES

In the interest of the health of all children, there are some diseases which require that affected children are excluded from school.

Sacred Heart will follow the Health Departments Communicable Disease Guidelines for all details relating to exclusion, treatment and actions.

Common diseases or conditions which require exclusion from classes are as follows:-

- Chicken Pox
- Measles
- Head Lice
- School Sores (Impetigo)
- Mumps
- Ringworm
- Rubella (German Measles)
- Whooping Cough



SACRED HEART CATHOLIC SCHOOL

Student Medication Request & Record

Where possible, student medication should be administered by the parent/guardian at home in times outside school hours. As this is not possible in all instances, school staff, in consultation with the Principal, will administer prescribed medication to the students. The following requirements are to be met:

- The Doctor prescribing the medication must be aware that school staff will administer or supervise the administering of medication to the student.
- The Doctor 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 Principal (or their nominated representative).
- All student medication must be appropriately packaged, clearly show the name of the medication, student's name, dosage, and frequency of dosage.
- Parent/Guardians must ensure that all medication is labelled correctly, is not out of date and sufficient quantities are supplied for the student's medical requirements.

I _____ being the parent/guardian
Of _____ request that Sacred Heart
Catholic School Staff administer the following medication/s prescribed by
Dr. _____ for the purpose of treating
(condition) _____
Name of medication/s _____
Dose/s to be Administered _____
Time/s to be Taken _____
Comments _____

Signature of Parent/Guardian

Date

Please attach any additional information to this form.