Administration of Student Medication Procedure
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1. **Purpose**

The purpose of this Procedure is to:

- Ensure that the Department of Education’s (DoE’s) duty of care is met, with regard to the administration of student medication by staff. This duty of care is a legal requirement to ensure that, in the absence of a parent or legal guardian, the child is given the correct dosage of the correct medication by the correct route (e.g. orally for tablets) at the correct time, according to prescribed instructions. This requires school staff to carefully consider and plan for short and long term medication administration in response to the health needs of students, and ensure the safety of children who require support with medication management. Appropriate medication management may also be considered a reasonable adjustment under the *Disability Standards for Education* (2005).

- Provide instruction and support to educational settings in meeting requirements of the *Poisons Regulations 2008 (Tasmania)* and the *Education and Care Services National Regulations*.

2. **Overview**

- Learning setting staff MUST ensure that children and young people are safe, supported and receive equitable care. Learning setting staff MUST anticipate, plan for and provide health support consistent with DoE’s duty of care.

- Learning setting staff MUST seek information from the student and parents, when medical and health needs are identified. This is to be provided in the form of medical management plans and medical action plans. Medical Management Plans and Medical Action Plans must be in place for students requiring ongoing medical management.

- Parents MUST ensure that a Medical Management Plan and/or Medical Action Plan is in place for students requiring ongoing medical management, and that this is communicated to the school.

- Administration of medication MUST be authorised by a parent or guardian using the following DoE forms: for non-prescribed medication, parents must complete the Authorisation for Administration of Student Medication Form A – non-prescribed. For prescribed medication, parents must ensure that Administration of Student Medication Form B – prescribed is completed by a doctor, pharmacist or practise nurse, and signed by the parent. Parents MUST ensure that the completed form is supplied to the school, or the school MUST NOT administer medication to the student.

- Medications supplied to a school MUST be in date (not expired), and in the original containers or in a Webster-pak prepared by a pharmacist. If medications are expired, or not in the original containers or Webster-pak, schools MUST NOT accept these medications.

- Learning setting staff that agree to administer medication must comply with the principles of duty of care, all relevant legislation, including the *Poisons Regulations 2008 (Tas)*, and the instructions within this Procedure.

- Learning setting staff must comply with the instructions in this Procedure regarding storage and disposal of medications.

- These Procedures apply at schools, other sites for educational provision, or at an education setting-approved activity. This includes offsite or out of hours activities, such as excursions and school group travel.
3. Roles and Responsibilities

3.1 The Secretary is to:
- Ensure that the relevant Acts and legislation are adhered to. This includes, but is not limited to, the Tasmanian Poisons Regulations (2008).

3.2 The Deputy Secretary Learning is to:
- Ensure that these procedures are adhered to across all learning settings and educational sites as relevant.

3.3 The Learning Services Directors are to:
- Ensure that site managers are aware of, and implement, this Procedure.

3.4 Site Managers are to:
- Ensure that staff are aware of, and follow, this Procedure.
- Ensure that parents are aware of their responsibilities, as described in this Procedure.

3.5 Staff are to:
- Ensure that the DoE’s duty of care to students regarding administration of medication is fulfilled by complying with the instructions in this Procedure.

3.6 Parents are to:
- Cooperate with educational setting staff regarding medical, health care and safety matters.
- Inform the school of any known medical and health needs of the student at enrolment, and as medical/health conditions develop or change.
- Liaise with the student’s medical practitioner(s) regarding implications of any health or medical condition on their child’s education, and communicate this advice and information to the educational setting.
- Ensure that relevant documentation is up to date, including Medical Management Plans, Medical Action Plans, Administration of Medication authorisation forms.
- Provide medication for administration by the educational setting in a timely way, as agreed by the site manager.

3.7 Students are to:
- Comply with appropriate medical instructions and requests from staff, in regards to routine medical care and in the event of an emergency.
- Develop knowledge and skills to manage, or assist in the management of their own health care needs as relevant and appropriate.

4. Process

4.1 Storage of Medication
All medication must be kept locked in a secure place, with the exception of:
- EpiPens, which should be kept on, or with, the student to whom an EpiPen has been prescribed:
- If the student is able to self-administer, or
- If the student has a nominated staff member that is responsible for supervising the student.

• Salbutamol (Ventolin) inhalers, which should be carried by the student
  - If the student is able to self-administer, or
  - If the student has a nominated staff member that is responsible for supervising the student.

Self-administered medication must be stored where it cannot be accessed by other students. Exceptions include cases where the student may require immediate access, such as for asthma relief or anaphylaxis, including EpiPens or salbutamol, as above.

Requirements for the storage of medications must be followed both when on site, and also when offsite at a school-approved activity, such as an excursion or camp.

**Storage of Schedule 8 Drugs**

Narcotic substances must be stored apart from other goods and medications in an enclosure (e.g. a cupboard or cashbox) that is securely locked. Storage facilities for Schedule 8 drugs must remain locked at all times, in order to prevent access by an unauthorised person, except when it is necessary to open the storage to carry out an essential operation (such as medication administration or stocktake). Keys or combinations for these locks must not be accessible to, or known by, unauthorised persons. For a list of narcotic medications, see Schedule 8 of the *Standard for the Uniform Scheduling of Medicines and Poisons*.

All medications stored by the school should be counted in and out, and recorded at the time of administration and during stocktake (see below).

**Schedule 8 Drug Stocktake**

- Schools must use the Schedule 8 Drug Register Template to keep a running total of all Schedule 8 drugs obtained, supplied or administered. This must occur irrespective of whether such drugs were obtained from a parent/student, wholesaler, pharmacist or on a school order for emergency use.
- A stocktake of all Schedule 8 drugs must occur once per term by an authorised member of staff.
- The record must be entered legibly in the register in ink on the day on which the stock take occurs, and be co-signed by a second authorised member of staff.
- A separate page must be used for each kind of Schedule 8 drug, and for each strength (dosage) of the drug.
- No alteration may be made in the register, but any mistake may be corrected by a marginal note or footnote, and initialled and dated.
- The register must be kept on school premises with the drugs of addiction, and must be retained for two years from the date of the last entry. The register must be made available for inspection if required.
- If a drug register is lost or destroyed, the following MUST occur immediately:
  - The Principal MUST notify the Learning Services Director Operations, who will notify the Deputy Secretary Learning.
  - An accurate inventory of all Schedule 8 drugs held at the premises concerned, and enter in a new register the particulars of the drugs held (including type, dosage, student to whom they belong etc).
4.2 Training

The type and prevalence of medical conditions will depend on the specific student cohort at a school at any given time. This means that skills required to support students will vary from school to school, and possibly also from year to year.

Schools MUST perform risk assessments and develop risk management plans annually, or more often if required, in order to determine the number of staff required to receive training regarding management of, and administration of medication for, medical conditions.

These risk assessments and management plans MUST consider

- the cohort of students at the school
- the particular medical conditions relevant to this cohort
- the requirements around management or treatment of these.

These risk management plans MUST action training in relevant areas and conditions highlighted by the risk assessment, as risk mitigation strategies. The number of staff trained MUST be reflective of the student cohort at each school. For example, one school may have a high number of staff trained in the management of, and administration of medication for asthma, while another school may have a high number of staff trained in the management of, and administration of medication for diabetes.

Staff who agree to administer medication for conditions requiring specific training in medication administration (including, but not limited to, anaphylaxis, asthma, diabetes, epilepsy) MUST be appropriately trained and credentialed through specific training courses (including online learning) organised by relevant practising areas or Departments, or a medical professional. These include the Australian Society of Clinical Immunology and Allergy (ASCIA), Asthma Australia, Epilepsy Tasmania, Diabetes Australia, the Department of Health and/or other associated professional bodies.

Where a certification, accreditation or credential is not provided by the training body on completion of training, staff members, and the trainer/facilitator, should complete the Credentialing Certificate.

Schools MUST retain a record of current staff medical credentials.

Further information can be found in the Specific Health Issues Procedures.

4.3 Authorisation and Record Keeping

- Parents/guardians MUST supply the school with the relevant completed Authorisation for Administration of Student Medication form for the medication in question. If this does not occur, the school MUST NOT administer student medication. Both Authorisation for Student Medication forms are available on the DoE’s website.
  - Form A authorises administration of non-prescribed medication, and must be completed by a parent/guardian.
  - Form B authorises administration of prescribed medication, and must be completed by a doctor, pharmacist or practise nurse, and also signed by a parent/guardian.

- Parents/guardians MUST ensure that students have a current Medical Management Plan and/or Medical Action Plan for students requiring ongoing medical management (for example, anaphylaxis, asthma, diabetes, and other relevant medical conditions). Medical Action Plans are condition specific, and templates can be found on the websites for the relevant bodies. These MUST be updated annually, or more frequently if required.

- All administered medications MUST be recorded by the staff administering the medication using the Administration of Student Medication Record.
• The Administration of Student Medication Record MUST contain a recognisable photo of the student taken within the last 24 months, or more recently if required.

• All Authorisation for Administration of Student Medication forms, and Administration of Student Medication Records, and any other records of student health and hygiene matters MUST be stored for 7 years after the reference ceases, or when the student reaches 25 years of age, whichever is the later. These records should be stored within the student’s personal file. Storage of, and access to these records MUST comply with the relevant State and Federal legislation.

4.4 Administration of Medication

• Schools MUST ensure that medication accepted for administration is:
  - in date
  - in the case of non-prescribed medication, provided in the original over the counter packaging
  - in the case of prescribed medication, provided in the labelled container dispensed by the pharmacy or in a Webster-pak prepared by the pharmacist.

• Schools MUST NOT accept medication if the above conditions are not met.

• Self administration may be authorised by a parent and/or doctor, pharmacist or practise nurse, but this medication must be stored where it cannot be accessed by other students, except in cases where the student may require immediate access, such as for asthma relief or anaphylaxis, as in Section 4.1 Storage of Medication.

• Two members of staff must be present when any medication is administered to confirm that the correct dosage and medication is being administered to the correct person, using the correct route prescribed.

  - Routes may include:
    o oral (by mouth – tablets or capsules), may be abbreviated to PO
    o sub lingual (under the tongue), may be abbreviated to S/L
    o buccal (held in the cheek)
    o intraNasal (by the nose – for example, nasal spray), may be abbreviated to IN
    o topically (onto the skin)
    o inhalation (breathed in – for example, ventolin or oxygen)
    o subcutaneous (injected under the skin), may be abbreviated to S/C
    o ophthalmic (into the eye – for example, eye drops)
    o intramuscular (into the muscle – when indicated by a medical professional) = IM
    o per rectum (into the rectum – when indicated by a medical professional), may be abbreviated to PR
    o nasogastric (through the nose, past the throat and into the stomach – when indicated by a medical professional), may be abbreviated to NG

Some routes require additional training and/or qualifications for the administration of medication.

4.5 Transport, disposal and destruction of medication

• Medication MUST NOT be given to students to transport home. A parent or guardian must collect the medication unless the student is an independent student.

• Staff MUST NOT dispose of, or destroy, medications. In the case of Schedule 8 drugs, this is illegal, and carries penalties under Division 10 of the Poisons Regulations 2008.

• In the event that medication is left at an educational site, and the child will not be returning, reasonable attempts must be made to contact the parent to arrange collection of the medication.
• In the event that the medication is not collected, it MUST be returned to a pharmacy for disposal. The Return Unwanted Medicines website may be helpful to identify pharmacies accepting medications for disposal.

• In the case of Schedule 8 drugs, a record should be made in the school’s Schedule 8 drug register and co-signed by a witness. If possible, verification of the disposal should be gained from the pharmacy at which it is destroyed.

4.6 Incident reporting
If there is any incident regarding the administration of medication, the site manager is to:
• notify the parents
• notify the Learning Services Student Support Leader
• complete an incident reporting form.

4.7 Emergency situations
• In any emergency relating to the administration of medication, dial 000 for Ambulance Services, and follow the instructions in Section 4.5 Incident reporting.

5. Related policies
• Duty of Care on Departmental Sites (Staff Only)
• Learner Health Care and Safety Policy

6. Related procedures
• Specific Health Issues Procedure

7. Supporting information/websites
• Administration of Student Medication Record (Staff Only)
• Authorisation for Administration of Student Medication – Form A (for non-prescribed medication)
• Authorisation for Administration of Student Medication – Form B (for prescribed medication, MUST be completed by a doctor, pharmacist or practise nurse, and signed by a parent/guardian)
• Credentialing Certificate
• Medical Management Plan Pro Forma
• Australian Society of Clinical Immunology and Allergy (ASCIA)
• Asthma Australia
• Epilepsy Tasmania
• Diabetes Australia
• Tasmanian Department of Health

8. Legislation
• Poisons Act 1971 (Tasmania)
• Poisons Regulations 2008 (Tasmania)
• Education and Care Services National Law (Application) Act 2011 (Tasmania)
9. Definitions

Authorised person

A person to whom responsibility for the storage and security of medicines has been given, under the Poisons Regulations (2008). For educational settings, this person must be a staff member that has been nominated or endorsed to administer medication and/or take inventory of Schedule 8 drugs by the site manager or leadership of a site for educational provision. This may also include training in the administration of medication for specific conditions, as in Section 4.2 Training.

Educational/learning setting/site

A site for provision of educational activities, including schools, colleges, Child and Family Centres, trade training centres, sites for student re-engagement programs or flexible provision of education.

Emergency

A serious, unexpected, and often dangerous situation requiring immediate action

Medical Action Plan

A Medical Action Plan includes the day to day management of medical conditions and describes emergency routines and practises, including administration of medication. This may include an Anaphylaxis or Asthma Action Plan. For more information, please see the Specific Health Issues Procedure.

Medical conditions

A medical condition is a broad term that includes all diseases, lesions, disorders or non-pathological condition that normally requires or receives medical treatment. It is a general term that refer to any form of illness or abnormality in the body that interferes with a person’s usual activities or feeling of wellbeing.

Medical Management Plan

A Medical Management Plan contains information regarding day to day management of an ongoing medical condition, including the administration of medication and medical care and support. This plan does not describe emergency procedures.

Prescribed medication

Medications prescribed by a prescribing medical practitioner, or nurse practitioner, and dispensed by a pharmacist

Medical Professional

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

Parents

Where the term ‘parents’ is used in this Procedure, it refers to parents, legal guardians, and legal carers.
**School Approved Activity**

An activity that is approved by and/or involves the school, that may occur on site or offsite, during school hours or outside of school hours. Examples of school approved activities include excursions, camps and other school group trips, or extracurricular sports programs managed by the school.

**Site Manager**

A site manager is in charge of the site for educational provision. Examples of a site manager include a principal, Child and Family Centre Leader or program leader (e.g. Tier 4 flexible education provision program). This may also be the delegate of the principal or program leader if the usual site manager is offsite for any reason.

**Webster-pak (or pack)**

Specialist blister pack of prescription medications prepared by a pharmacist, with the aim of reducing drug errors and simplifying the process of administration of multiple medications. Webster-paks may have days of the week, and mealtimes labelled “Breakfast”, “Lunch”, “Dinner” and “Bedtime” (or corresponding abbreviations), as per the picture below. **Note:** pill containers do not qualify as Webster-paks.

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![Webster-pak Image](image-url)
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