



Safe Handling of Medication Policy 2024

1. Purpose

This Policy outlines requirements for KSESC ('the school') staff to promote accountable approaches to the handling of medicines in order to maintain safe and ethical practices. Whilst medicines must be available to ensure timely care of students, there is also a need to protect school community members and mitigate the risk of diversion, misuse and theft. Handling of medicines refers to the acquisition, distribution, storage, dispensing and disposal of medicines. The Policy seeks to ensure that school staff handle medicines in a consistent manner and meet relevant standards.

The Policy promotes a risk-based approach when developing policies and procedures about the handling of medicines. The Policy also includes requirements relating to more general aspects of medicines handling, including the supply of medicines to students by staff and provision of medication by parents/carers to the school.

2. Applicability

This policy is applicable to all members of the KSESC Community, including:

- Staff
- Parents/carers
- External agencies and providers
- School volunteers
- Students

3. Policy Requirements

The school must have processes in place that support safe and effective handling of medicines that:

- Are consistent with the requirements of relevant legislation
- Include clear direction on the roles and responsibilities of all school community members
- Make policies and procedures on the handling of medicines available to all school community members

School community members must comply with all aspects of this policy.

4. Accountability

All records of the acquisition, distribution, administration, and disposal of scheduled medicines must be kept in a manner which allows subsequent auditing.

A chain of custody must be maintained for all medicines, such that the transfer of responsibility is clear at each transaction point.

5. General Requirements

5.1 Distribution

The school must identify risks associated with the distribution of medicines within the school and implement strategies aimed at mitigating these risks, as medicines are a high cost, high risk item. School staff must ensure the chain of custody is maintained at all times.

5.2 Storage

All medication must be stored in a manner that precludes access by unauthorised persons, unless under the direct supervision of an authorised person.

5.3 Administration of doses

The school must implement a procedure for safe administration of medicines to ensure accountability.

5.4 Disposal

The school will implement processes to ensure that student medication is disposed of responsibly and within regulatory guidelines.

6. Procedure

Item	Procedure
Distribution	<ul style="list-style-type: none">• When providing medication to the school parents/carers will ensure that medications are delivered in original packaging with student's name, dosage and date of supply clearly on label• Parents / carers must deliver medications to the school Administration office in person. Medication MUST NOT be sent to school with students• When accepting medication, school administration officers will:<ul style="list-style-type: none">○ Check the name and date on the label○ Photocopy the label○ Check amount of medication provided and sign, and date, the medication form○ Have parents countersign, and date, the medication form○ Store copies of the documents in the student's file (hard copy) and on the student's digital file• When distributing medication to classroom staff, school administration officers will ensure the transaction is witnessed and signed by themselves and the receiving staff member
Storage	<ul style="list-style-type: none">• All medication will be securely kept in either class safe or administration safe
Administration	<ul style="list-style-type: none">• Medications must be administered by no less than 2 staff members and both must sign the medication form to confirm that correct procedures have been followed
Leaving school site	<p>If a student's medication is required to leave school site, e.g. for an excursion the following procedure must be followed:</p> <ul style="list-style-type: none">• Medication must be carried in a secure receptacle which is kept on a staff member at all times (students cannot carry receptacle)• Medication must not be left unattended

	<ul style="list-style-type: none"> • Medication must be signed in and out of the school on the medication forms by the staff member responsible for safe transport and administration of the medication (witnessed by a second staff member) on leaving and returning to the school • Administration of medications will follow the school procedure
Disposal	<p>When a student becomes no longer enrolled at the school any medication belonging to them must be returned to the parent carer by parent collection from school administration.</p> <p>When accepting the medication, the parent/carer will:</p> <ul style="list-style-type: none"> ○ Check the name and date on the label ○ Check amount of medication and sign the medication form ○ Have school administration staff countersign and date the medication form <p>If the parent/carer does not collect the medication within a 2 week period and cannot be contacted, the Principal will ensure that the medication is safely disposed of by taking it to a Pharmacy as per the Department of Health WA, Guiding Principles for Medication in the Community: Guiding Principle 9 for safe disposal of medicines.</p>
Documents	<ul style="list-style-type: none"> • FORM 3 - Administration of Medication • FORM 11 - Sample Letter to Parents Short/Long Term Medication • FORM 12 - Record of Health Care Support/Administration • Returned or disposed medication form
References	<p>https://ww2.health.wa.gov.au/-/media/Corp/Policy-Frameworks/Public-Health/Medicines-Handling-Policy/Medicines-Handling-Policy.pdf . Accessed 10.02.2021</p> <p>https://ww2.health.wa.gov.au/Articles/A_E/Disposal-of-medicines</p>

FORM 3 - ADMINISTRATION OF MEDICATION

This form is to be used when a parent/carer requests school staff to administer medication to their child on a short term basis.

Note: Long term administration of medication should be incorporated in a health care plan.

School: _____ Year: _____ Form: _____

Students Name: _____ Date of Birth: _____

Family Contact Details Address: _____ Gender: _____

Telephone No: _____ Teacher: _____

Section A: Medication Instructions – To be completed by parent/carer (Note: Medication must be provided by parents/carers)

Name of medication	Medication 1		Medication 2	
	Expiry date			
Dose/frequency – (may be as per the pharmacist's label)				
Duration (dates)	From: To:		From : To:	
Route of administration				
Administration Tick appropriate box	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>		By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>		Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	

Will staff need to be trained to administer your child's medication? Yes No If yes, describe the type of training the staff would require: _____

Section B – Authority to Act

This administration of medication form authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for the specified time period as noted above.

Parent/Carer: _____ Date: _____

OFFICE USE ONLY

Date received: _____

Is specific staff training required? Yes No : _____ Type of training: _____

Training service provider: _____ Name of person/s to be trained: _____

Date of training: _____

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

Form 12 - RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Name: _____ Date of Birth _____ Year: _____ Form: _____ Teacher: _____

RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION

Date	Time	Support/Medication	Staff Member	Signature/Initials

Record from: / / to : / /

Signed: _____

Date: / /

FORM 11

SAMPLE LETTER TO PARENTS SHORT/LONG TERM MEDICATION

Dear Parent/Carers:

The school has a policy and clear processes for managing the administration of medication to students when they are in the school's care. Except in an extreme emergency, e.g. unexpected anaphylaxis, medication can only be administered by school staff if appropriate documentation has been completed by parents/carers. This applies to both prescribed and non-prescribed medication.

Short Term Use of Medication (up to two weeks)

For administration of **short term** medication such as a course of antibiotics, our school requires written authority from parents/carers. This authority can be provided by completing an **Administration of Medication form**. These forms can be obtained from the School Officer, Claudia Davison, or downloaded from the school's website.

Alternatively, parents/carers may complete the attached form and provide the medication to the school.

Note:

- Medication must be brought to the school by parents/carer in person. Medication must not be sent to school with the student.
- The medication must be clearly labelled with the child's name and provided in original packaging from the pharmacy or the manufacturer.
- Documentation must be signed and dated by a parent or carer and provided to the school, in person, with the medication.

Long Term Use of Medication

If you require the school to administer medication to your child for a period of more than two weeks, and if you have not already done so, you are also required to complete a *Student Health Care Summary* and a *Management/Emergency Response Plan* for your child's particular health need. In most instances, this documentation will have been completed when you enrolled your child or as part of the school's process for updating student health care records. If this is not the case, please contact the School Officer, Claudia Davison.

If you have any queries please contact the School Officer, Claudia Davison.

Regards,

PRINCIPAL

REQUEST TO ADMINISTER MEDICATION TO MY CHILD WHILE IN THE CARE OF THE SCHOOL

(Note: Medication must be provided by parents/carers)

STUDENT'S NAME:	
DOB:	
FORM/CLASS	
NAME OF MEDICATION	
DOSE/FREQUENCY (MAYBE AS PER PHARMACIST'S LABEL)	
ROUTE OF ADMINISTRATION (E.G. BY MOUTH)	
EXPIRY DATE OF MEDICATION:	
DATES of ADMINISTRATION:	FROM: / / 201_ TO: / / 201_
STORAGE REQUIREMENTS: (E.G. REFRIGERATOR)	
NAME OF ADMINISTRATOR:	
PARENT/CARER SIGNATURE:	DATE:

To the Pharmacist,

This above student has left out school, and despite numerous attempts parents / carers have not collected their medication.

We therefore are forwarding the medication to you for appropriate disposal as per the Department of Health WA, Guiding Principles for Medication in the Community: Guiding Principle 9 for safe disposal of medicines.

Could you please sign below to acknowledge that we have returned the following medications for appropriate disposal.

Name	D.O.B	Medication	Date returned	Returned by	Signature

I confirm that the above medications have been delivered to:

..... (pharmacy)

Name:

Signed:

Date: