



Policy Title	Administration of Medication										
Policy Number	LC-OP 01										
Revision History	Revision Number	Revision Date	Reason								
	1	May 2017	1 st Review								
Policy Status	Approved										
Effective Date	May 2017										
Next Review	September 2018										
Approvals:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">_____</td> <td style="border: none; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">PRINCIPAL:</td> <td style="border: none; text-align: center;">Date</td> </tr> <tr> <td style="border: none; text-align: center;">_____</td> <td style="border: none; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">FOR THE BOARD:</td> <td style="border: none; text-align: center;">Date</td> </tr> </table>			_____	_____	PRINCIPAL:	Date	_____	_____	FOR THE BOARD:	Date
_____	_____										
PRINCIPAL:	Date										
_____	_____										
FOR THE BOARD:	Date										



CONTENTS

1	POLICY STATEMENT	4
2	WHO IT APPLIES TO	4
3	PROCEDURES	4
3.1	Medication.....	4
3.2	Distribution of Medication to students.....	4
3.3	Sick Children	5
3.4	Communicable and Infectious Diseases	6
	3.4.1 LIST OF CONDITIONS, EXCLUSION OF CASES AND CONTACTS.....	6
4	Communicable and Infections Disease Procedure Flow Chart.....	10



1 POLICY STATEMENT

This policy addresses matters relating to responsibilities of school personnel in relation to requests from parents seeking assistance with the administration of medication to their children, particularly where there is no registered nurse or qualified health professional available.

CAPS have a School Nurse Monday to Thursday and are also serviced by the local Community Nurse. The school will comply with all acts and standards associated with management of medication.

2 WHO IT APPLIES TO

The policy applies to parents, students and staff of CAPS Coolgardie

3 PROCEDURES

3.1 Medication

Students should not be in possession of or take any medication during school without permission. Staff members not authorised to give medications should under no circumstances give a student medication. If a student needs to be administered medication it must be done in the main office and by the nurse or office staff.

If a student is ill or injured they should be taken to the main office. Office staff will not administer medication without a parent's note and a doctor's prescription.

3.2 Distribution of Medication to students

Designated employees may administer medication if:

No prior medical training is needed **and** discussions between the School Nurse and Parents have taken place to determine the following **details**;

- All medication is to be supplied by the parent/guardian.
- All Medication is kept in a locked cupboard in the front office or refrigerated if required.
- It must be recognised that there is a limit to the level of responsibility that schools can provide regarding medical care and supervision. The School is not expected to administer prescribed medication or treatments which require specialist training e.g. Administering Schedule 8 Drugs
- Parent/guardian provides written, signed and dated permission slip to administer medication for both prescription and non-prescription medications during school hours. The parental consent must include reason/purpose, name, exact dosage and time of the administration of the medication.
- Prescription medication must be in the original container with appropriate label attached to the container stating the students name, name of medication and dosage instructions.



- Parents must advise the office if there are any changes to the prescribing of medication.
- Non-prescription medication must be in the original container indicating age appropriate dosage instructions which will be strictly followed by school personnel including Panadol or Aspirin.
- Substances such as dietary supplements, health food and herbal preparation will not be given during the school day.
- Age appropriate students will be allowed to carry and self-administer inhaled asthma medication when a signed physician statement is submitted to the school indicating complete instructions for inhaler and permission for the student to carry the inhaler.
- Medication must be delivered to and picked up from the school by parent/guardian or other responsible adults. All medication to be given during the school day will remain in a designated locked area of the school. Any unused medication not picked up at the end of the school year will be destroyed by school personnel.
- All written consents from physicians/dentists as well as parents are valid for one school year and will be kept on students file.
- The medical information for chronically ill students will be made available to other staff who have the student under their care (photographs are displayed in the staff room).
- Records of medication administration at CAPS will be retained until for seven (7) years and then destroyed.

3.3 Sick Children

- If a teacher feels that a student is legitimately sick staff will send them to the front office with the pass and a sickness advice form. **Please Note.** Panadol, band aids, heat rub is not a legitimate sickness. These needs to be administered before school and during lunch and recess.
- The teacher needs to complete the **Sickness Advice Form**. It is also a protection against incident where the child who wishes to feign illness and leave the school without a teacher knowing and being involved in the diagnosis. The CAPS Sickness Advice form, must accompany the student to the office. Teachers are to ensure that it contains written instructions e.g. "Please ring parents as the child is vomiting: or "please allow the child to rest for a while as he/she is feeling unwell".
- Parents may be contacted to collect sick children and if contacted students must remain in the office until collected by the parent.
- An Accident book is kept in the front office and must be completed following an accident.
- Children who sustain a head injury will almost certainly be sent home with a recommendation



that the child go to the doctor.

- Always use disposable gloves when blood is present.
- Children are not allowed to apply First Aid.
- Office staff are not normally allowed to apply First Aid unless they are suitably qualified

3.4 COMMUNICABLE AND INFECTIOUS DISEASES

Teachers should be aware that, in the event of an outbreak of a communicable disease (mumps, measles, chicken pox), children who have not been immunised will be excluded from school until the outbreak has subsided.

Regulations require that all children be immunised before entering Year One but this has not necessarily been observed for every child and some children are unable to tolerate the immunisation. Teachers should check with the school nurse or medical cards if there is any concern over the immunisation status of students.

The School Nurse will monitor Communicable Diseases continuously. Below is a list of the conditions, the exclusion of cases and contacts.

3.4.1 LIST OF CONDITIONS, EXCLUSION OF CASES AND CONTACTS

Condition	Exclusion of cases	Exclusion of Contacts
Amoebiasis (Entamoeba histolytica)	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children.	Any child with an immune deficiency (for example, leukemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased.	Not excluded.



Diarrhea	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.	Exclude family/household contacts until cleared to return by the Secretary
Hand, Foot and Mouth disease	Exclude until all blisters have dried.	Not excluded.
Haemophilus influenzae type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed.	Not excluded.
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness.	Not excluded.
Hepatitis B	Exclusion is not necessary.	Not excluded.
Hepatitis C	Exclusion is not necessary.	Not excluded.
Herpes ("cold sores")	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible.	Not excluded.



Herpes ("cold sores")	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible.	Not excluded.
Human immuno-deficiency virus infection (HIV/AIDS)	Exclusion is not necessary.	Not excluded.
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded.
Influenza and influenza like illnesses	Exclude until well.	Not excluded unless considered necessary by the Secretary.
Leprosy	Exclude until approval to return has been given by the Secretary.	Not excluded.
Measles*	Exclude for at least 4 days after onset of rash.	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility.
Meningitis (bacteria - other than meningococcal meningitis)	Exclude until well.	Not excluded.
Meningococcal infection*	Exclude until adequate carrier eradication therapy has been completed.	Not excluded if receiving carrier eradication therapy.
Mumps*	Exclude for 9 days or until swelling goes down (whichever is sooner).	Not excluded.



POLICY & STANDARDS CONTROL

Administration of Medication

Policy NO LC-OP01

Revision NO 1

May 2017

Pertussis* (whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment.	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment.
Poliomyelitis*	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.	Not excluded.
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced.	Not excluded.
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash.	Not excluded.
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced.	Not excluded unless considered necessary by the Secretary.
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well.	Not excluded.
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious.	Not excluded.



Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary.	Not excluded unless considered necessary by the Secretary.
Vero toxin producing Escherichia coli (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary.	Not excluded.
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.



4 Communicable and Infections Disease Procedure Flow Chart

