

MAY 2025

Administration of Student Medication Procedure

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1 Purpose

This Procedure outlines the Department for Education, Children and Young People's (DECYP) duty of care in relation to the administration of student medication by staff. It applies to all DECYP-run schools and student residences.

This duty of care is a legal requirement to ensure that, in the absence of a parent, the child is given the correct dosage of the correct medication by the correct route (eg orally for tablets) at the correct time, according to prescribed instructions.

This requires DECYP staff to carefully consider and plan for short and long-term medication administration in response to the health needs of students and to 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 \(2005\)](#).

This Procedure provides instruction and support to educational settings in meeting requirements of the [Poisons Regulations \(2018\)](#) (Tas) and the [Education and Care Services National Regulations](#).

2 Overview

DECYP schools and student residences must:

- ensure that children and young people are safe, supported and receive equitable care
- anticipate, plan for, and provide health support consistent with DECYP's duty of care
- ensure parents (inclusive of carers and legal guardians, as per definitions on page 13) are aware of their responsibility to inform the school/student residence of their child's medical and health needs and that appropriate documentation has been provided (see [Management of Student Medical Conditions Procedure](#)).

Administration of medication must be authorised by a parent using the following DECYP forms (both A and B are in the same document):

- for non-prescribed medication: [Authorisation for Administration of Student Medication Form A - Non-Prescription Medication](#).
- for prescribed medication: [Authorisation for Administration of Student Medication Form B - Prescription Medication](#). The parent must ensure that this is completed by a doctor, pharmacist nurse practitioner or practice nurse (registered nurse).

Parents must ensure that the completed [Authorisation for Administration of Student Medication Form](#) is supplied to the school annually or when circumstances change, whichever comes first. The school must not administer medication to the student if there is no valid form.

If a review date has passed, the [Authorisation for Administration of Student Medication Form B - Prescription Medication](#) can still be used for the current school term until an updated form is signed in readiness for the following term. All contact with the family to have this attended to is to be documented in the contact log in the student's electronic file on Student Support System.

If, after further requests, the family do not provide the required documentation, school staff are to escalate this through to the principal (or other officer nominated by the principal) and continue to follow the current form until the situation is resolved.

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. **Schools must not accept medications that are expired, or not in the original containers or Webster-pak.**

School and site staff who agree to administer medication must comply with the principles of duty of care, all relevant legislation, including the [*Poisons Regulations 2018*](#) (Tas), and the instructions within this Procedure.

School and site staff must comply with the instructions in this Procedure regarding storage and disposal of medications.

This Procedure applies at schools, other sites for educational provision, DECYP-run student residences, or at any educational activity approved by DECYP. This includes offsite or out-of-hours activities, such as excursions and school group travel.

3 Roles and responsibilities

3.1 The Secretary

Must ensure the relevant Acts and legislation are adhered to. This includes, but is not limited to, the [*Poisons Regulations 2018*](#) (Tas).

3.2 The Deputy Secretary for Schools and Early Years

Must ensure that this Procedure is adhered to across all DECYP schools and sites (including student residences) as relevant.

3.3 Directors

Must ensure that site managers are aware of and implement this Procedure.

3.4 Site managers

Must ensure that staff are aware of and follow this Procedure.

Must ensure that parents are aware of their responsibilities as described in this Procedure.

3.5 Staff

Must ensure that DECYP's duty of care to students regarding administration of medication is fulfilled by complying with the instructions in this Procedure.

3.6 Parents (as per definition)

Must cooperate with school and site staff regarding medical, health care and safety matters.

Must inform the school of any known medical and health needs of the student at enrolment, and as medical/health conditions develop or change.

Must liaise with the student's medical practitioner(s) regarding the implications of any health or medical condition on their child's education and communicate this advice and information to the educational setting.

Must ensure that relevant documentation is up to date, including the [Authorisation for Administration of Student Medication Form](#).

Must provide medication for administration by the educational setting in a timely way as agreed by the site manager.

3.7 Students

Must comply with appropriate medical instructions and requests from staff regarding routine medical care and in the event of an emergency.

Must develop knowledge and skills to manage or assist in the management of their own health care and medication needs as relevant and appropriate, including self-administration as authorised by the medical practitioner.

4 Process

4.1 Storage of medication

All medication must be kept locked in a secure place, except for:

- EpiPens and/or AnaPens which should be kept on, or with, the student to whom an EpiPen/AnaPen has been prescribed:
 - if the student can self-administer
 - if the student has a nominated staff member who is responsible for supervising the student
- Salbutamol (Ventolin) inhalers, which should be carried by the student:
 - if the student is authorised to self-administer and this has been recorded on the [Authorisation for Administration of Student Medication Form A or B](#)
 - if the student has a nominated staff member who is responsible for supervising the student
- Glucagon or insulin injections which should be carried by the student:
 - if the student can self-administer
 - if the student has a nominated staff member who is responsible for supervising the student
- pancreatic enzymes (Creon) which can be kept on or with the student to whom it has been prescribed:
 - if the student can self-administer
 - if the student has a nominated staff member who 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, anaphylaxis or diabetes, including EpiPens/AnaPens, salbutamol or glucagon as above.

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

4.1.1 Storage of Schedule 4D and Schedule 8 drugs

In Australia, the Therapeutic Goods Administration (TGA) classifies medications according to the level of regulatory control required over the medicine or chemical to protect public health and safety. This process is known as 'scheduling'.¹

For a list of Schedule 4 and Schedule 8 medicines please see the [Standard for the Uniform Scheduling of Medicines and Poisons](#). For Schedule 4D medicines please see [Poisons \(Declared Restricted Substances\) Order 2017](#).

Schedule 4D and Schedule 8 substances must be stored apart from other goods and medications in an enclosure (eg a cupboard or cashbox) that is securely locked.

Storage facilities for Schedule 4D and Schedule 8 drugs must always remain locked, 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.

All medications stored by the school must be counted in and out and recorded at the time of administration and during stock take (see below).

On excursions, or when travelling on school buses, Schedule 8 and Schedule 4D drugs must be signed out of the register by the two people administering the medication and then kept securely until administered. This could be in a small, transferrable locked box or another option agreed on with the individuals carrying the medication. The [Administration of Student Medication Record](#) must be completed to reflect who gave the medication and when. The medication must be kept securely and away from other students.

4.1.2 Schedule 4D and Schedule 8 Drug stocktake

- Schools must keep a running total of all Schedule 4D and Schedule 8 drugs obtained, supplied, or administered. This must occur irrespective of whether such drugs were obtained from a parent, wholesaler, pharmacist or on a school order for emergency use.
- A stocktake of all Schedule 4D and Schedule 8 drugs must occur once per term by an authorised person (see Definitions on page 13).
- The record must be entered legibly in the [Schedule 4D and Schedule 8 Drug Register](#) in ink on the day on which the stock take occurs and it must be co-signed by a second authorised member of staff.
- A separate page must be used for each kind of Schedule 4D and 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 Schedule 4D and Schedule 8 Drug Register must be retained until the student reaches 125 years of age. These records should be stored within the student's personal file. The register must be available for inspection if required.

¹ <https://www.tga.gov.au/scheduling-basics-medicines-and-chemicals-australia>

- If a drug register is lost or destroyed, the following must occur immediately:
 - The principal is to notify Learning Services Director Operations, who will notify the Deputy Secretary for Schools and Early Years.
 - An accurate inventory is to be taken of all Schedule 4D and Schedule 8 drugs held at the premises concerned and a new register drawn up with the particulars of the drugs held (including type, dosage, student to whom they belong etc).
- If there is a discrepancy between the register and medication count (i.e. too many or too few of the Schedule 4D and Schedule 8 medication) the school must undertake an investigation and notify the Director Student Support (nominated Responsible Officer) in writing via email, copying in the Director School Health Nurse Program, outlining the error, the steps taken to investigate and the outcome, including any impact on students.

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 determine the number of staff required to receive training regarding the management and administration of medication for medical conditions on an annual or as-needs basis. Schools may choose to use their regular risk-assessment practices to achieve this.
- This process must consider:
 - the cohort of students at the school
 - the medical conditions relevant to this cohort
 - the requirements around management administration 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 and administration of medication for asthma, while another school may have a high number of staff trained in the management 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 assessed as competent through specific training courses (including online learning). These must be 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 [Tasmanian Department of Health](#) and/or other associated professional bodies.
- Schools must retain a record of current staff medical credentials.
- Further information can be found in the [Management of Student Medical Conditions Procedure](#).
- The [Health Care Procedure Allowance](#) is currently payable to teacher assistants and school administration employees who undertake the collection, storage, and dispensing of prescription medication. The employee must have:
 - volunteered to undertake the procedures after discussion with the principal

- been required to regularly perform the procedure
- completed the appropriate training – at the very least this should include viewing the [Administration of Student Medication and Specific Health Issues Online](#) information session.
- General Administration of Medication training is available via the [School Business Operations Portal](#). More specific conditions will require the staff member to undertake specific training.

4.3 Authorisation and record keeping

- Parents must supply the school with the relevant completed [Authorisation for Administration of Student Medication Form](#) for the medication. If this does not occur, the school must not administer student medication. Both Authorisation for Student Medication forms (A and B) are available on DECYP's website.
- All administered medications must be recorded by the staff administering the medication using the [Administration of Student Medication Record](#). If a student refuses to accept medication, the staff member should offer again. If the student still refuses, this must be recorded on the record as a **refusal**.
- 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 matters, must be retained until the student reaches 125 years of age. 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

- Staff must ensure all medication is administered under the authority of the principal.
- 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
 - is administered to the student from its original packaging.
- Schools must not accept medication if the above conditions are not met. Schools are to request that the parent provide them with medication that meets the above criteria as a priority.
- Schools must ensure that medication is administered in an environment with minimal distractions and interruptions to minimise the risk of medication error. This must also take into consideration confidentiality and privacy of the student.
- Two members of staff must be present when any medication is administered to confirm that the correct dosage and correct medication is being administered to the correct person, using the correct route prescribed. The two staff members must also be present when the [Administration of Student Medication Record](#) is completed. Routes of administration of medication may include:
 - oral (by mouth – tablets or capsules), may be abbreviated to PO

- sub lingual (under the tongue), may be abbreviated to S/L
 - buccal (held in the cheek)
 - intranasal (by the nose – for example, nasal spray), may be abbreviated to IN
 - topically (onto the skin) – excludes sunscreen as regulated by TGA therefore does not require recording
 - inhalation (breathed in – for example, Ventolin or oxygen)
 - subcutaneous (injected under the skin), may be abbreviated to S/C
 - ophthalmic (into the eye – for example, eye drops)
 - intramuscular (into the muscle – when indicated by a medical professional), may be abbreviated to IM
 - per rectum (into the rectum – when indicated by a medical professional), may be abbreviated to PR
 - 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 (for example PEG, NGT, injection, inhalation).
 - Staff must follow infection prevention guidelines by using the appropriate protective clothing and equipment for the task (eg gloves, gown, mask, goggles).
 - On excursions students' medications must be carried by the teacher in charge and administered according to protocol. Parents are responsible for updating school staff of any changes to their child's medication, health conditions or treatment prior to commencement of the excursion. In the case of a student susceptible to an anaphylactic reaction, one adult present must be capable of administering an 'Epipen/AnaPen'.
 - Schools must only administer according to the [Authorisation for Administration of Student Medication forms](#). If a parent requests any changes, for example if a student misses a morning dose normally provided at home:
 - the school may advise the parent to attend school to administer the medication to the student themselves, or
 - the parent may provide amended authorisation forms signed by the medical practitioner.
 - Staff must ensure that they administer medication in line with the DECYP Student Medical Conditions Plan and/or peak body Medical Action plan if applicable.

4.5 Self-administration

- Self-administration may be authorised by a parent and signed off by the doctor or practice nurse.
- Once authorisation is granted, if a staff member is required to assist a student with self-administration this must be communicated to the parent as their ability to self-administer may need to be reviewed.
- The principal may grant students exemptions to mobile phone/personal communication device restrictions at school where the device is used to assist with the management of a health condition. Where an exemption is granted, students may only use their mobile phone for the purposes the exemption was granted (eg for monitoring of blood glucose levels).

- 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, anaphylaxis or diabetes, including EpiPens, salbutamol or glucagon/insulin.
- If it is discovered that a student is self-medicating without prior approval schools are to request authorisation forms from either the parent or from the student if over 18 years of age. Once a student reaches 18 years of age, or is an independent minor, they are legally responsible to notify the school of any medical conditions or any requirement to take medication.
- Schools must take into consideration the privacy and confidentiality of students requiring medication. This could mean providing a private space for self-administration.

4.6 Transport, disposal, and destruction of medication

- Parents must arrange transportation of medication to schools. If unable to pick up/transport medication, the parent is to try all avenues, including requesting the pharmacy to deliver to the school. If this is not possible, and school assistance is requested, the principal must undertake their usual risk assessment procedure and determine appropriate action.
- Medication must not be given to students to transport home. A parent must collect the medication or arrange for collection by a nominated adult, unless the student is an independent student. This excludes students who are authorised to self-administer and carry medication with them.
- 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 2018](#). These medications must be returned to the pharmacy. It is considered best practice that Schedule 4 and Schedule 4D drugs are returned to the pharmacy.
- If medication is left at an educational site, and the child will not be returning, reasonable attempts must be made (and documented) to contact the parent to arrange collection of the medication.
- If the medication is not collected it must be returned to a community pharmacy for disposal. The [Return Unwanted Medicines website \(RUM\)](#) may be helpful to identify pharmacies accepting medications for disposal. The RUM project provides a free and safe method for disposal of unwanted and expired medicines from consumers via community pharmacies.
- In the case of Schedule 4D and Schedule 8 medications a record must be made in the school's [Schedule 8 Medication Register](#) and co-signed by a witness. If possible, verification of the disposal should be gained from the pharmacy at which it is destroyed.

4.7 Medication incident reporting

If there is any incident involving a student regarding the administration of medication, the site manager is to:

- undertake an assessment and initiation of treatment for the student if required
- notify the parent
- notify the Learning Services Student Support Leader
- complete an incident reporting form via the [Report Incidents and Hazards](#) link on the DECYP intranet.

If there is an incident involving a staff member, the site manager is to:

- undertake an assessment and initiation of treatment for the staff member if required
- direct the staff member to complete an incident report form via the [Report Incidents and Hazards](#) link on the DECYP intranet (if the staff member is unable to complete the form, the site manager is to complete and submit the form)
- follow the [Medical Incidents Procedure](#) if it involved a needle stick injury or contact with bodily fluids.

4.8 Emergency situations

In any emergency relating to the administration of medication, dial 000 for Ambulance Services and follow the instructions in Section 4.7: Medication incident reporting.

4.9 Safeguarding

As outlined in the Safeguarding Framework, all DECYP staff are responsible for safeguarding children and young people. If staff believe, or have reasonable grounds to suspect that a child is at risk of child abuse, they must immediately follow the steps outlined in [Advice for school staff - Responding to incidents, disclosures or suspicions of child sexual abuse](#).

Child abuse can include sexual, psychological, emotional, or physical abuse. This includes neglect and exposure to family violence.

4.10 Staff conduct

The [General Conduct and Behaviour Standards](#) apply to all DECYP staff. They outline expected staff behaviours, including reporting requirements if staff believe misconduct has occurred.

5 Related policies

- [Duty of Care for Students on Departmental Educational Sites Procedure](#)
- [Learner Health Care Policy](#)
- [Use of Mobile Phones by Students at School Policy](#)

6 Related procedures

- [Infectious Diseases Procedure](#)
- [Management of Student Medical Conditions Procedure](#)
- [Off-Campus Activities Planning Procedures](#)
- [Security and Emergency Management Procedures](#)

7 Supporting information/tools

- [Administration of Student Medication Record](#)
- [Asthma Australia](#)
- [Australian Society of Clinical Immunology and Allergy \(ASCIA\)](#)
- [Authorisation for Administration of Student Medication](#)
- [Credentialing Certificate](#)
- [Diabetes Australia](#)
- [Epilepsy Tasmania](#)
- [First Aid Checklist - Work Health and Safety](#)
- [First Aid Fact Sheets – St John Ambulance](#)
- [First Aid Guides – Australian Red Cross](#)
- [First aid in the workplace – Safe Work Australia](#)
- [Health Care Procedures Allowance Agreement](#)
- [Health Care Procedures Allowance Form](#)
- [Mandatory Reporting Training](#) – access via Canvas
- [Student Medical Condition Plan](#)
- [Tasmanian Department of Health](#)

8 Definitions

Authorised person

A person to whom responsibility for the storage and security of medicines has been given, under the *Poisons Regulations (2018)*. For educational settings, this person must be a staff member who 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.

Emergency

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

Medical Action Plan

A Medical Action Plan describes emergency routines and practices, including emergency administration of medication. Medical Action Plans can be located by visiting peak-body websites such as the Australasian Society of Clinical Immunology and Allergy (ASCIA) or Asthma Australia.

Medical conditions

A broad term that includes all diseases, lesions, disorders or non-pathological conditions that normally require or receive medical treatment. It is a general term that refers to any form of illness or abnormality in the body that interferes with a person's usual activities or feeling of wellbeing.

Medical professional

A doctor registered with the Medical Board of Australia, through the Registers of Practitioners, Australian Health Practitioner Regulation Agency (AHPRA). Nurse Practitioners and Pharmacists registered with AHPRA may also be referred to as a Medical Professional in the context of this procedure and accompanying forms.

Parents

As per the [Education Act 2016](#), 'parent' includes:

- a legal guardian of a child; and
- another person who has the care, control or custody of a child; and
- another person who generally acts in the place of a parent of a child and has done so for a significant length of time.

Prescribed medication

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

Schedule 4 Medicines (Restricted Substances or S4)

Schedule 4 substances (prescription-only medication) have common therapeutic uses, but are also liable to abuse, misuse and diversion, warranting stringent controls on possession and supply. They may be supplied in hospital or bought from a pharmacy with a prescription.

Schedule 4 Declared Restricted Medicines (S4D)

Schedule 4 substances that are also liable to abuse, misuse and diversion, warranting stringent controls on possession and supply. They may be supplied in hospital or bought from a pharmacy with a prescription. Please see the [Poisons Declared Restricted Substances Order 2017](#).

Schedule 8 Medicines

Schedule 8 medicines are controlled drugs as they are subject to abuse, misuse, and dependence. Schedule 8 medications can only be destroyed when they are unwanted, used, and expired. Narcotic substances must be disposed in a way so there is no risk to the public of being reused or diverted.

School-approved activity

An activity that is approved by and/or involves the school, which may occur onsite 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 oversees the site for educational provision. Examples of a site manager include a principal, or program leader (eg 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.

Student Medical Condition Plan

A Student Medical Condition Plan is required for any student with a known medical condition, short or long term, that requires interventions (eg wound dressing) or could lead to a medical emergency requiring first aid response, administration or medication or other medical care.

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. NOTE: pill containers do not qualify as Webster-paks.



9 Legislation

- [Education and Care Services National Law \(Application\) Act 2011](#)
- [Poisons Act 1971](#)
- [Poisons Declared Restricted Substances Order 2017](#)
- [Poisons Regulations 2018](#)

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