



Administration of Medication Procedure

1.0 Procedure for School Staff Administering Medication

Schools should advise parent / carers of the requirements of the Administration of Medication Policy and Procedures - refer to **Sample Newsletter**.

1.1 Pre Administration

Check prescription medication is in the original container with the pharmacy label attached and matches the details on the **Request to Administer Medication Form**. If the information is inconsistent to the prescription label, contact parent / carer to seek clarification.

Check Over-The-Counter (OTC) medication is in the original container, and matches the details on the **Request to Administer Medication Form** and that the form has been signed and stamped by a medical practitioner. Where possible, contact parent / carer to seek clarification of when paracetamol was last taken prior to administration.

Check that Schedule 8 drugs are in the original container or a dose administration aid such as a blister pack or weekly tablet dispenser, with the pharmacy label attached. If the Schedule 8 drug is in a weekly tablet dispenser, a photocopy of the original container must be attached to the container and signed and dated by the parent / carer.

1.2 During Administration

Follow the principles for safe administration of medication' (Refer to Section 2.0).

Administer medication directly from the original container or dose administration aid provided by the parent / carer.

Notify parent / carer, Principal and classroom teacher if student misses or refuses to take their medication.

Where possible, have two (2) staff present during the administration of medication.

1.3 Post Administration

Record the following details in a local school system or medication register: *Date, student name, name of medication, time of medication administration, dosage given and person administering medication*.

For specific health conditions such as diabetes, record and complete details as per the student's health care plan.

Notify the parent / carer if medication is approaching expiry date or getting low.

2.0 Principles for Safe Administration of Medication

To reduce errors when administering medication and minimise the risk of harm to students, refer to the following:

- The right student
- The right medication
- The right dose
- The right time
- The right route

The Right Student

Check the identity of the student i.e. ask the student their full name and / or their date of birth.

The Right Medication

Medication has a trade and generic name that can cause confusion. Refer to the medication container and match the medication name to the one identified on the *Request to Administer Medication Form*.

- Check it is the right medication:
 - When the medication is taken from the cupboard/cabinet
 - Prior to handing it to the student
 - When the medication is returned to the cupboard/cabinet.

The Right Dose

The right dose is how much of the medication is to be administered to the student at one time. Compare the dose on the prescription label and the **Request to Administer Medication Form**. If they do not match or if there is any doubt about the dose you are giving contact the parent / carer, before administering.

The Right Time

Some medications must be administered at specific times of the day. If given at times different to those indicated, the drug may be less effective or may cause side effects.

Seek clarification as to the time of day medication should be administered if this is not understood, and administer at the recommended times.

The Right Route

Medications have specific routes of administration. Common routes of administration include:

- topical (apply to skin)
- oral (by mouth)
- injection (e.g. insulin injection under the skin)
- sublingual (under the tongue)
- nasal (through the nose)
- inhalation e.g. asthma medication

Check the instructions prior to administration, e.g. to be taken with food.

3.0 Response to Side Effects following Administration of Medication

All medications have the potential for side effects. Undertake the following if a student presents with side effects:

If the student has collapsed or is not breathing after receiving medication, immediately phone 000 and follow the advice given, and phone parent / carer and the Principal.

Call 000 if concerned about the student and their presentation.

If the student presents with mild side effects (unusual or abnormal symptoms or behaviours that are not life threatening), phone the parent / carer.

Complete CEDoW Student Injury Notification Form on InfoPoint for all of the above.

4.0 Emergency Response

In the event of an emergency, staff will follow the Health Care Plan or Action Plan, and/or will provide a general emergency response (for example, call 000).

Where an emergency response requires the immediate administration of medication to prevent serious illness or injury, staff should administer the required medication.

5.0 Storage of Medication

Medication should be stored in a secure location, not accessible to students and according to the instructions on the container (e.g room temperature, store in refrigerator). Place medication in a locked container when storing it in the school refrigerator.

Emergency medication (e.g. Adrenaline Auto-Injectors / Ventolin) should always be easily accessible to all staff.

Medication should be stored in accordance with label instructions on the container e.g. room temperature.

Schedule 8 drugs are to be stored in a locked area separate from all other medication. Where possible, stock levels of Schedule 8 drugs should be kept to the lowest practical level.

6.0 Disposal of Medication

Dispose of expired, unused or unwanted medication by:

Advising the parent/carer to collect medication from school once the date on the **Request to Administer Medication Form** concludes. Refer to **Expired Medication Letter to Parent / Carers**.

Record and complete details on the **Disposal of Medications Register** for all medication being returned to a pharmacy.

7.0 Disposal of Needles/Syringes

Equipment: Disposable gloves and a sharps container
Step 1. Put on disposable gloves. Gloves will not prevent the wearer from being injured but will form a clean barrier between the hands and the syringe. Do not attempt to recap the needle – this is how most accidental needle-stick injuries happen. The cap is usually bright orange and can be disposed of separately. Do not break, bend or otherwise try to render the syringe useless.
Step 2. Take the sharps container to the syringe; do not walk with the needle/syringe.
Step 3. Place the container on the ground or flat surface beside the syringe. Do not hold the sharps container or ask another person to hold it as you are disposing of the syringe.
Step 4. Pick up the syringe by the middle of the barrel. The safest method of picking up a syringe is by hand.

<p>Do not crack the plastic barrel of the syringe or flick the syringe. Do not use a dustpan & brush to “sweep up” the syringe as the sweeping movement can cause the syringe to flick into the air and cause further risk. Do not use plastic tweezers as they may also cause the needle/syringe to flick.</p>
<p>Step 5. Place the syringe in the container sharp end first. Keep the sharp end of the needle facing away from you at all times.</p>
<p>Step 6. Securely place the lid on the container and ensure it is sealed. Hold the container by the top when carrying.</p>
<p>Step 7. Remove gloves carefully so that any contaminated fluid on the gloves does not contact your hands. Gloves should also be placed into double plastic bags and then into the rubbish. Wash your hands with running water and soap. Contact your local council or health department regarding safe ways to dispose of your sharps container.</p>

7.1 What to Do in the Event of a Needle Stick Injury

- Stay calm
- Encourage the wound to bleed (gently squeeze)
- As soon as possible wash the area with running water and soap (if available)
- Apply a band aid
- As soon as possible notify your Principal, and a member of Health, Safety and Wellbeing
- It is important to visit your local doctor or hospital emergency department as soon as possible; they will manage blood testing, counselling and possible hepatitis B and tetanus vaccination and/or medication
- Staff can access the Employee Assistance Program (EAP) for free confidential counselling

8.0 Individual Health Care Plans / Asthma, Anaphylaxis and Allergic Reaction Plans

For medical conditions that meet the Student with Disability Criteria under the Nationally Consistent Collection of Data definition, and/or where safety concerns for the student regarding their health arise (such as diabetes, chronic asthma, epilepsy, cystic fibrosis) the school must engage with **School Improvement Services Specialist Support (SIS – SS)**. This is to ensure that the appropriate supports and plans are in place to meet the individual needs of the student.

For students with Asthma/Anaphylaxis or Allergic Reactions request an updated action plan from the parent / carer on an annual basis. See **Request to Update Action Plan**.

If the parent / carer does not provide an updated action plan, refer to last action plan provided and send the parent / carer the **Action Plan Expired Letter**.

If the parent / carer notifies the school their child has asthma, is at risk of anaphylaxis or suffers from an allergic reaction and the school is yet to receive an Action Plan, send the parent / carer the **No Action Plan Letter**.

9.0 School Excursions / Camps

Check the parent / carer has provided relevant information regarding medication requirements for the student prior to school excursions or camps.

Follow the administering medication procedure.

Parent / carers may be required to attend school excursions or camps if the medication needs of the student are unable to be met by staff on the excursion or camp.

10.0 Self-Administration of Prescribed Medication

The common law duty of care does not extend to administering prescribed medication to students who are reasonably able to self-administer. However, CEDoW has a duty to take reasonable steps to ensure that self-administration is undertaken safely.

The manner in which a Principal or their delegate manages student self-administration of medication will vary in accordance with the student's health care plan, needs, health condition and the type of medication involved. Any decision regarding self-administration of medication should be done in consultation with the **School Improvement Services Specialist Support (SIS-SS)**.

Where a determination is made that the student can self-administer and/or carry their medication, a **Letter from Principal: Approval to Self-Administer** will be provided to the parent / carer. Relevant staff will be made aware of this agreement and a record will be made on their student file.

In the event of an emergency, assistance in administering the student's medication will be provided by staff, as the students symptoms or condition may compromise the their ability to self-administer.

**NB: Approval cannot be provided for the self-administration or carrying of medication with a Schedule 8 classification.*

11.0 References

- Australasian Society of Clinical Immunology and Allergy, *ASCI Action Plans for Anaphylaxis, 2017*
- Department of Education and Training Queensland, *Administration of Medication in Schools, 2017*
- Diocese of Broken Bay, *Administration of Medication in Schools Procedure, 2016*
- Education Queensland, *Health & Safety Fact Sheet; Safe Handling and Disposal of Needles and Syringes, 2012*
- National Asthma Council Australia, *Asthma Action Plans, 2017*
- NSW Department of Education, *Administering Prescription Medication, 2017*
- NSW Department of Education, *Student Health in NSW Public Schools: A summary and consolidation of policy, 2017*

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