



# Student health care and the administering of medication at school procedures

The following procedures apply where it is necessary for students to take prescribed medication, to undergo health care procedures or to receive emergency assistance at Les Powell School. These procedures have been devised using the recommendations provided in the:

- Student Health - <https://education.nsw.gov.au/student-wellbeing/health-and-physical-care>
- Student Health in NSW Public Schools – A Summary and Consolidation of Policy <https://policies.education.nsw.gov.au/policy-library/policies/student-health-in-nsw-public-schools-a-summary-and-consolidation-of-policy>
- [Legal issues bulletin 46 - Health care procedures and medical procedures in schools](#)
- Anaphylaxis procedures for schools - <https://education.nsw.gov.au/student-wellbeing/health-and-physical-care/health-care-procedures/conditions/anaphylaxis/anaphylaxis-procedures-for-schools2>
- [Legal issues bulletin 52 – Student at risk of anaphylaxis](#)
- Health care procedures website <https://education.nsw.gov.au/student-wellbeing/health-and-physical-care>
- Student safety website: <https://education.nsw.gov.au/inside-the-department/health-and-safety/risk-management/student-safety>
- [Reporting School Accidents Policy](#)
- [Incident Notification and Response Policy](#)
- [Incident Notification and Response Procedures](#)

## At Les Powell School:

- staff must reasonably assist in any emergency. Department policy describes an emergency as a situation where, if assistance is not rendered immediately, the student could suffer serious illness, injury or death.
- staff must be informed of these procedures and how they intersect with the school's First Aid Plan.
- all students must have a student emergency profile (Appendix 1). In the event of an emergency at school, a copy of the student emergency profile, including a copy from Wellbeing provided by the office staff, will be given to paramedics and hospital staff.
- an individual health care plan (Appendix 2), must be developed for any student diagnosed as being at risk of a medical emergency. The plan will be reviewed and updated at the student's Term 1 parent/teacher planning meeting, at the end of year student's review, or as changes necessitate. The plan must be clearly displayed in the classroom. Copies should be saved as part of the student's learning support plan shared server (T drive/staff information/ LPS STUDENTS) and uploaded by office staff to School Bytes.

- a health care plan can be developed by phone, but the parent signature must be followed up on a hardcopy.
- in the absence of a health care plan where an undiagnosed student experiences a medical emergency at school, staff must provide what assistance they can within the limits of their skills and training and request emergency medical assistance by contacting their team leader, office staff or principal.
- staff who are responsible for administering medication or health care procedures will have up to date compliance in all necessary training.
- medication and healthcare procedures are administered in accordance with parents' instructions and consistent with medical advice. Should parents' instructions be inconsistent with medical advice, the medical advice is to be followed.
- All un-used medication in their package is to be returned to the parent at the end of each term.
- no medication is to be administered to a student in the absence of a parent signed medication permission form.
- no medication is to be administered that is out of date.
- administrative and support staff may be eligible for the payment of an allowance in respect of the administration of prescribed medications and in the carrying out of health care procedures. Refer to the department's [Human Resources directorate](#) website.

### **The role of parents**

Parents are required to indicate at enrolment if their child has any health care needs. Parents also have a responsibility to:

- complete the school's 'request for the administration of medication form' (Appendix 3) detailing the type, dosage, time and specialised equipment a student will require for any medication to be administered at school.
- ensure a sufficient supply of up-to-date medication and any 'consumables' necessary for its administration are provided.
- provide the school with any up-to-date medical information from treating doctors or other relevant health care practitioners.
- inform the school of any changes to the health care needs of their children as soon as those changes occur.

### **Procedures for storing and recording medication administered to students at school**

#### For prescribed medication:

- the class teacher is to ensure that medication has arrived in its original packaging, is within date to be for the and is stored in the first aid locked cabinet located in each classroom. Medication requiring refrigeration can be stored in a secure container in the fridge, located in the class block. If this is not deemed a safe area, the medication will, after consulting with the team leader be stored in another designated area.

- needed to be accessible immediately e.g., for asthma and anaphylaxis, a plan of action should be devised on a case-by-case basis and detailed in the student's health care plan.
- every time medication is administered to a student as per healthcare plan, the type, dosage, expiry date and time of administration is recorded in the student's medication chart (Appendix 3) and signed by the two members of staff administering the medication.
- the details of the staff responsible for administering medication to the student should be identified in the student's health care plan. In the absence of the staff responsible for administering medication as undersigned in the health care plan, the team leader or principal must be informed for further action. However, during an emergency, duty of care applies to everyone.

#### For temporary prescribed medication:

Procedures for the administering, storing and recording are the same as for the administration of prescribed medication, except that a health plan is not required unless under medical advice.

#### For non-prescribed medication:

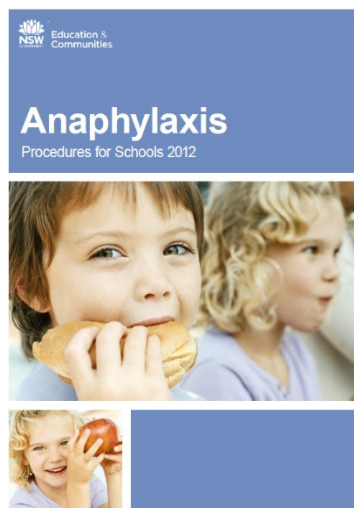
These may include analgesic substances, Paracetamol (Panadol), cough medicine, topical ointments and eye drops etc.

Procedures for administering and storing medication are the same as for the administration of prescribed medication, except that a health plan is not required. Recording the administration of the medication is to be done in the student's medication chart and in the student's communication book.

Should medication arrive at school without a completed 'request for the administration of medication form', permission may be obtained over the phone by the class teacher after consulting with their team leader or principal. Full details of the phone conversation must be recorded in student's communication book with the date, time and dosage kept by the class teacher as a record. The parent should still complete and return a 'request for the administration of medication form' to school as soon as it is possible.

### **Anaphylaxis procedures**

Click on image to take you directly to the procedures on the department site, or refer to hardcopy at the end of this document.



## **Excursions/out of school activities**

In the case of students requiring the administration of medication during an out of school activity, staff must follow the school procedures for the administration of medication. All medication is to be taken in a secured container as arranged by the class teacher and school learning support officer administering the medication.

During any out of school activity a 'class emergency folder' and an 'excursion bag' must be taken.











### The class emergency folder must include:

- a copy of each attending students' profile.
- a copy of each attending students' permission note for the excursion.
- a copy of each attending student's health care plan, including corresponding charts, where appropriate such as seizure and any medication charts for student requiring the administration of prescribed medication during the planned activity.
- a copy of the signed parent 'request for the administration of medication form' for any student requiring the administration of temporary prescribed medication.
- a copy of the risk assessment/plan for the planned activity.



### The excursion bag must include:

- the class emergency folder.
- all medication clearly labeled, required by students attending the planned activity.
- a fully equipped first aid kit, including sunscreen.

## Appendix 1: Student profile

		<b>Les Powell Student Profile for</b> <b>Type Student Name</b> <b>DOB:</b> Click or tap to enter a date.						
*Health/Emergency Care Plan: Yes <input type="checkbox"/> No <input type="checkbox"/>								
*ASCIA Plan: Yes <input type="checkbox"/> No <input type="checkbox"/>								
*Seizure Chart: Yes <input type="checkbox"/> No <input type="checkbox"/>								
*Behaviour Support Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> * attach if 'Yes' is crossed								
Permission to publish photograph: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: Click or tap here to enter text.								
<b>Emergency contacts</b>		Parent/carer: <input type="text"/> Doctor: <input type="text"/> Other: <input type="text"/>						
<b>Special needs</b>		<input type="text"/>						
<b>Medication taken</b>		At school: <input type="text"/> ; <input type="text"/> ; <input type="text"/> ; <input type="text"/> ; <input type="text"/> At home: <input type="text"/>						
<b>Communication</b>		Receptive: <input type="text"/> Expressive: <input type="text"/>						
<b>Behaviour needs</b>		<input type="text"/>						
<b>Personal care</b>		Is there a toileting program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, comment: <input type="text"/>						
<b>Sensory profile (if required)</b>								
Sensory Seeking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Avoiding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical need</b>		Fine motor: <input type="text"/> Gross motor: <input type="text"/>						
<b>Transport</b>		ASTP: Yes <input type="checkbox"/> No <input type="checkbox"/> Is a transport behaviour plan required? Yes <input type="checkbox"/> No <input type="checkbox"/> Is a healthcare plan required for transport? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Likes</b>		<input type="text"/>						
<b>Dislikes</b>		<input type="text"/>						

## Appendix 2: Student health care planning process, corresponding template and chart

 <b>Type Student Name, Type in Class</b> <b>Health care plan for 2023</b>		
	Parent/carer name & mobile	
	Sign dated by parent	
	Dr contact details	
	Sign dated by Doctor	
	Other contact name & mobile	
Health care concern	Triggers	Symptoms
Anaphylaxis		
Asthma		
Asthma		
<b>Action required</b> (Transfer actions related to eating/dietary or toileting/hygiene directly to relevant pages following)		Responsibility
Medication administered during school hours	Name of medication	Storage


The individual health care plan has been developed as part of the student's PLASP in consultation with those indicated and with the knowledge and agreement of the student's parents/caregivers. A current copy has been shared with all relevant staff at school.



Type Student Name, Type in Class seizure chart for 2023

Date	Time	Duration	Seizure observed description / comment

### Appendix 3: Request for the administration of medication form, record sheet & letter



## Type Student Name, Type in Class

### Medication plan request by parent/carer for 2023

Medication to be administered at school as requested by parent/carer				
Name of medication	Dosage and time of administration	Special instructions / consumables	Start and end date for administering of medication	Expiry on package
1. <input type="checkbox"/> prescribed:			to	
2. <input type="checkbox"/> prescribed:			to	
3. <input type="checkbox"/> prescribed:			to	
4. <input type="checkbox"/> non-prescribed:		with food	30/1/23 to 20/12/23	20/12/23
5. <input type="checkbox"/> PRN:			to	
Parent/carer name & mobile		Sign dated		
Dr contact details		Sign dated		
Emergency contact details		2 <sup>nd</sup> emergency contact		
Health condition including allergies <small>*if student has anaphylaxis, their ASCIA action plan must be attached.</small>	Setting <small>(e.g., during class activity / water sports / transport)</small>	Symptoms / signs to watch for	Action steps to be followed	Emergency arrangements to be actioned



## Confirmation of administration arrangements parent letter



**LES POWELL SCHOOL**

CONNECT • THRIVE • SUCCEED

Dear

This letter is to advise you that the school has agreed to administer (medication prescribed) to (student's name), (year/class) at these times: (times of administration). The school will make every endeavour to provide the medication at the times requested although some variations may be unavoidable on occasions. Please contact me if this raises particular concerns.

The school has agreed to (student's name) carrying this medication to and at school. I have outlined below how this arrangement will occur at school (insert agreed details of how and where the student will carry their medication) ***Include the following paragraph only if the parent/carer has requested student to carry medication***

Your request for (student's name) to self-administer prescribed medication is supported / not-supported. (If 'supported' insert the following statement: The school will continue to work with you to support your child in managing the administration of this medication.) ***Include the following paragraph only if the parent/carer has requested student to self-administer medication.***

Please provide the prescribed medication and any associated equipment to the school as required. If you cannot send the prescribed medication in the way arranged, please contact me to discuss alternative arrangements.

If there are any changes in your child's health care needs or your contact details, please inform the school as soon as possible. Please contact the school if at any time you have any concerns or questions about these arrangements for support.

This arrangement will be reviewed annually or when there is a change in your child's health needs or if the situation arises where this plan cannot be implemented. If the situation arises where this plan cannot be implemented, we will contact you.

Yours sincerely

**Signature**

**Principal's Name**

**Principal**

**Date**



# Type Student Name, Type in Class

## Medication record for 2023

Use one record for all medication

Name of medication	Dosage and time of administration	Special instructions / consumables	Start and end date for administering of medication	Expiry on package
1. <input type="checkbox"/> prescribed:			to	
2. <input type="checkbox"/> prescribed:			to	
3. <input type="checkbox"/> prescribed:			to	
4. <input type="checkbox"/> non-prescribed:		with food	30/1/23 to 20/12/23	20/12/23
5. <input type="checkbox"/> PRN:			to	

Date	Time	If In date ✓	Staff 1	Staff 2	Medication type	Comment

## The following steps are for the general administration of a medication.

Administration Process	
1	Wash hands
2	Collect and prepare the medication and equipment needed
3	Wash hands again
4	Put on gloves (powder-free and latex-free)
5	<p>Complete a second person check of the 5 Rights:</p> <ul style="list-style-type: none"> <li>• <b>Right student</b> <i>Check the identity of the student matches the name on the medication label and form;</i></li> <li>• <b>Right medication</b> <i>Check the name of the medication reflects the name on the form;</i></li> <li>• <b>Right dose</b> <i>Check the dose requirements against the dose prepared;</i></li> <li>• <b>Right time</b> <i>Check the medication label and form that the dose is due now, (Check the medication is within expiry date. If out of date, do not administer medication and advice teacher immediately);</i></li> <li>• <b>Right method</b> <i>Check the medication label for the method in which the medication is to be given.</i></li> </ul>
6	Explain the procedure to the student and seek their assistance if age/developmentally appropriate
7	Confirm the student's identity again, prior to administering medication.
8	Administer the medication as per student's requirements
9	Safely dispose of and/or clean any consumables used for the administration of the medication (as required)
10	Remove gloves and wash hands again
11	Return medication to storage
12	Record the day, date and time of administration and staff details.
13	When double sided sheet is completed or the end date for the administration of the medication has been reached, all forms should be given to the front office staff to update details to School Bytes and file hardcopy in student file.

### Emergency care

In the case of an accidental overdose of medication, immediately alert the class teacher and team leader. The teacher/team leader will contact the **Poisons Information Centre 13 11 26** for further information. In the case of an emergency the office staff will **DIAL 000 to call an ambulance**.

Any incidents and/or injuries in accordance with the Incident Notification and Response Policy must be

# SAFETY Risk Assessment and Management Plan



Name of workplace:

Les Powell School

Workplace manager:

Greta McCann

Activity, event or task:

Administration of medication at school

Date of activity:

Ongoing

Situation	Anticipate	Find out		Eliminate or control		Talk others	You
List the details of the activity, event or task	What could go wrong?	What current controls are in place?	Risk rating	What else can be done to control this risk?	Residual risk rating	Controls to be actioned by who?	When do you need to review the control?
Administration of medication	Wrong dose.	<p>Healthcare plan approved and indemnified by parent.</p> <p>Student health care and the administration for medication at school procedures- Complete a second person check of the 5 rights. 2-person sign-off documented procedure.</p> <p>E-Safety training (administration of medication).</p> <p>When new casual staff are employed, they must be allocated to classes with a known staff member.</p> <p>When new SLSOs are employed they must be allocated to shadow an experienced staff familiar with administration of medication.</p>	5	<p>Retrain staff around 5 rights.</p> <p>Incident reporting to Hotline.</p> <p>Advice parents.</p>	5	<p>Parent</p> <p>Doctor</p> <p>Teacher</p> <p>SLSO</p> <p>Team leader</p> <p>Principal</p>	<p>Upon incident.</p> <p>When new medication if prescribed.</p>
	Expired date.	<p>Student health care plan.</p> <p>Student health care and the administration for medication at school procedures- Complete a second person check of the 5 rights, 2-person sign-off</p>	5	<p>Retrain staff around 5 rights.</p> <p>Incident reporting to Hotline.</p> <p>Advice parents.</p>	5	<p>Parent</p> <p>Teacher</p> <p>SLSO</p> <p>Team leader</p> <p>Principal</p>	<p>Upon incident.</p>

# SAFETY Risk Assessment and Management Plan



Situation	Anticipate	Find out		Eliminate or control		Talk others	You
List the details of the activity, event or task	What could go wrong?	What current controls are in place?	Risk rating	What else can be done to control this risk?	Residual risk rating	Controls to be actioned by who?	When do you need to review the control?
		documented procedure and medication sent home at the end of each term.					
	Wrong student.	<p>Student health care plan.</p> <p>Student health care and the administration for medication at school procedures- Complete a second person check of the 5 rights, 2-person sign-off documented procedure.</p> <p>When new casual staff are employed, they must be allocated to classes with a known staff member.</p> <p>When new SLSOs are employed they must be allocated to shadow an experienced staff familiar with administration of medication.</p>	3	<p>Photograph of student is displaced on medication class chart and healthcare plan.</p> <p>Retrain staff around 5 rights.</p> <p>Incident reporting to Hotline.</p> <p>Advice parents.</p>	4	<p>Teacher</p> <p>SLSO</p> <p>Team leader</p> <p>Principal</p>	Upon incident.
	Missed medication.	<p>Student health care plan.</p> <p>Student health care and the administration for medication at school procedures- Complete a second person check of the 5 rights, 2-person sign-off documented procedure.</p>	5	<p>Incident reporting to Hotline.</p> <p>Advice parents.</p>	4	<p>Teacher</p> <p>SLSO</p> <p>Team leader</p> <p>Principal</p>	Upon incident.
	Wrong time.	<p>Student health care plan.</p> <p>Student health care and the administration for medication at school procedures- Complete a second person check of the 5 rights, 2-person sign-off documented procedure.</p>	5	<p>Incident reporting to Hotline.</p> <p>Advice parents.</p>	4	<p>Teacher</p> <p>SLSO</p> <p>Team leader</p> <p>Principal</p>	Upon incident.

# SAFETY Risk Assessment and Management Plan



Situation	Anticipate	Find out		Eliminate or control		Talk others	You
List the details of the activity, event or task	What could go wrong?	What current controls are in place?	Risk rating	What else can be done to control this risk?	Residual risk rating	Controls to be actioned by who?	When do you need to review the control?
	Wrong method.	<p>Student health care plan.</p> <p>Student health care and the administration for medication at school procedures- Complete a second person check of the 5 rights, 2-person sign-off documented procedure.</p> <p>When new casual staff are employed, they must be allocated to classes with a known staff member.</p> <p>When new SLSOs are employed they must be allocated to shadow an experienced staff familiar with administration of medication.</p>	5	<p>Incident reporting to Hotline.</p> <p>Advice parents.</p>	4	<p>Teacher</p> <p>SLSO</p> <p>Team leader</p> <p>Principal</p>	Upon incident.
	Lost medication.	<p>Student health care plan.</p> <p>Student health care and the administration for medication at school procedures.</p> <p>All medication to be kept in locked first aid box. Medication kept in fridge to be transferred to a fridge in an alarmed area.</p> <p>Teacher to communicate any change to parent and advices team leader.</p> <p>Team leader advises principal depending on severity of situation.</p>	5	<p>Incident reporting to Hotline.</p> <p>Advice parents.</p>	6	<p>Teacher</p> <p>SLSO</p> <p>Team leader</p> <p>Principal</p>	Upon incident.

# SAFETY Risk Assessment and Management Plan



Situation	Anticipate	Find out		Eliminate or control		Talk others	You
List the details of the activity, event or task	What could go wrong?	What current controls are in place?	Risk rating	What else can be done to control this risk?	Residual risk rating	Controls to be actioned by who?	When do you need to review the control?
	Parent not providing medication on time or within expiry date.	Healthcare plan approved and indemnified by parent. Student health care and the administration for medication at school procedures. MRG completed and actioned.	5	New procedures: Parent request for the administration of medication at school sign off, includes parent responsibilities for supply on time and in-date. Incident reporting to Hotline.	6	Teacher SLSO Team leader Principal	Upon incident.
	Parent requesting non-prescribed medication to be administered.	Student health care and the administration for medication at school procedures. When procedures not adhered to, medication is not able to be provided.	6	New procedures: Parent request for the administration of medication at school sign off, includes parent responsibilities for supply on time and in-date. Photograph of student is displaced on medication class chart and healthcare plan.	6	Parent Teacher SLSO Team leader Principal	Upon incident.
	Medication runs out.	Call the parent to bring medication. Teacher advises parent of low medication stock in student's communication book.	5	Parent called to take student to doctor for new medication.	5	SLSO Teacher Parent Team leader	As required.

Relevant information attached: Yes ☐ No ☐ NA

You should report, monitor and review:

Prepared by:  Position:  Plan review date:

Sign off Authority:  Position:  Contact no.:  Signature:

# SAFETY Risk Assessment and Management Plan



Prepared in consultation with: Michele Vaughan

**Communicate to** - *List all staff, communicate in all staff meeting, sign off OR attach agenda and attendance sign on sheet*

Name	Signature	Date