# St Francis Xavier Medication Administration Procedures

## 1. Purpose

These procedures outline the processes St Francis Xavier follows to manage the storage and administration of medication to students safely, consistently and correctly. These procedures apply to all medications bought with and without a prescription administered to students in the school environment. All medication is undertaken in a manner that safeguards the privacy, confidentiality and wellbeing of students in line with the *Privacy Policy* and *Privacy Collection Notice – Students and Parents*.

## 2. Scope

These procedures apply to all individuals working in the school environment, including:

- employees and staff directly engaged or employed by the school
- contracted service providers (including whether engaged through an intermediary) performing child-related work
- volunteers who perform work without remuneration or reward for the school.

These procedures also apply to students and their parents and carers.

The school environment includes any of the following locations where school activities occur during school hours and school-sponsored activities that occur outside school hours:

- school campuses
- other locations provided by the school/service or through a third-party provider for a child or student to use, including but not limited to locations used for camps and excursions, approved homestay accommodation, delivery of education and training, sporting events, competitions and other events.

These procedures do not apply to students with:

- anaphylaxis who are provided for in the school's *Anaphylaxis Management Policy*
- medical conditions who are provided for in the *Medical Management Procedures*
- personal care support needs who are provided for in the *Personal Care Support Procedures*.

## 3. Duty of care

The principal and all staff, including contractors and volunteers, have a non-delegable duty of care to ensure reasonable measures are taken and appropriate processes are in place when managing students' medication requirements and administering medication in the school environment.

The principal holds overall responsibility for leading, monitoring and responding to these procedures, ensuring that all processes are fully implemented. While the principal may nominate staff to undertake specific tasks, they retain accountability for the effective delivery of all requirements within these procedures.

### PROTECT Protocols

3.1 The principal is responsible for ensuring that all staff understand and meet their obligations as mandatory reporters, including their responsibility to identify and report concerns of

significant harm to Child Protection in accordance with the PROTECT protocols as outlined in the *Child Abuse Identification and Response Policy*.

3.2 Staff must make a report to Child Protection where they form a reasonable belief that the actions of parents and carers of a student with identified health support needs are posing a risk of significant harm to the student, including situations where they fail to:

- act on diagnoses or provide adequate care for the child
- provide relevant information about their child's medication needs
- act on a request from the school to provide authorised medical advice.

3.3 Failure to comply with these standards, including failing to seek and/or adhere to appropriate treatment, must be reported by any staff member who becomes aware of the matter, in accordance with the *Child Abuse Identification and Response Policy* and the *Reportable Conduct Policy*.

3.4 Where staff have concerns about a student's wellbeing but do not believe the student is at risk of significant harm or that their immediate safety is compromised, a referral to The Orange Door may be appropriate.

# 4. Identification of medication administration requirements

4.1 Student enrolment records must include current medical, health and wellbeing information, including details of any person authorised to consent to medical treatment.

4.2 During the enrolment process, or when a student requires prescription or non-prescription medication to be administered in the school environment, parents and carers must provide written details of their child's medication requirements.

4.3 Parents and carers must submit a completed *Medication Authority Form* (MAF), authorised by the prescribing health practitioner registered with the Australian Health Practitioner Regulation Agency (Ahpra), through the school's designated process (see 5.2 in the *Authorising medication* section).

4.4 Parents and carers must be informed that school staff must not administer the first dose of any new medication to their child by school staff in the school environment.

4.5 Any changes to a student's medication requirements must be supported by updated written medical advice and authorised before further administration occurs.

4.6 The deputy principal and school administration officers are responsible for ensuring that enrolment records for students with medication requirements are kept up to date.

4.7 Where a student requires reasonable adjustments beyond quality differentiated teaching practice (QDTP), the deputy principal with consent from parents and carers, may submit a consultation request to access Student Engagement Services for support (school to refer to the *Student Engagement Unit Support Services Guide for Schools*).

# 5. Authorising medication

5.1 The principal must authorise all medication administration in the school environment. This responsibility cannot be delegated.

5.2 Parents and carers must request medication to be administered to their child in the school environment by submitting a completed MAF through the school's designated process. This applies to all prescription and non-prescription medication, for both short-term and long-term use, including where a student self-administers or carries medication. Parents must complete a paper or digital copy of the schools Medication Authority Form (MAF) prior to medication being administered at school.

5.3 A MAF authorises staff to administer medication to a student in the school environment.

5.4 The MAF must include:

- the medication(s) to be administered
- clear administration instructions, including dose, method, timing, frequency, storage and supervision requirements
- authorisation from the prescribing registered health practitioner.

5.5 The MAF must be completed and accompanied by one of the following acceptable forms of authorisation:

- a signature on the MAF from the prescribing Ahpra-registered health practitioner
- a signed letter from an Ahpra-registered health practitioner, such as a General Practitioner (GP), specialist or hospital discharge letter
- a prescription or copy of the prescribed medication in its original packaging with a current, original pharmacy label showing the student's full name, directions for use, date of dispensing and the name of the prescribing Ahpra-registered health practitioner
- a completed and signed action plan or management plan from an Ahpra-registered health practitioner.

5.6 A MAF is not required for:

- general first aid, including general-use adrenaline devices and spare salbutamol (Ventolin) puffers or inhalers
- asthma, anaphylaxis, diabetes or epilepsy medication administered in accordance with an approved action or management plan.

## Medication supply requirements

5.7 Parents and carers must ensure that any medication provided to the school for their child:

- is accompanied by a signed MAF (unless exempt under 5.6)
- is supplied in one of the following forms:
  - the original container or packaging with a current pharmacy label that includes the student's full name, directions for use and date of dispensing
  - a Webster-pak® prepared by an Ahpra-registered pharmacist, clearly labelled with the student's name, dosage and administration times
  - for non-prescription medication, the original packaging, clearly labelled with the student's name and expiry date
- includes clear written instructions for administration and storage
- is within its expiry date and replaced as required.

## Safety checks and clarification

5.8 Where more than one medication is required in the school environment, staff must ensure instructions are clear and do not present a risk of adverse reactions arising from the concurrent use of multiple medications. Any uncertainty must be clarified with a registered health practitioner before administration.

5.9 In exceptional short-term circumstances of 1–3 days, the principal may approve the administration of non-prescription medication based on parent and carer consent provided through a MAF, without authorisation from a registered health practitioner.

5.10 Where appropriate, the school may consult with parents and carers to consider alternative arrangements, such as administering medication outside of school hours.

## Changes, review and supporting documentation

5.11 Parents and carers must promptly notify the school in writing of any changes to their child's medication requirements, including where medication administration is no longer required in the school environment (as outlined Section 10 *Communication*).

5.12 Any changes to a student's medication requirements must be supported by updated written medical advice and authorised before further administration occurs.

5.13 Ongoing medication administration requirements may also be documented in the student's *Medical Advice Template* (MAT) and *Student Health Support Plan* (SHSP) (see *St Francis Xavier Medical Management Procedures*). A MAT may not be required where the student's condition and medication requirements are stable and do not require active management (e.g. medication prescribed for attention deficit hyperactivity disorder (ADHD) following diagnosis by a paediatrician).

5.14 The MAF must be reviewed:

- at least annually (e.g. recorded in the Program Support Group (PSG) meeting minutes)
- whenever medication requirements change, supported by updated written medical advice

- following an incident or where changes are required to meet duty of care or legal obligations
- where medication instructions cannot be followed (e.g. when instructions are unclear or when the student does not comply with the agreed administration arrangements)
- before the student attends any off-site activities, including excursions, camps and travel, and special events
- before the student attends any programs involving third-party providers, including workplace learning or Vocational Education and Training.

## Off-site activities

5.15 For off-site activities (e.g. excursions, camps and travel), the staff member in charge must ensure compliance with the *Excursions, Camps and Travel Policy*. This includes ensuring that:

- required medication accompanies the student
- supervising staff understand the student's medical needs and medication instructions
- relevant information is shared with third-party providers, with parent or carer consent.

# 6. Administering medication

6.1 Medication must only be administered in accordance with the instructions on the original packaging or pharmacy label, or as otherwise documented on the MAF by the prescribing registered health practitioner.

6.2 Medication must not be administered if instructions are unclear. Clarification must be obtained beforehand.

6.3 Before medication is administered in the school environment for the first time, confirmation must be obtained that the first dose has been given by parents and carers or by a registered health practitioner, and that no adverse side effects were observed.

6.4 Medication must only be administered to the student for whom it has been prescribed, except in emergency situations (e.g. if a student is having an asthma attack and their own blue reliever puffer is not readily available, one must be obtained and administered without delay).

6.5 Pain relief medication (e.g. aspirin and paracetamol) must not be administered as a standard first aid measure, as it may mask symptoms of serious illness or injury.

## Supervision

6.6 Relevant staff must be informed when a student requires time away from class to receive medication.

6.7 Medication must be administered by appropriately trained staff, particularly where administration is complex or condition-specific (e.g. injections, intravenous injections, rectal suppositories). Relevant staff may seek support or training by the Schoolcare Program at the Royal Children's Hospital or specialised health service providers.

- Teachers, Learning Support Officers and Administration staff are responsible for administering medication in accordance with the MAF.

6.8 Medication administration will be supervised by two staff members where possible. Two staff members must be present for the administration of Schedule 8 medication.

6.9 Where only one staff member is available to administer medication (non-Schedule 8 medications only), documented risk management strategies must be implemented. These may include:

- ensuring the staff member is not undertaking other duties at the time of administration (e.g. answering phone calls or supervising other students)
- asking the student to confirm their full name, date of birth and address, and to confirm they have not already received the dose within the timeframe specified on the MAF
- confirming the student's identity and dosage details twice before administration
- ensuring first doses of new medication are not administered in the school environment.

6.10 Where a parent or carer is employed at the school, they should not administer medication to their own child due to potential conflicts of interest, the need to maintain professional boundaries and the requirement to safeguard student wellbeing.

- In exceptional circumstances, the principal may approve this arrangement where no reasonable alternative is available (e.g. small staff cohort). This approval must be supported by a documented risk assessment, clear safeguards, defined supervision arrangements and ongoing monitoring.

## Record keeping and student register

6.11 Each instance of medication administration must be recorded in the school's *Medication Administration Log* at the time of administration, including:

- student name and year level
- date and time
- medication and dosage administered
- name and initial of the staff member(s) administering the medication
- confirmation that the medication was administered in accordance with the MAF.

6.12 The deputy principal and school administration officers are responsible for establishing, maintaining and monitoring records of medication administered in the school environment. This includes documenting the type of record used, where records are stored, who may access the records, and processes for ongoing maintenance and reconciliation.

6.13 Medication administration records must be reconciled regularly against medication held by the school and the student's current MAF. Where Schedule 8 medication is stored, reconciliation must be conducted daily. Medications are stored in the first aid room cupboard, in individual contains with student medical authority form. School administration officers are responsible for daily reconciliation of all schedule 8 medications. Reconciliation forms are located inside student medication container.

## Self-administration

6.14 The principal may approve a student to carry and self-administer medication in the school environment. This decision is made on a case-by-case basis. the school will use the *Medication Self-administration Assessment Tool* to support decision making.

6.15 In determining whether self-administration is appropriate, the principal must consider:

- the student's age, maturity and capacity to safely carry and self-administer the medication
- the nature of the medication and any associated risks
- storage requirements, including whether refrigeration is required
- the risk of other students accessing the medication
- whether staff supervision is required
- advice from parents and carers and, where appropriate, the prescribing registered health practitioner.

6.16 The approval must include consultation with parents and carers, unless the student is a mature minor. Where appropriate, the prescribing registered health practitioner should also be consulted.

6.17 Self-administration of controlled medications or benzodiazepines must not occur without staff supervision.

6.18 Where self-administration is approved, this must be clearly documented in the MAF, including:

- the medication the student is approved to carry and/or self-administer
- when and where the medication may be self-administered
- any storage or access requirements
- any supervision or monitoring arrangements
- actions to be taken if concerns arise about safe self-administration.

# 7. Adverse reaction or medication error

7.1 If an adverse reaction is suspected or a medication error occurs, staff must take immediate action in accordance with the steps below:

| In the event of an adverse reaction or medication error, staff must: | |
|---|---|
| IMMEDIATE | Ensure the student's safety by:<br>• assessing the student's condition<br>• providing appropriate first aid in accordance with the SHSP, *Individual Anaphylaxis Management Plan* or *First Aid Procedures*<br>• seeking advice where necessary (e.g. from a community pharmacist) |
| | Call the Victorian Poisons Centre (13 11 26), and provide details of the incident and the student involved |
| | Act immediately upon the advice provided, including calling an ambulance (000) if directed |
| | Contact the student's parents and carers or the emergency contact person to notify them of the incident and actions taken |
| | Document all actions taken and relevant observations and complete an Incident Report on MACS Guard |
| FOLLOW UP | If a reasonable belief is formed that a staff member has committed reportable conduct or misconduct, notify the MACS Reportable Conduct Scheme (RCS) Team as per the *Reportable Conduct Policy* |
| | Notify the Senior Manager School Leadership and/or the General Manager (Region) of the incident |
| | Review the school's *First Aid Procedures* and *Medication Administration Procedures* to determine whether any changes are required to prevent reoccurrence |
| | Identify and implement improvements to internal systems, where necessary |
| | Provide additional staff training, as appropriate |

7.2 Where there is ongoing concern about a student following the administration of medication, the school must:

- seek emergency medical assistance or, where appropriate, request that a parent or carer attend the school
- cease administering further medication until external medical advice has been obtained.

# 8. Medication administration in an emergency

8.1 In an emergency, staff must provide immediate first aid assistance and contact emergency services (000), as required.

8.2 Authorisation for the administration of emergency medication may be provided by a registered health practitioner or by emergency services personnel.

8.3 In cases of anaphylaxis, asthma, diabetes and epilepsy, medication may be administered without prior authorisation, in accordance with the student's management or action plan.

# 9. Storage and documentation

## Medication storage

9.1 The school must not store more than one week's supply of medication for a student, unless an ongoing arrangement is documented in the student's MAT or SHSP (see *St Francis Xavier's Medical Management Procedures*).

9.2 Medication must be stored:

- in accordance with the medication instructions, including refrigeration where required

- securely in a locked cupboard, refrigerator or other appropriate location
- in an area accessible only to authorised staff responsible for medication administration
- away from classrooms, first aid kits and general access areas.

9.3 Exceptions apply for anaphylaxis devices, asthma medication and medication approved for student self-administration, which must be readily accessible.

9.4 Access to locked medication storage must be restricted to authorised staff during school hours, with secure arrangements in place for shared access where required. Where keys are used, they must be stored securely outside of school hours.

9.5 Expired or unused medication must be disposed of in accordance with documented school processes and any applicable medication instructions.

9.6 **Receiving Medication**

- **Authorisation & Documentation:** Parents and carers must submit a completed Medication Authority Form (MAF) authorised by an Ahpra-registered health practitioner—unless exempt under an approved asthma, anaphylaxis, diabetes, or epilepsy action plan or general first aid—and approved by the Principal before any prescription or non-prescription medication is accepted.
- **Packaging & Supply Limits:** Medication must be within its expiry date, include written administration and storage instructions, and be supplied in original pharmacy-labelled packaging, a pharmacist-prepared Webster-pak®, or clearly labelled original packaging (for non-prescription items). The school stores no more than one week's supply unless an ongoing arrangement is documented in a Medical Advice Template (MAT) or Student Health Support Plan (SHSP).
- **First-Dose Rule:** Staff must not accept or administer the first dose of any new medication; parents or carers must confirm the initial dose was already given outside school without adverse effects.

**Storing Medication**

- **On-Site Locked Storage:** Medications are stored in the First Aid Room inside a locked cupboard or refrigerator (away from classrooms and general access areas), placed in individual containers with the student's MAF and reconciliation form. Access is restricted to authorised staff, with keys secured outside school hours.
- **Emergency & Self-Carried Exceptions:** Emergency anaphylaxis autoinjectors, asthma relievers, and Principal-approved self-administered medications remain unlocked and immediately accessible.
- **Off-Site & Third-Party Storage:** During excursions, camps, travel, and external programs, the designated medical staff member or Teacher in Charge carries individual medications, MAFs/action plans, and backup emergency devices in prominent, temperature-regulated mobile first aid kits, maintaining secure, temperature-controlled storage overnight on camps.

**Reconciling Medication**

- **Administration Logging:** Every dose administered is recorded immediately in the Medication Administration Log, capturing student details, date, time, medication, dosage, staff initials, and confirmation against the MAF.
- **Routine & Schedule 8 Reconciliation:** The Deputy Principal and administration officers regularly reconcile administration logs against physical medication stock and current MAFs. Schedule 8 (controlled) medications require two staff members for administration and daily reconciliation by administration officers using the reconciliation sheet inside the student's container.
- **Pre-Event & Departure Reconciliation:** Four to six weeks before off-site activities or third-party programs, the Organising Teacher and designated medical staff verify that MAFs and action plans are current and match the physical medication supplied, followed by a final manifest check on the day of departure.

**Disposing of Medication**

- **Expiry Monitoring:** School administration monitors medication expiry dates and notifies parents and carers when supplied medication is approaching expiry so it can be replaced.

- **Return & Disposal:** Expired or unused medication must be disposed of in line with documented school processes, applicable medication instructions, and the safe-return arrangements recorded on the student's MAF.

**Off-Site & Third-Party Provider Arrangements**

- Prior to student participation in camps, excursions, travel, or programs delivered by third-party providers (such as external venues or VET programs), the Teacher in Charge must review the student's MAF, confirm required medication accompanies the student, brief supervising staff on administration instructions, and share relevant medical details with third-party providers with parent or carer consent.

## Medication register

9.7 The dept principal and school administration are responsible for maintaining a secure m edication register. The register must:

- contain current and accurate information about student medication requirements
- be accessible only to authorised staff
- be protected from unauthorised access, misuse or disclosure.

The medication register is maintained by the deputy principal and checked on the first of each month.

## Specialised medical equipment and supplies

9.8 The principal may approve the purchase of specialised medical equipment or supplies, such as a Glucagen HypoKit, to support students with identified health support needs. Decisions must be based on the student's health support needs, associated risks and advice from a registered health practitioner. All equipment and supplies must be stored securely in accordance with these procedures.

## Medication documentation

9.9 The school must maintain clear processes for storing, accessing and reviewing MAFs and related documentation. Documentation must be securely stored while remaining accessible to authorised staff for day-to-day use and for off-site activities, including excursions, camps and travel, and other school events and programs delivered by third-party providers.

9.10 Medication documentation must be kept current through regular review and before relevant activities, including excursions, camps and travel, special events, workplace learning, VET and other programs delivered with third-party providers.

9.11 The deputy principal and school administration officers are responsible for confirming that up-to-date medication information has been obtained from parents and carers and is available to relevant authorised staff.

- **Where MAFs and related documentation are stored**
    - **Digital records:** Centrally stored on the **nforma** platform and on the restricted-access Teacher Drive (Teacher Drive > Learning Diversity > Individual Student Files > [Student Name]), alongside the Master Medical Register.
    - **Hardcopy records:** Placed directly inside each student's individual medication container (together with their reconciliation sheet) inside the locked cupboard or refrigerator in the First Aid Room, with authorised emergency action plans also displayed discreetly in relevant classrooms and staff rooms.
- **How documentation is accessed for day-to-day school activities**
    - Authorised staff view full plans via nforma and the individual student folders on the Teacher Drive, and receive an updated Master Medical Register via email from school administration on or around the 1st of each month.
    - Yard duty staff access laminated quick-reference medical alert cards inside yard duty bags.
    - Staff administering medication retrieve the student's hardcopy MAF directly from their individual container in the First Aid Room.

- **How documentation is accessed for off-site activities and third-party programs**
    - The designated Teacher in Charge of Student Medical Support (or Organising Teacher) packs physical and/or digital copies of verified MAFs, action plans, SHSPs/MATs, and emergency contacts in the mobile first aid kit, shares them with supervising staff leaders, and verifies mobile access to nforma prior to departure.
    - For programs delivered by third-party providers (such as camps, external venues, workplace learning), verified medical summaries, dietary plans, and emergency action plans are securely shared with the provider beforehand with parent or carer consent.
- **How the school confirms that MAFs are current before off-site activities and third-party programs**
    - **4 to 6 weeks prior:** The Organising Teacher checks the Master Medical Register and **nforma**, adds relevant students to the off-site risk assessment, and prompts parents and carers via nforma to confirm or update medical details.
    - **2 to 4 weeks prior:** The Designated School Medical Staff Member audits all MAFs and action plans (verifying practitioner authorisation within the past 12 months, as well as time-zone dosing schedules where relevant) against the physical medication supplied by families.
    - **Day of departure:** The Organising Teacher conducts a final manifest/roster reconciliation on the morning of the event to capture any last-minute health updates or attendance changes.
- **Who is responsible for confirming that current medication information has been obtained**
    - The Principal (or Approving Delegate) holds final formal sign-off accountability, approving the final Risk Management Plan and Excursion Register only after confirming that the Organising Teacher / Teacher in Charge has verified all records.
    - The Deputy Principal and school administration officers oversee the collection and maintenance of up-to-date medication records from parents and carers to ensure they are available to authorised staff, supported by the Designated School Medical Staff Member who audits clinical plans against supplied medications.
    - Anaphylaxis Comminication Policy.docx+ 2

# 10. Communication

## Parents and carers responsibilities

10.1 Parents and carers are responsible for providing accurate and current information in writing about their child's medication administration requirements through the school's designated process (see 5.2 in the *Authorising Medication* section).

10.2 Parents and carers must provide updated medication information when:

- their child is participating in off-site activities (e.g. excursions, camps and travel, including international travel, in accordance with the *Excursions, Camps and Travel Policy – MACS Schools* or programs delivered by third-party providers, such as workplace learning or VET)
- there are changes to their child's medication administration requirements, including dosage, timing, method or supervision requirements
- medication is prescribed for the first time, noting that the first dose of any new medication must not be administered by school staff in the school environment
- medication administration is no longer required in the school environment.

10.3 All updates must be submitted through the school's approved communication method:

- nforma platform

## School notifications to parents and carers

10.4 Parents and carers must be notified, as appropriate when:

- their child is participating in off-site activities, including excursions, camps and travel, international travel or programs delivered by third-party providers, such as workplace learning or VET
- medication supplied for their child is approaching its expiry date
- the school is unable to follow the medication instructions provided for their child, including where the student does not comply with the agreed administration arrangements
- a medication error occurs
- their child experiences a suspected allergic reaction or other adverse health event.

## School communication responsibilities

10.5 The school must establish and maintain clear communication processes for communicating medication requirements to relevant members of the school community, including:

- staff, including Casual Relief Teachers (CRT)
- students
- parents and carers
- volunteers, contractors and third-party providers, where required and authorised
- the broader school community, where appropriate.

10.6 Communication processes must support safe and consistent practice by ensuring that:

- roles and responsibilities are clearly defined
- relevant medication information is shared with authorised staff and third-party providers, where required
- medication requirements are reviewed before off-site activities, special events and programs delivered by third-party providers
- communication with parents and carers is timely
- medication procedures are incorporated into enrolment, staff induction, staff briefings and relevant school planning processes
- information is reviewed through PSG processes, where relevant
- awareness is promoted across the school community through appropriate channels, such as newsletters, website or information sessions.

10.7 A structured approach to communication must be implemented and documented through using the *Student Health Support Communication Plan* template.

10.8 The deputy principal is responsible for communication associated with these procedures at our school.

### Informing Staff, Volunteers, CRTs, Contractors, and Third-Party Providers of Responsibilities

**Permanent Staff & LSOs:** Informed through annual induction, the Staff Handbook, biannual medical/anaphylaxis briefings, and Program Support Group (PSG) meetings, with accredited complex-care training (e.g., RCH Schoolcare) tracked in the Staff Medical Training Register.

**Casual Relief Teachers (CRTs):** Receive a mandatory sign-in induction briefing from the Deputy Principal or delegate covering duty of care, emergency escalation, and plan locations.

**Volunteers & Contractors:** Complete a mandatory child-related induction prior to commencing duties detailing confidentiality, plan locations, and immediate reporting of student illness to supervising teachers.

**Third-Party Providers:** Receive pre-program consultations and written briefings from the Organising Teacher and Deputy Principal (with verified medical summaries shared upon parent/carer consent); external providers operating on school premises must remain under the direct line-of-sight supervision of a VIT-registered teacher at all times.

**Conflict-of-Interest Safeguard:** Staff or volunteers who are parents/carers of an enrolled student must not administer medication or medical care to their own child unless approved by the Principal with a documented risk assessment.

**Authorised Staff Access to Student Medication Information**

**Digital Systems:** Authorised staff access current records via the **nforma** platform, full medical plans on the restricted Teacher Drive (`Teacher Drive > Learning Diversity > Individual Student Files > [Student Name]`), and the updated Master Medical Register emailed by school administration on or around the 1st of each month.

**Daily Operational Alerts:** Classroom teachers receive class-specific medical notifications via **Seesaw**, while yard duty staff carry laminated quick-reference student alert cards in yard duty bags.

**Point-of-Administration Files:** Staff administering medication retrieve the hardcopy **Medication Authority Form (MAF)** and reconciliation sheet stored directly inside each student's individual medication container in the First Aid Room.

**Reviewing Medication Information for Off-Site Activities (Including Travel Conditions & Time Zones)**

**4 to 6 Weeks Prior:** The Organising Teacher checks the Master Medical Register and **nforma**, embeds student medical needs into the Off-Site Risk Management Plan, and prompts parents/carers via **nforma** to confirm or update medical and dietary information.

**2 to 4 Weeks Prior:** The Designated School Medical Staff Member audits MAFs and action plans (confirming Ahpra-registered practitioner authorisation within the past 12 months) against physical medication supplied by families, and verifies extended camp requirements (nighttime routines, dietary plans, and secondary emergency contacts).

**Travel Conditions & Time Zones:** The Organising Teacher and Deputy Principal assess transit duration, physical exertion, climate/remoteness, and temperature control for heat- or cold-sensitive medications (such as adrenaline autoinjectors or insulin). For interstate or international travel across time zones, written guidance is obtained from the student's prescribing practitioner to document a time-zone-adjusted dosing schedule on a travel-specific MAF/SHSP to prevent missed doses or accidental double-dosing.

**Executive Sign-Off & Departure Check:** The Principal approves the final Risk Management Plan only after all records are verified; on departure day, the Organising Teacher conducts a final manifest check and the designated medical staff member carries verified MAFs, emergency contacts, and temperature-regulated mobile first aid kits.

**Ongoing Communication with Parents and Carers**

**Submission & Authorisation:** Parents/carers maintain current records via **nforma** and submit practitioner-authorised **MAFs**, condition-specific action plans, or **Medical Advice Templates (MATs)** (with interpreter and cultural safety needs recorded).

**Scheduled Reviews & Updates:** Plans are reviewed at least annually via PSG meetings (every 6 months for Asthma Action Plans) or after any incident; parents must promptly report diagnosis or dosage changes, confirm first doses of new medications were safely administered outside school, and provide written practitioner confirmation before ceasing medication.

**Follow-Up & Escalation:** Missing or expiring plans/medications follow a five-step escalation process—(1) written **nforma** reminder, (2) second accessible reminder, (3) direct phone call explaining safety risks, (4) in-person support meeting, and (5) participation restrictions, leadership escalation, or mandatory **PROTECT** reporting where non-compliance poses a risk of significant harm.

**School-Initiated Notifications:** Parents/carers are notified prior to off-site or third-party programs, when supplied medications approach expiry, when instructions cannot be followed, or immediately following any medical incident, adverse reaction, or medication error.

**Guidance on Administration, Storage, and Incident Response Across Environments**

**On-Site Classrooms & Playgrounds:** Teachers apply classroom risk minimisation protocols (e.g., no food sharing) and send students to the First Aid Room for scheduled medication; yard duty staff carry mobile phones/two-way radios and quick-reference guides to initiate immediate first aid.

**On-Site First Aid Room & Storage:** Routine medications (maximum one week's supply unless approved in a MAT/SHSP) are locked in the First Aid Room cupboard or refrigerator in individual containers, while emergency adrenaline autoinjectors, asthma relievers, and approved self-carried medications remain unlocked and accessible. Schedule 8 medications require two staff for administration and daily reconciliation.

**Off-Site & Third-Party Settings:** Attending staff complete mandatory pre-departure briefings; designated medical staff carry temperature-regulated mobile kits containing individual medications, MAFs, and backup devices, maintaining secure overnight storage on camps and clear operational boundaries with external venue instructors.

**Incident Response (All Settings):** In the event of an emergency, adverse reaction, or medication error, staff immediately administer first aid per the student's plan, contact **000** and/or the **Victorian Poisons Centre (13 11 26)** as required, notify parents/carers immediately, and log an Incident Report on **MACS Guard**.

## Publication and accessibility

10.10 These procedures must be made accessible to the school community through the following methods:

- inclusion in staff induction processes
- publication on the school website

- inclusion in enrolment and transition materials
- communication through newsletters
- discussion at staff briefings and meetings

# 11. Privacy and information management

11.1 All information relating to medication administration must be collected, used, stored and disclosed in accordance with the *Privacy Policy* and *Privacy Collection Notice – Students and Parents*.

11.2 Medication information will be managed in a way that protects student privacy, confidentiality and wellbeing.

11.3 Access to medication information must be limited to authorised staff and provided only in accordance with privacy requirements.

# 12. Definitions

Definitions of standard terms used in these procedures can be found in the Glossary of Terms.

**Health support need**

The overarching term used to describe students identified health support needs including medical or health conditions, complex medical needs and personal care requirements.

**Medication Authority Form**

The Medication Authority Form (MAF) supports the principal and school staff to understand why medication is required, how and when it should be administered, and the arrangements for the safe storage and return of unused medication. This form must be completed for all medication administered to a student in the school environment, including both prescription and non-prescription (e.g. paracetamol, ibuprofen or hay fever medication) medication.

**Medical Advice Template**

The Medical Advice Template (MAT) is used to document information provided by the parent or carer of a student with an identified medical condition and/or who requires medical-related support. The template should outline the student's current diagnosis, prescribed and non-prescribed medication and the actions the school must take to support ongoing care, including how to respond if symptoms emerge or escalate. The MAT must be signed by the registered health practitioner providing the advice. If medication is to be administered in the school environment, a completed MAF must be submitted with the MAT.

**Non-prescription medication**

Medicines and supplements that can be bought without a prescription, including alternative medicines.

**Personal care support**

Personal care support refers to assistance with daily living tasks that are typically provided by parents or carers. Some students may require help with:

- toileting, menstruation and personal hygiene
- mobility, transferring and positioning
- eating and drinking.

Students may need personal care support due to:

- age
- developmental delay
- medical conditions
- short-term circumstances (e.g. wearing a plaster cast)
- long-term circumstances (e.g. complex medical care needs).

**Prescribing registered health practitioner**

Describes a person who is registered with the Ahpra and who is authorised to initiate, continue or cease medication within their scope of practice.

**Prescription medication**

A drug or other form of treatment prescribed by an Ahpra-registered health practitioner who is authorised to prescribe medication.

**Registered health practitioner**

Describes a person who is registered with the Ahpra or another relevant professional registration body and who practices within the scope of their professional registration.

**Signed and/or authorised**

Signed and/or authorised medical documentation refers to documents provided by a health practitioner that confirm the validity of their content:

> **Signed**: For documents requiring a signature, the practitioner has physically or electronically signed the document to confirm they prepared or endorsed it.
>
> **Authorised**: The document is issued by a suitably qualified and recognised practitioner and includes sufficient details (e.g. name, registration or provider number, or letterhead) to meet relevant policy requirements and verify its acceptance for its intended purpose.

**Schedule 8 medication**

Schedule 8 medications are drugs of dependence as listed in the *Drugs, Poisons and Controlled Substances Act 1981* (Vic). As a drug of dependence, there are restrictions in place regarding their manufacture, supply, distribution, possession and use to reduce the risks of abuse, misuse and physical and psychological dependence.

Due to the risks associated with the use of Schedule 8 medications, the Pharmaceutical Benefits Scheme (PBS) also provides a framework that applies safety controls to the supply and distribution of these medications (Reference: WorkSafe Victoria).

**Student Health Support Plan**

The Student Health Support Plan (SHSP) is informed by the information provided regarding the student's identified health support needs, e.g. authorised letter, condition-specific action plan, MAT or Personal Care Advice Template (PCAT). It must be developed by the school in consultation with the student (where appropriate) and the student's parents and carers to ensure that practices and procedures are in place to facilitate access and participation in the school environment.

# 13. Related policies and documents

## Supporting documents

Medical Advice Template
Medical Management Procedures
Medication Administration Flowchart
Medication Administration Log
Medication Authority Form
Medication Self-administration Assessment Tool
Personal Care Support Procedures
Student Health Support Communication Plan
Student Health Support Plan
Student Health Support Policy

## Related MACS policies and documents

Anaphylaxis Management Policy for MACS Schools
Child Abuse Identification and Response Policy
Child Safety and Wellbeing Policy
Conflict of Interest Policy
Enrolment Policy for MACS Schools

Excursions, Camps, and Travel Policy – MACS Schools
First Aid Policy for MACS schools
Privacy Policy
Privacy Collection Notice – Students and Parents
Reportable Conduct Policy
Risk Management Policy
Risk Management Checklist for Off-site Activities
Supervision Policy for MACS Schools

### Resources (external to MACS)

Victorian Catholic Education Authority (VCEA) Parent Guide to Program Support Groups
VCEA Program Support Group Meeting Guidelines

## 14. Legislation and standards

*Australian Education Act 2013* (Cth)
*Australian Education Regulations 2013* (Cth)
*Children, Youth and Families Act 2005* (Vic)
*Child Wellbeing and Safety Act 2005* (Vic)
*Crimes Act 1958* (Vic)
*Disability Discrimination Act 1992 (Cth)*
*Disability Standards for Education 2005* (Cth)
*Education and Training Reform Act 2006* (Vic)
*Education and Training Reform Regulations 2017* (Vic)
*Equal Opportunity Act 2010 (Vic)*
*Health Records Act 2001* (Vic)
Ministerial Order 706 – *Anaphylaxis Management in Victorian Schools*
Ministerial Order 1359 – *Implementing the Child Safe Standards – Managing the Risk of Child Abuse in Schools and School Boarding Premises*
*Occupational Health and Safety Act 2014* (Vic)
*Privacy Act 1988* (Cth)
*Public Records Act 1973* (Vic)
*Victorian Institute of Teaching (VIT) Code of Conduct*
*Victorian Registration and Qualifications Authority (VRQA) Guidelines to the Minimum Standards and Requirements for School Registration* (2022)
*Worker Screening Act 2020* (Vic)
*Work Health and Safety Act 2011* (Cth)

## Policy information table

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