

ADMINISTRATION OF MEDICATION IN SCHOOLS PROCEDURES



Parts c

Number of tablets	30 ZOCOR TABLETS 10mg	\$5.38
Active ingredient	[Simvastatin]	
Instructions	Take ONE tablet with a glass of water ONCE a day.	
Special instructions or warnings	Avoid eating grapefruit or drinking grapefruit juice.	
Patient's name	Mr A Confos	
Doctor who prescribed medicine	Dr D Thorpe	Full cost \$35.57
Date medicine was dispensed	20/08/2006	
DOWNTOWN PHARMACY 84 Brisbane St, Perth WA 7000 Tel 08 9585 6333		
	Pharmacy that dispensed medicine	Full cost of medicine



Pharmacy name and address	Local Pharmacy 100 MAIN STREET ANYTOWN USA 11111	Doctor's name	DR D. JONES
Number used by the dispenser to identify this drug for your refills	0060023-08291	Dispenser phone number	(800) 555-5555
Person who gets the drug	JANE SMITH	Prescription fill date	DATE 06/23/12
Instructions about how often and when to take this drug	TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY FOR 10 DAYS UNTIL ALL TAKEN		
Name of drug and strength of drug	AMOXICILLIN 500MG CAPSULES		
Number of refills before cartouche date	NO REFILLS. DR. AUTHORIZATION REQUIRED		
	USE BEFORE 06/23/12		

Don't use this drug past this date

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1. DEFINITIONS

Action Plan: This is developed by a medical or qualified health practitioner to provide guidelines to support a student with specialised health needs of anaphylaxis or asthma. It provides step by step directions of how to manage safely a predictable medical emergency in relation to the chronic health condition and the correct use of emergency medication.

There are a variety of nationally approved and standardised Action Plan proformas developed by peak medical organisations available for medical or qualified health practitioners to complete. Refer to Appendix 1 for more detail about action plans.

Emergency medication: Medication required for the emergency first aid treatment of medical conditions, e.g. Midazolam for specific seizures, adrenaline auto-injectors for anaphylaxis, or Ventolin (blue reliever) for asthma.

Health Care Management Plan: This provides a daily guideline for the management of the student's health condition and may contain some instructions concerning the routine medication regime. The plan is developed by a qualified health practitioner, in consultation with the school staff, parent/ carer, student, medical and other health professionals. Refer to Appendix 1 for more detail about Health Care Management Plans.

Medication: In relation to this policy, medication refers to medication prescribed by or used on the advice of a medical practitioner, or over the counter medications. Either may be required and considered essential to be administered at school for a student to achieve optimum health and to participate fully in school life. Medication is likely to be associated with a health condition such as epilepsy, diabetes, asthma, anaphylaxis, cystic fibrosis, Attention Deficit Hyperactivity Disorder (ADHD), or other conditions diagnosed by a medical practitioner. Medicines may include capsules, eardrops, eye drops, inhalants, liquid, lotion and cream, nose-drops, patches, powder, tablets, wafers, suppositories, oxygen, nebulisers, schedule 8 drugs, and insulin (by pen, pump or pre-filled syringes).

Medical practitioner: A doctor registered with the Medical Board of Australia, through the Australian Health Practitioner Regulation Agency (AHPRA).

Medication error: Any preventable event that may cause or lead to inappropriate medication use or harm to a student. Medication errors occur for a variety of reasons, for example, miscommunication of drug orders, poor handwriting or confusion between drugs with similar names, poor packaging design and confusion of metric and other dosing units.

A medication error includes any failure to administer medication as prescribed for a particular student, including failure to administer the:

- medication
- right medication
- right medication to the right student
- medication within appropriate time frames
- right medication in the correct dosage
- right medication by the correct route.

Over-the-counter medication (OTC): These medications are for self-treatment and can be purchased from pharmacies, with selected products also available in supermarkets, health food stores and other retailers. Examples include cough and cold remedies, anti-fungal treatments, non-prescription analgesics such as aspirin and paracetamol; anti-allergy remedies such as Claratyne, and antacids as well as alternative (traditional or complementary medicines) such as herbal, aromatherapy and homeopathic preparations, vitamins and minerals and nutritional supplements such as fish oil.

Prescription medication: Medications prescribed by a prescribing health practitioner under

the *Poisons and Therapeutic Goods Regulation 2008*, are dispensed by a pharmacist. Examples might include: Ritalin, Dexamphetamine, Seretide, insulins and antibiotics. Students on prescribed medication must provide via the parent or carer a written authority from the medical practitioner to give to the school. The presentation of the original medication container with an attached prescription pharmacy label constitutes a medical authority.

Pharmacy label: is attached to the original prescription medication container and includes:

- student name
- strength and description of the medication
- dose and route of administration (may include the duration of therapy)
- correct storage information, expiry date and batch number
- initials / logo of the pharmacist taking responsibility
- time the medication is to be taken
- any other relevant directions for use, e.g. whether the medication is to be taken with food.

Prescribing health practitioner: A health professional who has completed the appropriate training and whose qualifications have been conferred by an accredited university giving them the authority to prescribe certain medications under the *Poisons and Therapeutic Goods Regulation 2008* (e.g. medical practitioner (doctor), dentist, optometrist, pharmacist - for Pharmacist Only Medicines - unscheduled, Schedule 2 – 3).

Qualified health practitioner: is a health professional with the skills and knowledge to assess, plan and evaluate care. This can be the student's medical practitioner or specialist doctor, a Clinical Nurse Educator (NSW Registered Nurse), a pharmacist, a registered nurse (dependent on their role description), a credentialed diabetes educator or allied health professional such as a Speech Pathologist. Qualified health practitioners are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

Reasonable standard of support: refers to a level of care that could reasonably be expected of a school, considering the health needs of the individual student requiring support; the skills and knowledge of the school's staff and the resources available from within the school. There may be some instances when schools are not able to provide the level of care required to support the student to attend school or certain school-based activities. For example, it may not be possible in the school environment to administer procedures that should be carried out by medically trained staff.

Schedule 8 medication: medicinal products that are likely to cause dependence or be abused. There are usually restrictions on the prescribing of these medications. e.g. Ritalin, or drugs of addiction or anti-depressants.

2. PROCESS FOR ADMINISTRATION OF MEDICATIONS

Schools need to advise parents of the requirements of the Medication Policy and Procedures. A sample newsletter/website item is attached in Appendix 2.

2.1 Self-administration of Prescribed Medication by Students

The common law duty of care does not extend to administering prescribed medication to students who are reasonably able to self-administer, however the DSS has a duty to take reasonable steps to ensure the self-administration is carried out safely.

Contemporary management of chronic health conditions encourages students to recognise the signs and symptoms of their condition, administer their own medication or perform a health procedure, and continue to participate in the full range of activities offered by the school.

In the event of an emergency situation, it may be necessary for a student to be assisted with the administration of medication e.g. when using an adrenaline auto-injector such as EpiPen® to treat anaphylaxis or a blue reliever such as Ventolin to manage asthma.

In schools, self-administration may apply to students who are assessed by their parents/carers as capable and approved by the Principal as appropriate.

Self-administration of medication or health procedure may include but is not limited to:

- use of adrenaline auto-injector e.g. EpiPen
- monitoring blood glucose levels and the injection of insulin for diabetes
- inhaling preventer or reliever medication such as Seretide and Ventolin for asthma
- orally administering anti-convulsant medication for epilepsy
- orally administering enzyme replacements for cystic fibrosis
- clean Intermittent self-catheterisation

Approval should never be given for the self-administration of Schedule 8 drugs, e.g. Ritalin, or Dexamphetamines (psychoactive drugs that affect mind or behaviour).

Students approved to carry their own medication should demonstrate practices of secure storage of medication that may be potentially harmful to other students and safe disposal of sharps equipment.

Teachers can assist students to manage their health condition by incorporating their medication needs in the routine management of the class and school.

The school must take into consideration the student's confidentiality and privacy.

2.2 For self-administration, the Principal should

- a) approve the student to be responsible for self-administration of medication and self-management of health conditions under the following conditions:
 - i. consultation has occurred with the parent / carer and student regarding arrangements for the self-administration of medications and self-management of health conditions and the risks associated with self-administration in a school setting;
 - ii. the parent / carer, prescribing health practitioner and school has determined the student is responsible enough to undertake self-administration of medication at school;
 - iii. the parent / carer has provided the school with appropriate written advice regarding self-administration provided by the prescribing health practitioner;
 - iv. agreement has been reached between the student, parent / carer and relevant school staff as to where medication is stored and where and how it is administered;
- b) notify staff if students are self-administering medication or performing their own health care procedure and ensure staff are aware of self-administration of medications and self-management of health conditions;
- c) ensure staff who supervise students who self-administer by injection or pump are provided with appropriate training by a qualified health practitioner.

3. PROCEDURE FOR SCHOOL STAFF ADMINISTERING MEDICATION TO STUDENTS

3.1 Prior to administration

- a) ensure a written request has been received from the parent/carer in the form of receipt of the *Request to Administer Medication at School* form in Appendix 4;
- b) ensure medication to be administered has medical authorisation, e.g. a pharmacy label attached to the original container with information;
- c) check the instructions on the pharmacy label prior to administration and follow specific instructions, e.g. to be taken with food;
- d) obtain information from parent/carer about potential side effects of medication if possible;
- e) be aware of potential medication errors and follow these procedures in Section 5 Procedure for Safe Administration of Medication to minimise errors;
- f) if the information on the medication container contradicts the *Request to Administer Medication at School* form, do not administer medication and seek clarification from the parent.

3.1.1 Pharmacy labels will include

- name, strength and description of the medication;
- the dose and route of administration (may include duration of therapy);
- correct storage information, expiry date and batch number;
- initials / logo of the pharmacist taking responsibility;
- time the medication is to be given;
- any other relevant directions for use, e.g. whether the medication is to be taken with food;
- logo of the pharmacist dispensing the medication.

3.2 Administration

- a) follow Section 5 Procedure for Safe Administration of Medication;
- b) administer medication directly from the original medication container;
- c) notify the classroom teacher and parent / carer if the student refuses their medication;
- d) notify the parent if the student misses a dose of medication including if the student refuses to take the medication or if any other medication error occurs;
- e) complete details in the *Register of Administration of Medication* for the student immediately after the routine or short-term medication is administered to a student (including when students are on school excursions and camps)

3.2.1 Medication errors

- i. notify the student's parent / carer and Principal of any medication errors (e.g. incorrect dose given, incorrect medication, missed dose or refused dose) and record the incident on the *Incident Report Form – Students* in Appendix 5.
- ii. if the incorrect dosage of medication or the incorrect medication has been administered to a student, immediately:
 - phone 000 if the student has collapsed or is not breathing and follow the advice given; or
 - phone the POISONS INFORMATION CENTRE on 13 11 26 *if there is no immediate adverse reaction* and follow the advice given.

3.2.2 Side effects of medication

- i. All medications have the potential for side effects, where possible, obtain information about specific side effects;
- ii. Contact the Poisons Information Centre - telephone 13 11 26

3.2.3 Response to side effects following administration of medication

- i. if the student has collapsed or is not breathing after receiving medication, immediately phone 000 and follow the advice given and phone the parent/carer and the Principal and record the incident on the *Incident Report Form – Students*;
- ii. Call Ambulance 000 if concerned about the student and their presentation.
- iii. Report unusual symptoms or behaviours to parent, and complete *Incident Report form - Student*, if student presents with side effect and consider need to contact the prescribing medical practitioner;
- iv. if the student presents with mild side effects (unusual or abnormal symptoms or behaviours *that are not life threatening*), phone the parent/carer and record the incident on the *Incident Report Form – Students*.

3.2.4 After administration

- i. if required, notify the parent/carer when the medication quantity is low or approaching its expiry date.
- ii. ensure completion of the *Register of Administration of Medication* for the student immediately after the routine or short-term medication is administered to a student (including when students are on school outings, excursions and camps).

3.2.5 Storage of Medication

- i. develop a safe system for the storage, and records management of medication administration;
- ii. ensure safe storage of medication in a non-portable, 'locked' space such as cupboard/cabinet reserved for medications only, in a secure fridge if

required with authorised access only, or as directed in the student's *Health Care Management Plan or Action Plan*;

- iii. establish storage of emergency medication ie. adrenaline auto injector, e.g. EpiPen or an asthma reliever, e.g. Ventolin puffer is in a safe, 'unlocked' location where it is easily accessible to the authorised student and staff at all times in the event of an emergency;

3.2.6 Disposal of Medication

- i. ensure safe disposal of sharps in accordance with Section 6 Safe Handling and Disposal of Needles and Syringes.
- ii. dispose of unused and unclaimed medication by:
 - advising the parent / carer to collect the medication from the school, or
 - returning medications to any pharmacy to be disposed of through the Returning unwanted medicines project at <http://www.returnmed.com.au/>

4. EMERGENCY CARE

In any emergency which has not been anticipated, staff will provide a general emergency response, e.g. call an ambulance. Where an emergency response requires the immediate administration of medication to prevent serious illness, staff should administer the medication e.g. administer EpiPen for anaphylaxis in accordance with their training.

5. PROCEDURE FOR SAFE ADMINISTRATION OF MEDICATION

Schools must ensure reasonable care is taken to minimise harm to students when administering medications at school. The staff member responsible for administering medication is required to ensure that:

- a) the Diocesan Schools System Infection Control Guidelines are followed i.e. hand washing, disposable cups used for administration of medication;
- b) a two person check is undertaken whenever possible e.g. administration of insulin following blood glucose level reading;
- c) the **Five Rights of Medication Administration** are followed and they are aware of:
 - o Pharmacy labels;
 - o Common medication side effects (which may be identified on the medication container).

Five Rights of Medication Administration

1. Right Person
2. Right Drug
3. Right Dose
4. Right Time
5. Right Route

1. RIGHT PERSON

- Check the identity of the student i.e. use of a photograph, ask student their full name and / or their date of birth.

2. RIGHT DRUG

- Drugs have a trade and generic name which can cause confusion. Refer to medication container for the 'generic' name, to match the medication identified on the *Request to Administer Medication in School* form (Appendix 4).
- Check it is the right drug:
 - when the drug is taken from the cupboard;
 - before the drug is put into a medicine cup or similar receptacle prior to handing it to the student;
 - again as the container is returned to the cupboard.

3. RIGHT DOSE

- The dosage will be on the medication container and the *Request to Administer Medication at School* form. Ensure the drug dosages match.

4. RIGHT TIME

- Medications are designed to be given with specific intervals between doses to ensure consistent therapeutic blood levels. If given at times different to those ordered, the drug may be less effective or may cause side effects.
- Often medication instructions are provided in medical terms. Seek clarification as to the time of day medication should be administered if this is not understood, and ensure it is administered at the prescribed times.

5. RIGHT ROUTE

- Medications have specific 'routes of administration'. Common routes of administration include:
 - topical (apply to skin);
 - oral (by mouth);
 - injection (subcutaneous injection ie. insulin injection under the skin);
 - sublingual (under the tongue);
 - gastric feeding tube;
 - nasal (through the nose);
 - inhalation ie. asthma medication (puffer or spacer).
- Check the instructions prior to administration, e.g. to be taken with food.
- Ensure all oral medications have been swallowed.

6. SAFE HANDLING AND DISPOSAL OF NEEDLES AND SYRINGES

Needle-stick injuries can cause considerable anxiety because of the fear of contracting blood-borne diseases such as HIV, hepatitis B and hepatitis C as well as other diseases such as tetanus. The risk of acquiring a disease from a needle-stick injury in a community setting is very low, however where needles/syringes are found within school premises, it is important that they are disposed of promptly and safely to ensure staff, students and others are not harmed.

It is also important to know that unsafe disposal of needles and syringes is illegal. The Environmental Protection (Waste Management) Regulation 2014 requires that needles and syringes be '*disposed of in a rigid-walled, puncture-resistant, sealed container*'.

6.1 What are needle stick injuries and sharps?

Needle-stick injuries are wounds caused by needles that accidentally puncture the skin. Injection of blood-borne viruses is the major hazard of needle stick injuries, especially the viruses that cause AIDS (the HIV virus), hepatitis B and hepatitis C. The term “sharps” means objects or devices with sharp points or cutting edges that are capable of cutting or piercing the skin.

6.2 How do schools prevent needle stick injuries?

Schools need to adopt practices that minimise the risk of students, staff or others coming into contact with sharps:

- Conduct regular inspections of the school grounds to ensure early detection and disposal of discarded sharps.
- Do not place hands into areas or objects where the person cannot see as sharps may be concealed there e.g. overgrown garden beds, rubbish bins. Use tongs or rubbish grabbers to pick up or move rubbish.
- If students are required to pick up rubbish, provide them with suitable equipment.
- Do not manually compress rubbish bags in case they contain needles/syringes.

6.3 What if someone finds a “sharp”?

- Students should never handle needles/syringes.
- Before handling sharps - move away any people (especially students) who are nearby.
- Ensure there is space to move and to clearly observe the sharps and hands.
- Do not handle more than one item at a time. If there are multiple sharps, carefully separate them using a stick or implement – do not try to flick them or pick them up with a grabber/implement.

SAFETY ALERT: Latest advice is that the best and safest way to pick up a syringe is to use hands and immediately wash them afterwards. If the person is uncomfortable using their hands, thin disposable gloves that do not interfere with dexterity can be used. The use of grabbers or other implements to pick up syringes increases the risk of injury through uncontrolled flicking of the syringe.

6.4 How to dispose of sharps appropriately

See Disposal of Needle/Syringe into a Sharps Container in Appendix 3.

The aim is to transfer the needle/syringe into an appropriate container safely to minimise the risk of needle-stick injury.

6.5 Recognising a Sharps Container

A sharps container is a receptacle intended for the collection and disposal of sharps. It is:

- rigid-walled,
- puncture-proof and
- sealable.

Do not use glass jars or bottles, plastic drink containers or aluminium drink cans. These can break or may be recycled, potentially leading to injuries to other people such as waste collectors. To minimise the risk of the sharp puncturing the container it is best to use a sharps container that complies with *AS/NZS 4261:1994 - Reusable containers for the*

collection of sharp items used in human and animal medical application'. Look for the following features:

- yellow in colour
- labelled as "sharps" or "infectious waste"
- carries the biohazard and AS/NZS symbols

A designated sharps container is very easy to obtain and should be made available at every school. Contact the '[Clean Needle Help Line \(Ph: 1800 633 353\)](#)' or First Aid suppliers.



6.6 How do schools dispose of the sharps container?

Schools should dispose of containers that contain needles/syringes via a NSW Health recommended facility or a facility recommended by their local council.

[Sita Australia](#) (Suez environment) provide advice regarding the safe disposal of clinical waste and sharps containers. Ph: 13 13 35.

X Do not dispose of sharps containers in the general waste.

X Do not throw needles/syringes down drains or toilets.

Disposing of sharps in these ways is unlawful.

6.7 What should schools do?

- Establish school-based procedures for dealing with needles and syringes found in school grounds based on the information in these procedures.
- Ensure that the school's procedure regarding rubbish collection by staff, students and others follows the information in these procedures, e.g:
 - Provide suitable equipment when picking up rubbish, such as a rubbish grabber tool.
 - This should eliminate the risk of accidental hand to needle/syringe contact as sharps may be concealed under rubbish or vegetation. **The rubbish grabber tool is not to be used to pick up sharps.**
 - Staff only should handle syringes; if there are multiple needles/syringes, carefully separate them using a stick or extended implement – do not try to pick them up with a grabber or flick them. Syringes should be picked up carefully using the hands. Refer to the **Safety Alert** section above.
- Disseminate the school-based procedures to all in the school community and train nominated people such as the schools groundsman / maintenance or cleaner staff in the safe handling and disposal of needles/syringes.
- Educate students regarding how to identify needles/syringes and sharps containers and what action they should take if they find these items, e.g:
 - do not touch the syringe;
 - one student acts as a spotter and stands near the needle/syringe to warn other students and;
 - another student immediately reports it to a staff member, who should then attend the location and appropriately arrange for its collection and disposal.



- e) Secondary schools might consider placing sharps disposal kits at suitable locations around the school grounds, not just in the administration building. The kit should include a sharps container, disposable gloves and guidelines.
- f) The schools groundsman / maintenance or cleaning staff and other staff likely to find needles/syringes should either have their own sharps containers, or be advised where to access the schools sharps container.
- g) If a needle/syringe is found at school:
 - inform all staff, particularly groundsman, maintenance or cleaning staff;
 - keep a record of where and when the needle/syringe was found;
 - ensure procedures are followed including proper disposal;
 - discuss with staff to determine success or improvements to procedures.

APPENDIX 1

Action Plans

An action plan should be developed to assist personnel responsible for the administration of medication. An action plan is developed by a medical or qualified health practitioner to provide guidelines to support a student with specialised health needs of Anaphylaxis or Asthma. It provides step by step directions of how to safely manage a predictable medical emergency in relation to the chronic health condition and the correct use of emergency medication.

There are a variety of nationally approved and standardised Action Plan proformas developed by peak medical organisations available for medical or qualified health practitioners to complete.

Health Care Management Plans

Most procedures for the administration of medication and management of health conditions can be adequately addressed on the *Request to Administer Medication in School* form. However, it is suggested that a **health care management plan** is devised for **individual students** in circumstances where there are known **potential emergency care needs** such as risk of anaphylaxis, diabetic shock or severe asthma or the need for health care procedures such as tube feeding, suctioning and clean intermittent catheterisation. Such a plan would be devised in consultation with parents, medical practitioners/health care practitioner and staff who may be called upon to meet the student's needs.

Plans and procedures are more likely to be effective and better implemented where staff are involved in their development. Ideally school staff who are responsible for administering medication should be consulted at the various stages especially when:

- discussions are held with the parent and student;
- plans and procedures are formulated; and
- decisions are made on what training of staff will be necessary.

It is important that school staff responsible for administering medication, are appropriately trained. Staff should also be given general periodic reminders of the *Medication Policy* for Diocesan Systemic Schools and the *Administration of Medication in Schools Guidelines and Procedures*.

Suggestions for inclusions in a student's health care management plan:

- action needed to meet the health care needs of the student and the responsibilities of parties involved;
- triggers, reactions, warning signs and symptoms of a possible emergency;
- specific procedures needed to implement the care needed;
- potential side effects of medication/procedure and their management;
- limitations or guidelines for specific activities such as swimming, sport, outdoor education, camps and physical education;
- name and phone number of the student's medical practitioner;
- emergency phone number for ambulance, parents and in case parents are not contactable, an alternative responsible contact;
- precise information to be given to ambulance or other medical personnel;
- an emergency response plan;
- arrangements for variations to school routine, staff absences, excursions and transportation;
- an assessment of any relevant risks and strategies for controlling or eliminating those risks; and
- a date for review.

Designated first aid personnel in the school should be trained in the recognition and

management of an emergency for students and staff with health conditions. A nationally accredited course of first aid instruction 'Provide First Aid' and annual CPR and Anaphylaxis and Asthma training will support this requirement.



APPENDIX 2

ADMINISTRATION OF MEDICATIONS IN SCHOOLS SCHOOL NEWSLETTER and WEBSITE ITEM

The Broken Bay Diocesan Schools System 'Medication policy' and 'Administration of Medication in Schools: Guidelines and Procedures' have been revised.

(Insert school name) is committed to supporting students' health and wellbeing. We require parents / carers providing the school with any relevant health information that is required to support the student at school. While this information is collected at enrolment it needs to be updated regularly, including when a new health condition develops.

Information about medically diagnosed conditions such as allergies, asthma, diabetes, epilepsy and other health conditions that may require school staff to provide support to students; ***(including the administration of medication – prescription or over the counter medication and the need to perform health procedures)***: will need to be provided to the school in writing in the form of an ***'action plan' or 'health care management plan'*** and signed by both the parent / carer and a medical practitioner or a prescribing health practitioner. This must then be discussed with the school.

Additionally, any student health care need, action plan or health care management plan that may impact on school activities such as sports, excursions (including camps) must be provided in writing and supported by a medical practitioner / prescribing or qualified health practitioner's advice.

All Broken Bay systemic schools require medical authorisation from a prescribing medical or health practitioner to administer any medication to students (including over the counter medications such as Paracetamol, Claratyne etc).

Please ensure you inform the school office staff of any changes to contact details including the contact details of the people nominated as emergency contacts.

We thank you for your assistance in this matter.

All information is kept confidential and only disclosed to the relevant staff who are supporting your child.

For any enquiries, please contact the school office on telephone the school on *(insert telephone number)*.

APPENDIX 3

DISPOSAL OF NEEDLE / SYRINGE INTO A SHARPS CONTAINER

Equipment: Thin disposable latex, vinyl or nitrile gloves and a sharps container	
Procedure	Precautions
Step 1. Put on disposable latex or vinyl gloves (if available). 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. Bring a rigid-walled, puncture resistant, sealable, sharps container to the Syringe.	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 while 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. Staff can also choose to wear thin, disposable gloves that do not hinder dexterity. Do not crack the plastic barrel of the syringe or flick the syringe.
Note 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.	Plastic tweezers are not recommended as they may also cause the needle/syringe to flick (commonly bright coloured and found in many ‘sharps disposal kits’ or dressing packs, sold at pharmacies etc).
Step 5. Place the syringe in the container - sharp end first.	Keep the sharp end of the needle facing away from the person’s body at all times.
Step 6. Securely place the lid on the container and ensure it is sealed. Hold the container by the top when carrying.	Refer to the Fact Sheet – ‘Safe Handling and Disposal of Needles and Syringes’ . Contact the local council or Sita Australia (Suez environment) Ph 13 13 35, regarding safe ways to dispose of your sharps container.
Step 7. Remove gloves carefully so any contaminated fluid on the glove does not come into contact with hands. Wash hands with running water and soap.	Other items that have come into contact with blood (i.e. gloves) should be disposed of in the same container as the used syringe or placed into a clinical waste bag. As a minimum use double plastic bags and then place into the rubbish, if no other facility available.

WHAT TO DO IF A NEEDLE STICK INJURY OCCURS

- Stay calm.
- Encourage the wound to bleed (gently squeeze).
- As soon as possible wash the area with running water and soap (if available).
- Apply an antiseptic and band-aid.
- As soon as possible contact your school Principal and the WHS Officer – Catholic Schools Officer and complete an *Incident Report form* and ensure that is forwarded to your Principal before sending it to the Catholic Schools Office.
- It is important to be medically assessed as soon as possible.
- Visit your local doctor or hospital emergency department promptly; they will manage blood testing, counselling and possible hepatitis B and tetanus vaccination and/or medication.
- Staff can access the Employee Assistance Program (AccessEAP) for free confidential counselling or seek the assistance of another counselling service.
- Dispose of the needle/syringe safely.
- Testing of syringes is usually not conducted so there is no need to keep the syringe.

- **Keep a copy of this page with each sharps kit in your school.**

This guideline should also be displayed in relevant areas within your school e.g. first aid room, groundsman, maintenance and / or cleaners room)

APPENDIX 4



REQUEST TO ADMINISTER MEDICATION IN SCHOOL

Insert student photo

Note: If your child is to take more than one prescribed medication, please attach a separate request for each medication.

SCHOOL NAME and ADDRESS:

STUDENT NAME:Gender:

DATE OF BIRTH / / YEAR LEVEL:

To be completed by the Prescribing Health Practitioner with the Parent / Carer and returned to the SCHOOL.

Please identify the medication (prescribed or 'over the counter') that the student requires during school hours including any emergency medication.

Name of prescribed medication:

Dosage (e.g. 5 mg) and Route of administration (e.g. oral, by injection)

Time to be given:

Special instructions for administering the prescribed or 'over the counter' medication (e.g. must be taken with food or with a glass of water).....

Prescribed for (name of medical condition):

Special medication storage instructions (if any e.g. store in refrigerator):

Are there any likely side effects from this medication? No [] Yes []

Describe the side effects:

Parent / Carer to complete

If your child administers his or her own medication at home, do you request that he or she self-administers this medication at school? N/A [] No [] Yes []

Please describe what support your child needs to administer the medication in a non-emergency situation at school. You may like to include information about how you support your child at home to administer their medication.

Note: the Principal needs to approve a decision for a student to self-administer.

Continue to Page 2....



REQUEST TO ADMINISTER MEDICATION IN SCHOOL

I request that school staff administer the necessary medication to this student,

Name: **DOB:**

while at school. I confirm the above information provides the school with the complete and necessary information to administer the medication. I also understand and agree that it is my responsibility (parent / carer) to provide the school with the *prescribed or 'over the counter' medication* and inform the Principal of any changes involving the administration of the medication and will do so in writing as specified in the *'Medication Policy'* for Diocesan Systemic Schools.

Parent / Carer – PRINT NAME:

Address:

Home phone: Work phone:

Mobile phone: Email:

Parent Signature: **Phone:** **Date:**

Prescribing Health Practitioner – PRINT NAME:

Practice address:

Phone: Email :

Qualifications:

Apply practice stamp here:

Prescribing Health Practitioner Signature:

Phone: **Date:**

This authorisation applies for the period Term to Term Year:

NOTE: For school staff to administer any medication including 'over the counter medication', authorisation is required from a Prescribing Health Practitioner. This form will not be accepted by school staff unless it has been completed, signed and stamped by the Prescribing Health Practitioner.

Privacy notice: The information requested on this form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the school for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.

Office Only: When this course of medication concludes, please retain this form in the student's school file.

Incident Report Form Students



Please tick appropriate box: **Injury** **Illness** **Hazardous Exposure** **Near Miss**

School name: _____ **Class:** _____ **Student ID:** _____

1. Details of Injured / Affected Student – (All fields to be completed)

Surname	Date of Birth
First name	Gender
Home address	
Postcode	

2. Details of Injury, Illness, Exposure or Near Miss - (all fields to be completed)

Date of occurrence:	Time of occurrence:	am <input type="checkbox"/>	pm <input type="checkbox"/>
What is the injury, illness, exposure or near miss – e.g. cut right middle finger, allergic reaction, asbestos, near hit by tree branch?			
Describe how the injury, illness, exposure or near miss occurred – e.g. touched faulty switch, tripped on step etc.			
Was any plant, equipment, substance or thing involved? Yes <input type="checkbox"/> (please give details) No <input type="checkbox"/>			
Describe where the injury, illness, exposure or near miss occurred – e.g. TAS, Admin building, off site.			
Describe any treatment provided to the injured or ill person and by whom -			
Has the student suffered a similar injury / illness in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was the student attended to by Ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Transported to hospital by Ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Placed into the care of parent or relative? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. Details of Treating Doctor (all fields to be completed where possible)

Doctor's name	Hospital (if applicable)
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4. Details of Person making this Notification- (all fields to be completed)

Name	
Position	
Contact Phone	Date and time of notification
	am <input type="checkbox"/> pm <input type="checkbox"/>
Signature	

5. Preventative Action - (To be completed by Principal or Assistant Principal)

Provide details of any action taken or action that can be taken to prevent the injury/illness or near miss happening again (attach additional information if required).	
Name:	Position Title:
Signature	Date:

Email completed form (possibly 2 pages), within 24 hours to: Employee Wellbeing and Safety Team – ews@dbb.org.au.
Retain the original at the work place in the 'Register of Injuries' and copy to student's file.

