



Purpose

To ensure medications are stored and administered correctly to students attending Mount Waverley Secondary College (MWSC). This relates to all prescription and non-prescription medications.

Outcomes

- Protect student privacy and confidentiality to avoid any stigmatisation
- Ensure all medication to be administered is:
 - accompanied by the MWSC Permission to Administer Medication form (see Appendix 1) which is signed by a parent or carer
 - in the original bottle or container clearly labelled with the name of the student, dosage and time to be administered
 - within its expiry date.

Authority to Administer

Written advice and directions:

- At MWSC only Division 1 Registered Nurses who are qualified and trained to dispense medication will do so.
- The Division 1 Registered Nurses will only dispense medication once they have received written consent from a parent/carers via a signed MWSC Permission to Administer Medication form
- The MWSC Permission to Administer Medication form is only valid for the current academic year, and it is the responsibility of parents/carers to notify the school nurse of any changes

NOTE: medication to treat asthma or anaphylaxis does not need to be accompanied by the Permission to Administer Medication form as it is covered by the relevant Action Plan.

Administering medication

The MWSC school nurses will ensure:

- teachers in charge of a student at the time their medication is required are to release that student from class to obtain their medication from a MWSC Division 1 Registered Nurse in the First Aid Centre
- a signed MWSC Permission to Administer Medication form is valid
- parents/carers are encouraged to consider whether they can administer medication outside the school day, such as before and after school and before bed
- supervise administration of the medication

- all medication administered by the MWSC Division 1 Registered Nurses will be recorded in the First Aid Centre log book
- that the correct student receives:
 - their correct medication
 - medication in the proper dose
 - medication via the correct method, such as inhaled or orally
 - medication at the correct time of day

Note: only in a life threatening emergency could this requirement be varied. For example, if a student is having an asthma attack and their own blue reliever puffer is not readily available, one should be obtained and given without delay.

Paracetamol and Antihistamines

Medications such as paracetamol and antihistamines will be:

- stored securely in a locked cupboard on both the Junior and Senior campuses in the First Aid Centre safe
- accessible and administered only by a Division 1 Registered Nurse, in conjunction with Permission to Administer Medication form

Storing Medication

The college will ensure:

- all Anaphylaxis and Allergy Action Plan medications are stored in labelled pockets on the wall of the First Aid Centre on both the Junior and Senior campuses for immediate access if required
 - all other medications are stored in a secure, locked cupboard inside a safe in the First Aid Centre on both the Junior and Senior campuses, to minimise risk to others
- all medications are labelled with the student's name and student ID code
- all medications are stored according to the product instructions, particularly in relation to temperature
- all medications are to be taken home by the parent/carer at the end of each school year
- a list of all current medications, along with the Permission to Administer Medication forms for students, will be kept in a folder and stored in the medications cupboard. This will be reviewed by the school nurses on a regular basis and updated.

Appendix

1. MWSC Permission to Administer Medication form

References

1. Department of Education Victoria: School Policy and Advisory Guide; Student Health; Care and Support: Medication.
2. Victorian School Nurses (VSN); School Nursing Professional Practice Standards

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Permission to Administer Medication

I give permission for the following medication to be administered to my child as outlined below. I will notify the college in writing if the order changes.

STUDENT'S NAME: _____

STUDENT'S ID CODE: _____

HOME GROUP: _____

Medication:

Dose:

Route (*oral, topical, eye drops*): _____

Time (*e.g. lunch time, 4 hourly*): _____

Date to cease (*if applicable*): _____

Doctor's Name and Phone Number: _____

(*if applicable*)

Medication Administration Permission Expiry Date: _____

(*Note: A referral has a maximum duration of 1 year – most have only 6 months*)

It is the responsibility of parents/carers to ensure medication is updated.

Please feel free to contact the College Nurse/s if you have any concerns. All College Nurses are qualified Division 1 Nurses.

Parent/Carer signature: _____ **Dated:** _____

Contact Phone Numbers: _____

Justine Smith

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