

Safety Policy

St Pius School strives to Live, Love and Learn together in a responsible manner to ensure a safe, secure and positive learning environment.

Rationale

In order to ensure that students have access to a reasonable standard of support for their health needs whilst attending school or school-based activities, a request for school staff to administer medication during school hours should be considered only when there is no other alternative in relation to the treatment of specific medical conditions or when a prescribing health practitioner has determined that the administration of medication at school is necessary.

Schools require *medical authorisation* from a prescribing health practitioner to administer any medication to students (including *over-the-counter medications*).

Aims

These guidelines and procedures detail how routine, emergency and over-the-counter medications are to be administered to students at St Pius Primary School. Whilst the administration of medication is the responsibility of the parent or carer with legal responsibility for the student, school staff can assist a student with medication under the carer provisions of the Health (Drugs and Poisons) Regulation (1996) where medication is given during school hours or at school activities .

Short Term Medication

- Parents/carers have to complete medication administration form ([Appendix 1](#)).
- Parents/carers provide all medication to the school in the original container.
- Nominated staff members to give the medication, ensuring that they abide by 5 rights of medication administration (ie Right Person, Right Drug, Right Dose, Right Time and Right Route).
- Nominated staff members keep records of occasions when medication is given.
- Nominated staff members make sure medication is suitably stored .

Paracetamol

- The school is to get parent's authority annually to allow paracetamol to be given to student ([Appendix 2](#)).
- Parents will provide all medication to the school in the original container .
- The school may give Paracetamol to a student if they are in pain.
- The school will try contacting parents first before giving one dose.
- Parents are required to pick up student if symptoms are not alleviated.
- The school will keep records of occasions when medication is given.

Long Term Medication

- Enrolment form/parent teacher interviews will be used to identify health conditions and whether to implement this policy.
 - If YES, then staff will provide copy of information letter for parents and seek permission to contact doctor
- Parents have to complete medication administration form ([Appendix 1](#))
 - The school will only support students that have medicine prescribed to them by a doctor.
- Principal conducts an initial assessment of potential points of risk for health condition before meeting up with the parents.
- Staff (for example Learning Support Teacher) will meet with parents to develop the student's Individual Health Care Plan .
 - This plan spells out how to accurately manage the health condition.
 - The plan is reviewed annually and when certain changes occur.
- Parents provide all medication to the school in the original container .
- It is not up to the school to stock paracetamol.
 - Prescribed medication is to have a pharmacy label on it.
- The school will provide general education to staff and students about the health condition .
- Nominated staff to give the medication:
 - Such staff to receive specific training on the health condition;
 - As necessary will accompany student on excursions;
 - Staff members will abide by 5 rights of medication administration ;
 - Staff members will keep records of occasions when medication is given.
- The school is to make sure medication is suitably stored.
- In event of a medical emergency, the school is to follow emergency response procedures for anaphylaxis, asthma, epilepsy and diabetes .
- The school is to conduct risk assessments to determine whether extra stocks of asthma medication or adrenaline is required in first aid kits.
- The school is to ensure it keeps suitable records
- The school will give a copy of the health care plan to parents if the student enrolls in another school.

STUDENT MEDICATION REQUEST FORM

This form must be completed for medication to be administered to your child during school hours. It has been designed to ensure the safety of your child and to protect school staff who do not have medical training.

The following points are for security and safety purposes, and are requirements of the *Health (Drug & Poisons) Regulation 1996 (Qld)*

- The parent notifies the school in writing to administer medication. This *may* include written guidelines from the prescribing health practitioner, including potential side effects or adverse reactions.
- Provide medication in **original pharmacy labelled container** to the school.
- Ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s to be taken.
- The student has received a dose at home without ill effects.
- Advise the school in writing and collect the medication when it is no longer required at school.
- A new form is to be completed if the student is prescribed a change in medication, and/or if the regime is re-started after the conclusion date of the initial instructions and/or at the beginning of each new calendar year.

Section 1 is to be completed by you or your child's medical practitioner. **Section 2** is to be completed by you. Please return the completed form to the school.

Where possible, medication should be administered to your child at home at times other than during school hours.

Section 1
MEDICATION INSTRUCTIONS AS PRESCRIBED BY A MEDICAL PRACTITIONER

These instructions are as prescribed by the student's medical practitioner to enable the school to maintain its *duty of care* when administering medication to students whose condition would otherwise preclude attendance at school.

Medical Practitioner's Name:	
Address:	
Name of Student:	
Name of Medication:	
Dose:	
Time to be taken:	
Commencement date:	
Conclusion date:	

Special arrangements: (eg. monitoring the student after administration; restrictions on participation in school activities such as sports or use of machinery; side effects; emergency actions.)

Section 2
NOTIFICATION AND REQUEST BY PARENT/PERSON WITH LEGAL RESPONSIBILITY FOR STUDENT FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

I request administration of medication as instructed above for my son/daughter. I understand the school personnel cannot assure that anything more than a reasonable effort will be made to assist the student and I further agree to waive any claims of liability that may arise against any school personnel relative to the administration of this medication to my child according to the instructions provided above.

Full name of student:			
Date of Birth:		Grade:	

Signed: _____ Date: _____
(Parent or person with legal responsibility for the student)

Contact details:	Mob.:		Phone:	
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AUTHORITY FOR ADMINISTERING PARACETAMOL IN AN EMERGENCY

I, (Parent/Guardian) give authorisation for my child
 to be administered **one dose of paracetamol**.

I understand that this authorisation is a guideline for administration of a specific dose.
 I understand that I will be contacted for my permission for each specific emergency.
 Where students symptoms are not alleviated by the dose given, or in the event of an emergency, I agree to collect my child as soon as possible.

I understand the potential risks and side effects of this medication for my child.

Child's name:	<input style="width: 80%;" type="text"/>
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Name, form (infant drops, elixir, suspension, tablet or suppository), and strength of the paracetamol:

- Trade Name:
- Form and Strength:

Dosage to be administered (**one only**):

Condition or circumstance under which to be administered:

- Fever or temperature over:
- Other (provide details)

Doctor's name:	<input style="width: 80%;" type="text"/>
Address:	<input style="width: 80%;" type="text"/>
Phone No.:	<input style="width: 80%;" type="text"/>

Emergency contacts names and numbers for child:

- | | | | |
|----------|--|---------|--|
| 1. Name: | <input style="width: 95%;" type="text"/> | Ph No.: | <input style="width: 95%;" type="text"/> |
| 2. Name: | <input style="width: 95%;" type="text"/> | Ph No.: | <input style="width: 95%;" type="text"/> |

Parent/Guardian Signature

Parent/Guardian Name:
 Date: