

Guidelines for the administration of medications in schools



To be read in conjunction with the [Administration of medications in schools procedure](#)

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This document is designed as a reference for schools. Schools will determine processes taking into account students' individual needs and the local context.

Administration of medications in schools

The administration of essential medications to manage students' health conditions is part of the Department of Education and Training's (DET) common law duty of care to take reasonable steps to keep students safe while they attend school and to satisfy legislative obligations under the:

- *Education (General Provisions) Act 2006 (Qld)* to facilitate the operation of schools as safe and supportive learning environments;
- the *Work Health and Safety Act 2011 (Qld)* to eliminate or minimise risks to the health, safety and welfare of persons at the school;
- *Disability Standards for Education 2005* to make reasonable adjustments for people with a disability so they may access education on the same basis as a person without a disability.

Having medications on school sites requires schools to implement systems to keep staff and students safe.



In many cases, the storage and administration of routine or short-term medications (see [Appendix 1](#)) will be the role of the office staff. However, medications for some specialised health needs may need to be stored in close proximity to the student and administered during lesson times in their classroom or other school location to minimise risk to the student's health and reduce disruption to their learning.

To reduce risks associated with storing and administering routine or short-term medication, staff can prepare in advance and set up a safe school system (see [Appendix 2](#)).

First aid emergency medications

Staff may be required to administer medication to respond to a medical emergency - for students with diagnosed health conditions or as a first aid response to students, staff or visitors.

For a student who has prescribed emergency medication for their health condition, if the medication is required, staff should administer it to the student with reference to the student's Emergency Health Plan (EHP) or Action Plan and their *Administration of medication at school record sheet (emergency medication)*.

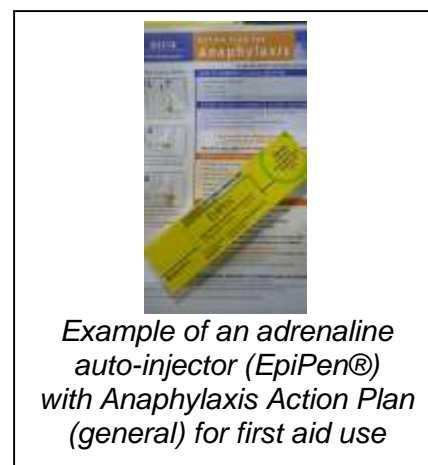
The Department refers to some medications as 'first aid emergency medications', as they are dispensed in devices that non-medical personnel can be trained to use as a first aid response. These medications include adrenaline auto-injectors and asthma relievers.

Queensland state schools retain two types of first aid emergency medications in the school first aid kit – an asthma reliever and an adrenaline auto-injector (e.g. EpiPen®) to respond to an asthma or anaphylaxis emergency event. These medications may be administered as a first aid response to students, staff or other personnel on the school site.



Adrenaline Auto-Injectors (General Use for First Aid Kit)

Schools (including outdoor and environmental education centres) are required to maintain one or more adrenaline auto-injectors as part of their first aid kit/s. The number will depend on the number of students with a medical diagnosis of severe allergy, the size and layout of the school and range of school activities. Schools should also consider the size and weight of the students to determine if auto-injector/s with lower dosage may be required (e.g. EpiPen Jr® for students 10 to 20 kg) to meet the needs of their student population.



The adrenaline auto-injector would be for general use, in the event that an additional dose of adrenaline is required after the administration of the student/staff members' own prescribed device, or a misfire, or in the event of a first time presentation of anaphylaxis of a previously undiagnosed individual student, staff or visitor.

For information on how to purchase adrenaline auto-injectors for school use, refer to <http://education.qld.gov.au/schools/healthy/anaphylaxis.html>

Asthma Reliever/Puffer (General Use for First Aid Kit)

The asthma reliever is for use in the event of a first time presentation of asthma of a previously undiagnosed student, staff or visitor or in the event the person(s) own prescribed device is not available or operating.

Queensland state schools are required to have staff trained in an approved asthma management course, and only trained staff will be able to purchase and administer asthma medication for first aid purposes. [Queensland Health's Fact Sheet](#) provides further information regarding the use of blue/grey reliever medication to provide asthma first aid at schools, workplaces and community events.

Principals will be required, as part of a risk management process, to:

- either negotiate a Queensland Health approved [Asthma management course](#) for staff to access or contact the local [State Schools Registered Nurse](#) (SSRN) to discuss training options in their local area
- determine the range and number of staff to be trained, e.g. classroom teacher/s of student/s with asthma, first aid officer/s, staff member/s authorised to administer routine medications
- nominate trained staff to purchase, access or administer asthma medication in emergency situations.

A number of general first aid courses include the required asthma management learning objectives within the regular course content; however, specialised asthma management training is suggested for schools that have students diagnosed with asthma.

Use of spacers for administering asthma medication

Contemporary asthma first aid procedure includes the use of a clear, plastic container known as a 'spacer' to assist in the administration of blue reliever medication, as this device enables more effective inhalation of the medication into the lungs.

Schools should include a single use spacer in the first aid kit with the school's asthma medication for use in an emergency, or where the patient's prescribed medication and spacer are unavailable. Once used, the spacer should be disposed of and replaced with a fresh spacer.



Examples of spacers

Student-specific emergency medications

Some students with specialised health needs may require the administration of emergency medications which require specialist training beyond that provided in first aid training, e.g. Midazolam for the emergency treatment of a seizure. The administration of these emergency medications varies in complexity and may or may not be within the capacity of education staff to administer.

To determine the safest option to manage risks to the student's health, the school should seek advice from their local [State Schools Registered Nurse](#) to:

- provide general advice to staff on the administration of the student's emergency medication
- explain issues associated with administering medication in an emergency
- discuss the level of training and re-training required to develop required competencies, especially if administration is likely to be infrequently
- identify local factors which may impinge on rapid access to medication (e.g. distance from emergency services to the school).

The principal/staff member will determine if administering the emergency medication (apart from first aid emergency medications) would provide a level of care that could reasonably be expected of a school, taking into account the health needs of the individual student requiring support, the skills and knowledge of the school's staff, and the resources available from within the school and local community.

There may be some instances when schools do not have staff that are able to provide the level of care required to support the student's medical needs in a medical emergency. For example, it may not be possible in the school environment to administer health procedures where the safest course of action for the student would be for medically trained staff to administer medication, if relevant medically trained staff are not present at the school on a full-time or regular basis.

If the school has close access to emergency services, the principal/delegated officer may determine, in the best interests of the student, that a student's emergency medication (other than first aid emergency medications) should be administered by ambulance or paramedic services who have the appropriate training and experience in administering more complex emergency medications. In these circumstances, the school should consult with their local emergency services and jointly plan for this emergency event.

All decisions regarding the option taken by the school should be in the best interests of the student, and would need to consider the capability and willingness of staff members to volunteer to perform a clinical/medical/health care response in a crisis situation. In these circumstances, the principal will work with the parent/carer, the treating health team and Regional staff to determine how best to plan the most appropriate course of action.

Self-administration of medications

Contemporary management of chronic health conditions encourages students to recognise the signs and symptoms of their condition and administer their own prescribed medication, in order to participate in the full range of activities offered by the school.

In schools, self-administration may apply to students who are assessed by their parents/carers as capable and approved by the principal as appropriate. Even where a student is competent at self-administering medication, the principal should also consider and assess any additional associated risks at the local school level in determining if it is safe for the student to self-medicate and additional safeguards may need to be enacted.



A *Risk assessment for self-administration* (see [Appendix 3](#)) is available for principal/delegate use to assist in determining and reducing any potential risks associated with students' self-administering during school or school-related activities.

Self-administration of routine medications

Some students require routine administration of medications to manage their health condition. These may include:

- monitoring blood glucose levels and the injection of insulin for diabetes
- inhaling preventative reliever medication such as Ventolin® for asthma
- orally administering anti-convulsant medication for epilepsy
- orally administering enzyme replacements for cystic fibrosis
- applying medicated ointment to the skin.



Teachers can assist students to manage their health condition by incorporating their medication needs in the routine management of the class and school.

The school must take into consideration the student's confidentiality and privacy.

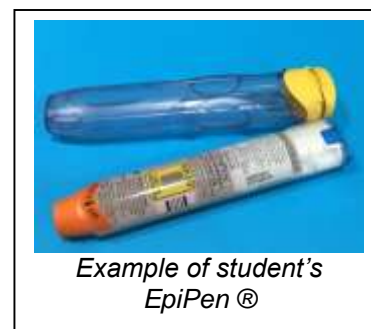
The principal will not approve students who require Ritalin or Dexamphetamine (or other controlled drugs) to keep their medications on their person in order to self-medicate, as these medications must be stored securely in a locked cabinet when not being administered.

Self-administration of emergency medications

Some emergency medications, e.g. Ventolin® (for asthma) and adrenaline (for anaphylaxis), are available in easy-to-use devices, which enable rapid administration by non-medical personnel. Instructions to administer these medications are available in the students' Asthma Action Plan or Anaphylaxis Action Plan, which should be kept with the medication at all times.

The parent/carer may authorise for an older or more independent student with asthma or severe allergies at risk of anaphylaxis to carry their own emergency medication.

However, this does not negate the need for staff supervising students with these potentially life-threatening health conditions to be trained to administer the medication if the student is unable to do so.



Example of student's EpiPen®

No student should be expected to be fully responsible for self-administration of their emergency medication if they require it, as their symptoms may compromise their ability to do so.

Students may self-administer their emergency medication under the following conditions:

- The student (if considered to be Gillick Competent¹) or parents/carers have confirmed with the school that the student can carry their own medication at all times safely and securely.
- The student is able to demonstrate practices of secure storage of their medication (with their Action Plan).
- The student keeps their medication in-date.
- Staff are aware of students who are carrying emergency medication.
- Staff who supervise the student are familiar with their warning signs (as per their Action Plan) and are trained to administer their emergency medication if the student is unable to do so.

The principal should also assess any associated risks at the school level in making this determination.

For students with specialised health conditions (other than asthma and anaphylaxis) who may require emergency medication, consultation with the student's treating team, parents and the State Schools Registered Nurse will determine if self-administration is

¹ 'Gillick' competent

An individual is presumed to be capable of giving consent unless found to be incapable of giving that consent by reason of maturity, injury, disease, illness, cognitive or physical impairment, mental disorder, any disability or any other circumstance, of:

- understanding the general nature and effect of giving the consent, or
- communicating such consent or refusal to consent.

an option. If so, requirements will be documented in the student's Emergency Health Plan.

School record of self-administration of asthma medication

As asthma is a common childhood health condition requiring basic oral medication, many students are capable of self-administering their own medication without adult support or supervision.

On enrolment or at time of diagnosis, a parent can advise the school that their child has the capacity to confidently, competently and safely administer the right dose of their own asthma medication at the right times and can store their medication securely.

The student enrolment/information officer will note/update the student's OneSchool medical records to reflect the parent's decision by selecting:

Student details → Medical → Edit → Add new Medical Condition Details → select 'Asthma – student self-administers (No Action Plan required. School will administer Asthma First Aid in an emergency.)'

The school only needs a copy of a student's Asthma Action Plan if staff are administering or supporting the student to administer their asthma medication, or if their emergency response is complex (e.g. student requires several medications).

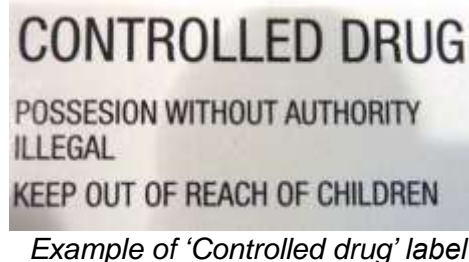
School record of self-administration of medications

Where it has been determined that the student can self-administer their medication, (with the exception of asthma medication where only parent/carer approval is required), the principal:

- should make a record of any discussions with the parent and student in OneSchool, as a record of contact;
- should ensure that the decision to allow the student to self-administer is recorded in OneSchool → under the *Manage Student Details* → edit *Medical Conditions* → add a comment in the *Management* field (e.g. student self-administers insulin as required). Once entered, this information should be visible in the *Student Profile Additional Information* section.

Controlled drugs

Controlled drugs (Schedule 8 drugs) are medications which are restricted in their supply and use due to their potential for dependency and/or abuse. They are only available via prescription, and are easily identified, as the original packaging will be labelled 'Controlled drug'.



CONTROLLED DRUG
POSSESSION WITHOUT AUTHORITY
ILLEGAL
KEEP OUT OF REACH OF CHILDREN

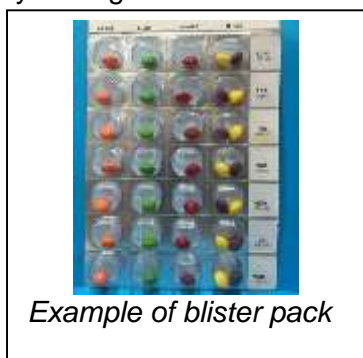
Example of 'Controlled drug' label

It is important that students who have been prescribed these medications (e.g. Ritalin or Dexamphetamine) are able to receive their dosage.

However, due to the potential risks associated with these medications, the school will need to consider where and how medications will be stored securely in a locked cabinet (when not in use) to ensure the safety and wellbeing of the whole school community.

Blister Packs

Schools may discuss with parents the option of the pharmacist dispensing their child's medication in blister packs, which package tablets into individual, tamper proof cavities. By having tablets stored in blister packs, schools can easily identify how many tablets are provided to the school for administration. This option reduces the risks associated with large numbers of loose tablets in bottles which could be more easily lost and/or stolen.



Schools that have concerns about potential misuse of controlled drugs in their school community should contact their local State Schools Registered Nurse to discuss risk management strategies (e.g. register of medications).

Over-the-counter medications

The Department recognises that all medications, including over-the-counter (OTC) medications, e.g. paracetamol or alternative medicines, may be drugs or poisons and may cause side effects. As such, schools are required to receive medical authorisation from a prescribing health practitioner (e.g. doctor, dentist, optometrist, but **not** a pharmacist) to administer **any** medication to students, including those bought over-the-counter.

Whilst parents may administer OTC medications to their child without medical authorisation, they are aware of the child's complete medical history, and are able to provide ongoing, direct supervision for the course of the child's illness. Due to these circumstances, a parent is also more likely to recognise if their child is having adverse effects and requires immediate medical attention.

The student's prescribing health practitioner also has the knowledge of the child's medical history to determine the appropriate OTC medication to administer and is therefore able to determine dosage and provide advice regarding potential side effects or interactions with other medications.

For these reasons, OTC medications will only be administered to students at school if medical authorisation has been received.

Receiving and transporting medication

Parents/carers should be encouraged to provide and collect student's medication in person if possible. However, there may be circumstances where the parent is unavailable to drop off or transport the student's medication, e.g. to and from out-of-school hours venues.

For students, especially younger or dependent students, the school should discuss this with the parents/carers and agree upon safe methods of transportation.

Storage of medications

Medications come in a variety of forms, (e.g. drops, creams, tablets, injectable liquid, suppositories) and have their own storage requirements to maintain shelf-life and be effective. In general, medications should be stored in the original container (which details their instructions) in a cool, dry place. The stability and effectiveness of some medicines are dependent upon correct temperature storage, for example, those medications requiring refrigeration.

Risks associated with maintaining medications on school property, include:

- loss of the medication (e.g. through spillage or poor management)
- theft or misuse by students/staff for whom they were not prescribed
- deterioration of the medication due to incorrect storage
- access issues, especially for emergency medications
- expiry of medication.

To reduce these risks, schools should store medications according to their specific requirements, and with consideration to the safety of the student and to the school community.

Due to the wide variety of medications which may need to be administered during school hours and the individual requirements of student's health conditions, schools may determine the location of most medications based on the frequency of their administration and the requirements in student's health plans.

EMERGENCY MEDICATION MUST NOT BE STORED IN A LOCKED CUPBOARD/CLASSROOM AS DELAYS CAN POTENTIALLY COST LIVES.

Schools should assess and manage risks associated with storing and accessing emergency medication. Emergency medication may need to be portable to facilitate transfer to the student emergency in varied locations.

Considerations for storing medications

Schools need to determine how and where medications are stored, to minimise risks to individuals and the whole school population.



The following table provides a sample of storage locations where medications could be kept in the school environment.

Issue	Advice/considerations for storing medications
All medications	All medications should be stored safely, considering student's individual requirements.
Controlled drugs (e.g. Ritalin or Dexamphetamine)	Controlled drugs must be stored securely in a locked cabinet at all times unless being administered, due to their potential for theft and potential misuse.
Locked medications	The principal will delegate which officers have access to the locked location to manage storage and enable appropriate administration of medications.
Enzyme replacements and salt tablets for cystic fibrosis	Keep these in proximity of the student so that they consume them with their meals.

First aid emergency medication	Staff are aware of the school first aid kit/s which contain first aid emergency asthma medication and adrenaline auto-injectors.
Adrenaline auto-injector	<p>Store in an unlocked location for easy access for staff in an emergency. Store out of direct heat and sunlight and below 25 degrees Celsius. Do not refrigerate or store with ice/freezer blocks as this may jam the mechanism.</p> <p>In regions where temperatures exceed 25 degrees on a regular basis, an insulated wallet is recommended to reduce exposure of the auto-injector to extreme temperatures.</p> <p>The school's auto-injector is stored in the school's most accessible first aid kit with an ASCIA Action Plan for Anaphylaxis (General) which provides instructions on its use.</p> <p>The student's auto-injector is stored in the student's anaphylaxis emergency kit with their personal ASCIA Action Plan.</p>
Asthma reliever/puffer	Store in an unlocked and easily accessible location for staff/student in an emergency.
Insulin injections	Store in an unlocked and easily accessible location for staff/student when required. Manage risks associated with sharps in determining storage of equipment.
Refrigerated medications	<p>Do not store medication in a fridge that students or unauthorised personnel may access.</p> <p>Consider having a separate bar fridge for medications.</p>

Protocols for safe administration of medication in state schools

As Queensland state schools vary in size from one-teacher schools to large multi-campus locations, procedures for administering medications to students may vary from school to school, dependent upon students' individual needs, the physical environment and the ability of staff to easily identify students. The following protocols for safely administering medications are standard best practice measures which may be applied to all schools.

Protocol	Check
Staff member is authorised by the principal to administer medications.	<input type="checkbox"/>
Where a staff member is unfamiliar with the student receiving medication (e.g. due to school size), a school procedure is in place to confirm the student's identity prior to the administration of medications, e.g. photo ID and asking the student's name prior to administering.	<input type="checkbox"/>
The same officer is responsible for selecting, preparing, administering and recording the administration of medication to a student.	<input type="checkbox"/>
All medications are prepared for immediate administration to a single student i.e. medications are NOT prepared in advance for later administration, due to the risks of contamination, potential instability or contamination, potential mix-up with other medications and to maintain security of the medication.	<input type="checkbox"/>
The school has determined which cases require a second person check before administering medications (e.g. doses administered by injection) or complicated dosage requirements.	<input type="checkbox"/>
The school will contact the parent for clarification before administering the dose if a medication order is unclear or ambiguous.	<input type="checkbox"/>
Medications are administered, or prepared for administration, directly from the original pharmacy container.	<input type="checkbox"/>
Tablets are witnessed as having been consumed by the student.	<input type="checkbox"/>
Where applicable, the school has ensured that injectable medications and associated lines and catheters are administered as per the requirements advised in specialised health needs training.	<input type="checkbox"/>

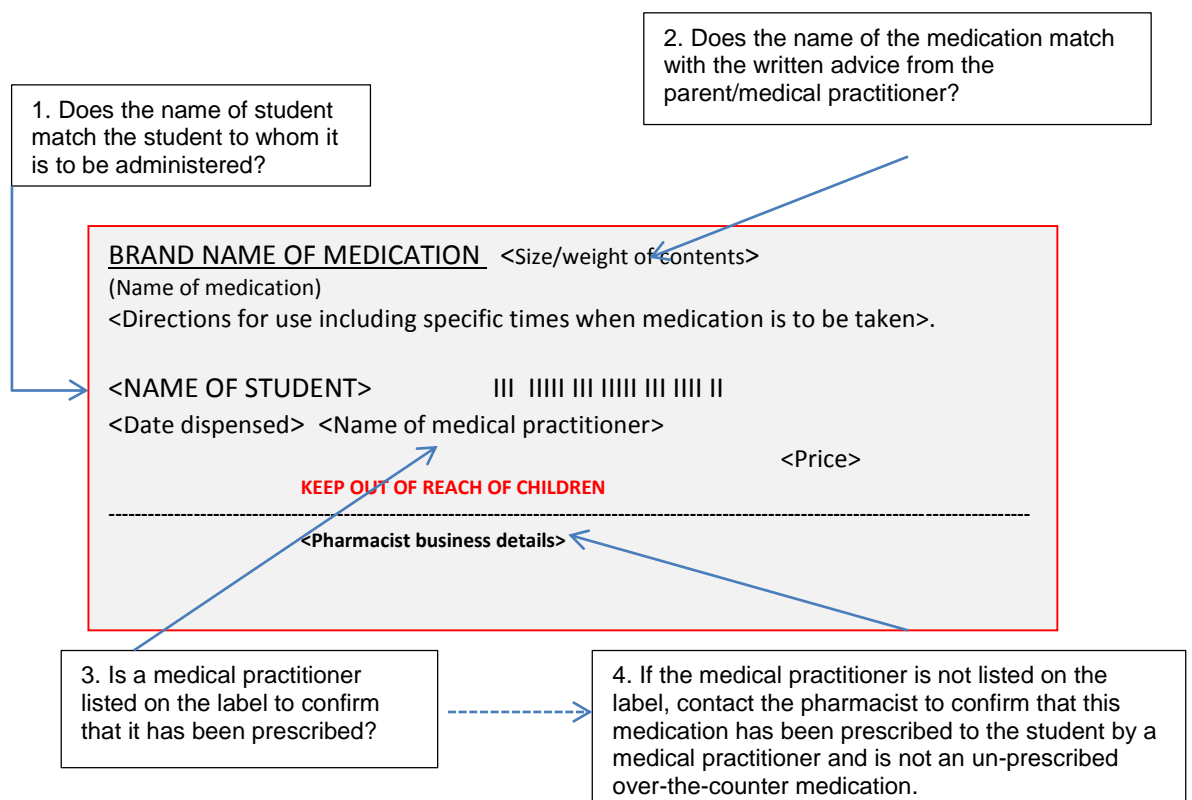
Confirming medication has been prescribed

To administer medication to students during school or school-related activities, schools require the medication to be prescribed, which constitutes medical authorisation. Schools can confirm that medication has been prescribed by checking that:

- the original packaging is labelled 'Prescription only' or 'Controlled drug' (as these medications can only be sold by pharmacists on a medical practitioner's prescription); and/or
- the pharmacy label on the student's medication includes the medical practitioner's name (See Diagram 1).



Diagram 1. Pharmacy label check



In some instances, a pharmacist may dispense prescribed medication in more than one box, but not label all boxes. In this case, a parent should request extra prescription labels to be printed by the pharmacist, as only labelled medication will be administered by the school.

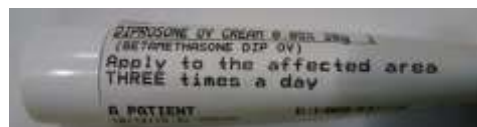
Staff administer medications that are essential for the student's health. Where a school is concerned that the medication may not have been prescribed and is an OTC medication, e.g. the label does not include the name of the medical practitioner and the school has no other evidence that the medication has been prescribed (e.g. letter from the medical practitioner), the school may phone the pharmacist who dispensed the medication (named on the label) to confirm that it has been prescribed by a medical practitioner.



In the event that the pharmacist will not disclose if the medication is prescribed, the school should advise the parent that they cannot administer the medication without written authority from the student's medication practitioner.

A letter from the parent to administer medication will not suffice if medical authorisation cannot be confirmed. The parent should be advised that until medical authorisation can be confirmed, if they wish their child to receive medication during school hours, they will have to attend the school to take the responsibility for its administration.

Further information about medicine labelling is available at <http://www.nps.org.au/topics/how-to-be-medicinewise/regulation-clinical-trials/medicine-schedules-availability>



Example of a student's prescribed medication with the names of the patient and medical practitioner on the pharmacy label

Medication side-effects

All medications have the potential for side effects. It is recommended that the parent administer the first dose of medication to their child prior to requesting the school to administer it. In this way, the parent can determine if their child is likely to experience any side effects so that the school can monitor the student's condition and contact the parent if there are any concerns.








Camps and excursions

Well-planned camps and excursions offer beneficial learning opportunities for students. An essential part of this planning is ensuring that systems are in place so that students who require essential medications receive them. The following checklist provides key considerations for staff to assist in their planning.

Prior to a camp/excursion, organising staff have:	Check
<ul style="list-style-type: none"> advised parents well in advance that all medication, including over-the-counter medication such as paracetamol, requires parental permission and medical authorisation for staff to administer it 	<input type="checkbox"/>
<ul style="list-style-type: none"> encouraged parents to provide tablet medication in blister packs 	<input type="checkbox"/>
<ul style="list-style-type: none"> a list of all students attending and their health conditions (e.g. OneSchool medical report) 	<input type="checkbox"/>
<ul style="list-style-type: none"> familiarised themselves with the students' health conditions 	<input type="checkbox"/>
<ul style="list-style-type: none"> identified students with specialised health needs who will require additional planning to manage their health condition and referred to the <i>Management of Students with Specialised Health Needs</i> procedure at http://ppr.det.qld.gov.au/education/management/Pages/Management-of-Students-with-Specialised-Health-Needs.aspx for their responsibilities 	<input type="checkbox"/>
<ul style="list-style-type: none"> conducted planning for students with specialised health needs with their parent and qualified health practitioner (e.g. SSRN) to determine and plan for medication requirements. 	<input type="checkbox"/>
<ul style="list-style-type: none"> referred to the Anaphylaxis Guidelines for Queensland State Schools and Diabetes Guidelines for Queensland schools for specific advice to plan for camps/excursions where students with these health conditions will attend 	<input type="checkbox"/>
<ul style="list-style-type: none"> identified which students self-medicate and any associated requirements 	<input type="checkbox"/>
<ul style="list-style-type: none"> ensured that first aid emergency medications are available at or brought to camp locations for the duration of the camp 	<input type="checkbox"/>
<ul style="list-style-type: none"> considered maintaining a register of medications received for administration during the camp/excursion 	<input type="checkbox"/>
<ul style="list-style-type: none"> advised all staff supervising students of those with health conditions, their symptoms and health needs 	<input type="checkbox"/>
<ul style="list-style-type: none"> recording sheets for administering medications to students. 	<input type="checkbox"/>

Appendix 1: Administering routine/short term medication (INCLASS protocols)

This checklist is designed as a quick reference guide when administering medications to students at a prescribed time.

I		Infection control procedures...	to be followed, e.g. wash hands, use gloves.
N		Note the directions...	on the <i>Administration of medication at school record sheet (routine/short term medication)</i> , including dosage requirements, and IHP where relevant.
C		Check...	the student's identity.
L		Look at the pharmacy label...	for the student's name, the medication name, dose and route.
A		Administer...	the drug (again checking the dosage requirements and time required for administration listed on the pharmacy label and that the medication is for this student).
S		(Safe disposal where relevant) Sign...	of sharps or equipment used to administer medication to students with specialised health needs, as required. the medication record to prove that the drug has been given.
S		Storage...	of the medication as required, in accordance with the manufacturer's instructions (e.g. return original container to the cupboard/fridge, store transported medication appropriately until it is to be administered).

Appendix 2: Setting up a safe system to administer routine/short-term medication

The following table provides actions which should be considered well in advance of students receiving medication, e.g. in preparation for the new school year:

Action Officer	Action	Check
Communication and records management		
Principal or delegate	has determined local requirements for administering medications to minimise errors, based on local circumstances, e.g. two person check, reading dosage twice before administering.	<input type="checkbox"/>
Principal or delegate	has considered a calendar system to alert when students are to receive their medication and/or a reminder system for students if required.	<input type="checkbox"/>
Principal or delegate	has considered if the use of a register to record medications kept in the school (with check-in/out dates) is required.	<input type="checkbox"/>
Workplace, health and safety		
Staff administering medication	are familiar with the Infection Control Guideline , e.g. hand washing, disposable cups used for administering medication.	<input type="checkbox"/>
Principal or delegate	has considered the inclusion of responding to medical emergencies into emergency planning and drills.	<input type="checkbox"/>
Stock, storage and transport of medications		
Principal or delegate	has a locked cupboard available to store controlled drugs.	<input type="checkbox"/>
Principal or delegate	has a secure fridge available for medications requiring refrigeration if required (i.e. no student access to fridge).	<input type="checkbox"/>
Staff administering medication	have a stock of equipment required for safe administration of medications, e.g. disposable cups.	<input type="checkbox"/>
Principal or delegate	has determined local requirements for secure storage and transportation of medication if the student is required to carry it to out-of-school hours venues.	<input type="checkbox"/>
Staff administering medication	are aware of the requirement to read and follow storage requirements for medication on receipt.	<input type="checkbox"/>
Principal or delegate	has communicated to all staff the location of where emergency medication is kept for individual students.	<input type="checkbox"/>
Paperwork		
Staff administering medication	have determined where hard copies of the <i>Administration of medication at school record sheet</i> – for both routine/short term and emergency medication will be stored securely but readily accessible when required.	<input type="checkbox"/>
Staff administering medication	are familiar with the school's medications recording process, including reporting medication errors.	<input type="checkbox"/>
Receipt of medication		
Staff administering medication	are aware of the requirement to check that on receipt of medication, it is in the original packaging with a pharmacy label.	<input type="checkbox"/>
Staff administering medication	are aware of the requirement to check that the medication and dosage requirements on the pharmacy label match Section 1 on the medication record sheets.	<input type="checkbox"/>
Students with health plans		
Principal or delegate	has ensured staff who administer medication to students with health plans have received training and support as per the <i>Management of Students with Specialised Health Needs</i> procedure.	<input type="checkbox"/>
Staff in consultation with SSRN	are familiar with safe processes for administering medication via injections and for managing needle stick injuries.	<input type="checkbox"/>

Appendix 3: Checklist for self-administration

This process may be used to assist the principal/delegated officer in assessing the risks associated with approving a student to carry and administer their own prescribed medication.

In determining whether a student is able to self-administer routine medication, the principal should consider the following factors in consultation with the parent and student:

Parents/carers of students with asthma may determine if their child can self-administer their medication without principal approval. However, this checklist may be used with the parent/carer if they if they would like assistance in making this determination.

FACTORS FOR CONSIDERATION	Yes/No
The student can:	
<ul style="list-style-type: none"> • confidently, competently and safely administer their own medication following infection control guidelines 	
<ul style="list-style-type: none"> • follow their timetable for administering medication (where it is required at particular times) 	
<ul style="list-style-type: none"> • demonstrate practices of secure storage of medication when that medication may be potentially harmful to other students 	
<ul style="list-style-type: none"> • safely dispose of sharps equipment where relevant 	
<ul style="list-style-type: none"> • ensure their medication is in-date. 	
Other students who are in the proximity of a student self-administering can behave appropriately to maintain a safe and respectful environment for the student self-administering.	

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