

## Distributing Medication and Medical Management Policy and Procedure

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Drafted by	MSA	Approved by board on	March 2025
Responsible person	Principal	Scheduled review date	March 2027

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## 1 Organisational Statement

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- 1.1 Mastery Schools Australia (“**the School**” or “**MSA**”) is committed to ensuring the health, safety, and wellbeing of all students by implementing clear procedures for the distribution and management of medication. The School recognises its duty of care to provide a structured and safe approach to medical management that aligns with best practices and regulatory requirements.
- 1.2 The School also expects all staff, parents, and guardians to actively participate in maintaining accurate and up-to-date medical records, ensuring that students receive the correct medication and appropriate care. Staff are expected to follow designated procedures for administering medication, while parents and guardians must provide necessary authorisations and ensure their child’s medical needs are communicated and managed effectively.

## 2 Scope

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This policy applies to employees, contractors, volunteers and parents/guardian in relation to the New South Wales operations and it is the responsibility of all employees,

contractors, volunteers and parents/guardian working for or at a New South Wales school to understand and comply with this policy.

### **3 Purpose**

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- 3.1 The Distributing medication and Medical Management Policy sets out:
- (a) how the School ensures students receive the medication they need while at School by establishing procedures for distributing medication; and
  - (b) the School's process for obtaining, recording and updating student medical conditions and management of these conditions.
- 3.2 The First Aid Policy sets the School's emergency medical responses.

### **4 Related Documents**

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- (a) First Aid Policy and Procedure
- (b) Medication Consent Form (end of this Policy)
- (c) Individual Health Support Plan and Consent Form (end of this Policy)
- (d) Incident Report Form
- (e) Incidents Register
- (f) Anaphylaxis Management Policy
- (g) Register of staff trained in first aid

### **5 Students and Staff with Medical Needs**

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- 5.1 All persons with pre-existing ailments that may require emergency treatment are to provide an *Individual Health Support Plan* for their condition.
- 5.2 Details of students and staff with medical needs will have their *Individual Health Support Plan* kept with their Records (on Compass and SharePoint, respectively) as applicable and with First Aid teams. Also, each teacher of students with medical needs, will keep these details with them during teaching of these students to ensure appropriate care is taken if required.
- 5.3 Staff with medical needs should also advise their supervisor of any requirements they have in case of an incident.
- 5.4 The Senior Campus Administration Officer (SCAO) is responsible for requesting student's parent/guardians and staff to update their medical information on an annual basis and updating records when individual circumstances may change between this annual collection.

### **6 Responsibilities**

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#### **Accredited Teachers**

- 6.1 As part of the duty of care owed to students, teachers are required to, within the limits of their skill, expertise and training:

- (a) administer first aid (refer to the First Aid Policy);
- (b) help students to take medication when required or instructed by the SCAO (this Policy).

### **Non-teaching staff**

6.2 Non-teaching staff are responsible for helping students take medication when required or instructed by the SCAO.

### **Parents**

6.3 Parents/guardians must provide written permission for the School to distribute or administer medication to students while they are at school (unless when a student needs first aid – refer to the First Aid Policy).

6.4 Parents must keep the school up to date with any changing medical needs.

6.5 Parents must supply their child's medication to the school in clearly labelled original packaging with the printed chemist label on the box.

### **First Aid Officer**

6.6 The Senior Campus Administration Officer will be the First Aid Officer.

6.7 The First Aid Officer is responsible for:

- (a) managing the safe and secure (lockable) storage of medication;
- (b) disposing of medication when it is out of date or the student has left the School;
- (c) monitoring the distribution of medication and supporting staff to distribute medication as required;
- (d) receiving medication to be distributed to students;
- (e) recording when medication has been distributed to students;
- (f) maintaining up to date and correct information about the medication to be distributed to students; and
- (g) recording and updating student medical conditions and management of these conditions.

## **7 Process**

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### **Parent identifies medical distribution need or medical condition**

7.1 If a student has a medical condition and/or requires medication to be distributed at school, the student's parent/guardian must complete the relevant form (medication consent form and/or medical condition form) and provide the form and relevant medication to the School.

7.2 The information the parent must provide to the School is:

- (a) medication to be taken;
- (b) the amount of medication that have been provided to the school;
- (c) medication expiry date;
- (d) dosage;
- (e) times and days to be administered;
- (f) the start and end date for which the authorisation is valid;
- (g) route of medication;
- (h) is the medication to be taken daily or when required;
- (i) appropriate storage requirements; and
- (j) any special instructions.

### **Medication Consent Form and medication provided to the First Aid Officer**

7.3 Often, parents will provide these forms and the medication to the reception desk or an administration officer. The receiving staff member must pass the medication consent form and the medication to the First Aid Officer for storage of the medication.

7.4 Details must also be added to a secure part of the student's Compass record.

### **Storage of the medication**

7.5 The First Aid Officer is responsible for the storage of the medication. The First Aid Officer will determine the best way to administer the medication depending:

- (a) on the needs of the student;
- (b) the age and maturity of the student (i.e., can the student attend the first aid office, or does a staff member need to remind the student); and
- (c) instructions in the consent form.

### **Distributing the medication**

7.6 The First Aid Officer will distribute the medication according to the consent form or instruct another appropriately trained School staff member. Distributing medication may NOT be delegated to a volunteer or contractor.

7.7 Distribution of medication must be logged and recorded in the students medication register. The medication registers must be saved on the student's compass file at the end of every month.

7.8 Unless specifically directed by a medical practitioner in writing, at no time is the First Aid Officer to:

- (a) distribute medication to a student other than the student to whom the medication has been prescribed or otherwise relates;
- (b) exceed or alter dosages of any medication distributed; or

- (c) deliberately or recklessly omit a scheduled dose.

## **8 Asthma**

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- 8.1 Students with asthma must have any necessary medication identified to the school. As part of the administration of medication plan, parents of students with asthma may provide permission for:
- (a) the First Aid Officer or appropriately trained School staff to administer asthma puffers to the student as needed; and/or
  - (b) students to self-administer asthma puffers.

## **9 Breach of Policy**

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- 9.1 Breaches of this Policy:
- (a) are not acceptable by any employee;
  - (b) will be responded to promptly; and
  - (c) may result in disciplinary action being taken.

## **10 Review**

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This policy is reviewed periodically as detailed in the policy review schedule. The next review date is March 2027.

## **11 Communication**

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This policy is made available to staff in the onboarding and induction period. It is also readily available on the school's SharePoint site.

## 12 Appendix 1 – Medication Consent Form

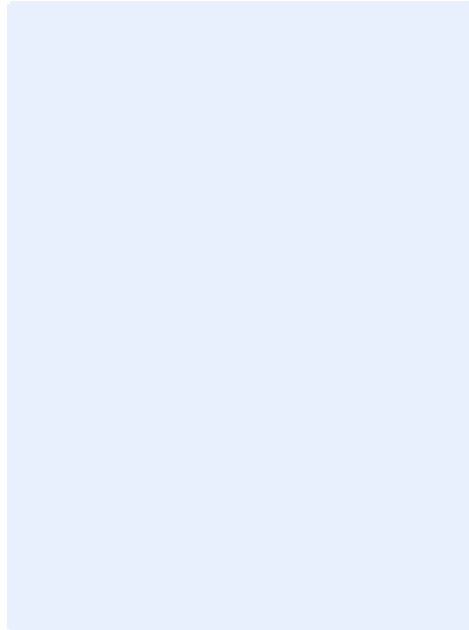
MEDICATION CONSENT FORM	
Student Name	
Parent/Guardian Name	
Allergies	
I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the student named above during school or school-related activities	
Name of Medication	
<p><b>Important Notice:</b> <i>The school cannot dispense medication to a student unless all the following conditions are met.</i></p> <p><b>I confirm that the medication provided to the school (as listed above):</b></p> <ul style="list-style-type: none"> <li>○ is medically authorised.</li> <li>○ is in the original dispensed container with intact packaging.</li> <li>○ at the time of writing, how many tablets have been provided to the school _____</li> <li>○ has the student's and doctor's names on the pharmacy label (<b><i>if there is no other written evidence of medical authorisation</i></b>)</li> <li>○ is current/in-date (<b>The expiry date of the medication is</b> __/__/____).</li> </ul>	

Medication Instructions			
Medication Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> When required* *parent/guardian will be contacted prior to administration		
Times	Administer at: __: __ am/pm    &    __: __ am/pm. <b>on the following days:</b> <input type="checkbox"/> Monday / <input type="checkbox"/> Tuesday / <input type="checkbox"/> Wednesday / <input type="checkbox"/> Thursday / <input type="checkbox"/> Friday		
Dates	Start date: __/__/____    End date: __/__/____ <input type="checkbox"/> On going		
Dose e.g (½ tab)	Dose 1: _____ Dose 2: _____ (if applicable)		
Route of medication	<input type="checkbox"/> Taken with food <input type="checkbox"/> Needs to be chewed <input type="checkbox"/> Taken with water		
Appropriate Storage	<input type="checkbox"/> Original Packaging <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other: _____		
Special Instructions			
Action plan provided	<input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other		
Parent/Guardian signature	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: center;"><b>Date</b></td> </tr> </table>		<b>Date</b>
	<b>Date</b>		

### 13 Appendix 2 - Individual Health Support Plan Cover Sheet

This template forms the cover sheet for an individual health support plan. Additional information and attachments will be relevant in meeting the student's specific health needs.

**Insert photo of student**



The individual health support plan must address the student's needs in the school's context and the activities they will be involved in. Planning must consider the student's full range of learning and support needs.

The individual health support plan is developed in consultation with the parent, staff and student, where practicable, and based on information from the student's doctor, provided by the parent.

**The plan will be reviewed on:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*NOTE: Individual health support plans should be reviewed at least annually or when the parent/guardian notifies the School that the student's health needs have changed. Principals can also instigate a review of the individual health support plan at other times.*

School		Phone	
Student name		Class	
Date of birth		Medicare number	
Student number			
Health condition/s			
If anaphylaxis, list the confirmed allergies			

<p>Learning and support needs of the student (including learning difficulties, behaviour difficulties and other disabilities)</p>		
<p>Impact of any of the conditions (as mentioned above) on implementation of this individual health support plan</p>		
<p>Medication/s at school</p>		
<p>Medication supply, storage and replacement. For anaphylaxis this will include the adrenaline autoinjector</p>		
<p>Other support at school</p>		
<p>Parent/Guardian/Carer contacts</p>	<p>Parent/Carer information (1)</p>	
	<p>First name</p>	
	<p>Surname</p>	
	<p>Relationship to child</p>	
	<p>Address</p>	
	<p>Primary contact number (e.g. mobile):</p>	
	<p>Other contact number (e.g. work /home)</p>	
	<p>Parent/Guardian/Carer information (2)</p>	
	<p>First name</p>	

	Surname	
	Relationship to child	
	Address	
	Primary contact number (e.g. mobile):	
	Other contact number (e.g. work /home)	
Emergency contacts (if parent/guardian/carer unavailable)	First name	
	Surname	
	Relationship to child	
	Address	
	Primary contact number (e.g. mobile)	
	Other contact number (e.g. work /home)	
Medical practitioner / doctor contact:	First name	
	Surname	
	Address	
	Phone	
	Mobile (if known)	
	Email (if known)	

Emergency Care Notes

*NB: An emergency care/response plan is required if the student is diagnosed at risk of a medical emergency at school.*

*For students at risk of anaphylaxis the [ASCIA Action Plan for Anaphylaxis](#) is the emergency response plan. This plan is obtained by the parent/guardian from the student's treating medical practitioner and not developed by the school.*

Emergency Service Contacts: (eg ambulance, local hospital, medical centre)

1.

2.

3.

Special medical notes

(Any special medical notes relating to religion, cultural or legal issues, e.g. blood transfusions.)

*NB: If the student is transferred to the care of medical personnel, e.g. paramedics this information, will if practicable in the circumstances, be provided to those personnel. It will be a matter for the professional judgment of the medical personnel whether to act on the information.*

## Documents attached

Please tick which of the following documents are attached as part of the individual health support plan:

- An emergency care/response plan (for anaphylaxis this is the ASCIA Action Plan for Anaphylaxis)
- A statement of the agreed responsibilities of different people involved in the student's support
- A schedule for the administration of prescribed medication
- A schedule for the administration of health care procedures
- An authorisation for the treating medical practitioner to provide health information to the school

Other documents – please specify. *Note: For anaphylaxis this should include strategies to minimise the risk of exposure to known allergens and details of communication and staff training strategies. See the Anaphylaxis Management Policy and Procedure for further information.*

<p>Consultation</p> <p>This individual health support plan has been developed as part of the learning support plan, in consultation with those indicated below and overleaf and with the knowledge and agreement of the student's parent/carer. Information has been provided by:</p>	
<input type="checkbox"/> Student	<input type="checkbox"/> Parent/Carer
<input type="checkbox"/> GP	<input type="checkbox"/> Medical specialist
<p>School staff involved in plan development</p>	
1.	Phone
2.	Phone
3.	Phone
<p>Health care personnel involved in managing the student's health at school: (e.g. Nurse or other health professional)</p>	
1.	Phone
2.	Phone
3.	Phone
Signature of Parent/Guardian:	Date
Signature of Principal or delegate:	Date