Health support planning: medication management in education and care

This is a mandated procedure under the operational policy framework. Any edits to this page must follow the process outlined on the creating, updating and deleting policy documents page.

Overview

This is a practical direction for all staff working in education and care to manage medications in an education and care setting, and to plan and manage medication administration for children and young people.

This procedure must be read along with the department's health support planning processes.

Scope

This procedure applies to educators, early childhood development specialists, principals, directors and education support staff working in education and care. It describes:

- the roles and responsibilities of education and care staff, parents or guardians and clinicians for safe and effective medication management practices in education and care settings
- planning and management for children and young people requiring medication administration in education and care
- proactive and reactive medication management in education and care
- first aid response for any person requiring emergency response medication
- education and training for medication management and administration
- risk minimisation strategies for medication storage, security and administration

This procedure applies from the time a child or young person is enrolled until they leave the education and care service.

Detail

Medication background

Unsafe medication practices and medication errors are one of the leading causes of injury and avoidable harm in health care across the world, with error occurring at different stages of the medication use process; including prescribing, transcribing, dispensing, administration and monitoring practices. Medication errors occur most frequently during administration. Medication administration errors can result in severe harm, disability or death.
There are often a number of contributing factors that when combined can result in harm to a person as a result of medication. Strategies to improve medication safety need to be targeted at multiple points.

One of the factors contributing to medication errors is communication with the ‘patient’. This may include where a person is unable to communicate well (ie children and young people, people with disabilities and people who do not speak the same language as the person administering the medication).

Medication management for children and young people has additional challenges. A small error in dose of medication may have a much greater risk of harm compared to an adult. Prescribing medications to children and young people often requires weight-related dose adjustments or calculations.

There are some groups that have been identified to be at greater risk of medication incidents than others; these include children, older people, people living in residential care or nursing homes, and people with multiple health conditions. The World Health Organisation report on medication errors (PDF 526KB) gives more information about the growing risk of harm with medication use.

For the purpose of this procedure the scope and focus will be on administration of medications in an education and care setting.

**Medication definition**

‘Medication’ for the purpose of this procedure includes all prescribed, non-prescribed, over the counter and alternative therapies (vitamins, minerals, supplements) required to be administered in an education and care service.

‘Medication’ in this context does not include:

- sunscreen
- nappy rash cream
- moisturising lip balm
- lubricating eye drops or moisturiser (emollient) where these items are unmedicated
- Creon® (pancreatic enzyme replacement supplement)
- items included in a child or young person’s hypo kit.

Where education and care staff are not sure if the product contains medication they can contact their local pharmacy or the Medicines Information Service at the Women’s and Children’s Hospital (phone 08 8161 7222) for advice.

**Medication management for education and care services**

**Duty of care**

The education and care service has a duty of care to take ‘reasonable precautions’ during the period of care to minimise risks. In this instance ‘reasonable precautions’ would be making sure the child or young person is presenting for their medication administration, the medication is administered as directed in the hsp151 medication agreement (Word 173KB), and all rights in the hsp156 medication rights checklist (Word 136KB) are met.
Site requirements

All education and care services must have medication management processes in place that:

- are consistent with this procedure; including protocols for storage, administration, documentation, training and incident management
- include strategies to monitor, review and improve medication management practices
- routinely remind education and care staff, parent/guardians, children and young people, and local prescribers about the medication management processes
- support children and young people to participate safely and fully in their educational experience.

First dose

Children and young people should not be administered a first dose of a new medication at an education or care service. Due to the dangers of an adverse reaction, the first dose should be supervised by a parent, guardian or health professional.

An exception to this is if emergency medications are prescribed, for example Midazolam, Ventolin or Adrenaline. Refer to administering first aid emergency medication under administering medication in education and care services on this page.

Route of administration

Education services can only administer medication aurally, orally, inhaled or topically.

Medicines requiring complex administration (more information on this page) including injecting (subcutaneous), administration via gastrostomy tube or rectal administration cannot be given by education staff.

3 times a day administration

Generally, medication that requires administration 3 times a day can be administered outside of school hours (at home in the morning, after school and in the evening).

Medication ‘to be taken as required’, ‘as directed’, or ‘PRN’

Medication that is labelled ‘to be taken as required’, ‘as directed’ or ‘PRN’ (or similar) does not provide sufficient information and cannot be administered by the education or care service.

An exception to this is where a child or young person has been approved to carry and administer their own medication (refer to self-administration of medication under administering medication in education and care services on this page).

The medication agreement must clearly indicate the time of administration and cannot be dependent on education and care staff making a clinical decision about a child or young person’s symptoms or behaviour, with the exception of an hsp153 INM medication agreement (Word 1221KB) (emergency response medication for seizures).
Monitoring post administration

Education and care staff can observe and document behaviours post administration to advise the parent or guardian. However, it’s not the responsibility of staff to interpret behaviour about a medical condition or to monitor the effects of the medication.

Observations can be documented on the hsp157 medication advice form (Word 157KB) and sent to the parent or guardian.

Unmedicated creams, balms or drops

Where a parent or guardian requests that education and care services apply unmedicated products (e.g., sunscreen, nappy rash cream, moisturising lip balm, lubricating eye drops or moisturiser), there must be an agreed approach to documentation and communication between both parties. This must include the parent or guardian providing clear instructions on when and how much to administer. The education or care service must provide written confirmation to the parent or guardian that the product has been administered as instructed. This may be via text message or email, or by completing a hsp155 medication log (Word 203KB).

General use emergency response medicines

Education and care services can store and administer the following general use medications for emergency response (does not apply in family day care or respite care program).

- adrenaline autoinjector (EpiPen or EpiPenJr) for emergency treatment of anaphylaxis
- reliever puffer, for example salbutamol (Ventolin), for emergency treatment of asthma.

Analgesics (pain relief such as aspirin, paracetamol or ibuprofen) are not permitted in education and care services as general use medication for first aid. They must never be available as a standard first aid strategy as they can mask signs and symptoms or serious illness or injury.

Controlled drugs

Controlled drugs (also known as drugs of dependence or schedule 8 medicines/drugs) are prescription medicines that have a recognised therapeutic need but also a higher potential for misuse, abuse and dependence. The use of drugs of dependence are regulated by the Controlled Substances Act 1984 (PDF 760KB) and the Controlled Substances (Poisons) Regulations 2011 and monitored by the Drugs of Dependence Unit (DDU).

Controlled drugs that may be prescribed to children and young people and administered in an education and care service include:

- psychostimulant medication for the management of ADHD (e.g., methylphenidate (Ritalin), dexamphetamine)
- pain relief for long term chronic pain management (e.g., oxycodone (Endone), fentanyl patch).

All controlled drug packaging is clearly labelled.
The principal or director is ultimately responsible for all controlled drugs that are held on site, however may delegate the authority to manage and administer to staff. To ensure a combined understanding of the governance and accountability requirements for controlled and restricted medicines the hsp159 authorisation to administer controlled medicines (Word 109KB) form must be completed by the principal or director and authorised person.

Restricted schedule 4 medicines

Some schedule 4 medicines require increased governance over storage and management to reduce the risk to children and young people being administered medication and to the education and care staff administering the medication. Schedule 4 medicines that have a high potential for abuse, misuse, diversion and misappropriation are referred to as restricted schedule 4 medicines and should be handled in line with requirements for schedule 8 medicines (see medication storage, security and disposal on this page).

The SA Health storage and recording of restricted schedule 4 (prescription only) medicines policy directive (PDF 320KB) contains a list of schedule 4 medicines that are restricted in South Australia.

Restricted schedule 4 medicines prescribed to children and young people attending an education or care service may include clonidine, diazepam, clonazepam and midazolam.

Oxygen

Where a child or young person has been prescribed or requires oxygen they must be referred to the Access Assistant Program or Registered Nurse Delegation of Care Program.

Creon (pancreatic enzyme replacement supplement)

A medication agreement is not required for children and young people diagnosed with cystic fibrosis that have been prescribed Creon.

Creon (pancrelipase) contains digestive enzymes and is used to improve food digestion in people with cystic fibrosis who cannot digest food properly. Creon is not a medicine in the context of this procedure.

For more information refer to the department's cystic fibrosis webpage.

Contents of hypo kit for diabetes management

For children and young people with diabetes there will be times when they get hypoglycaemia (blood glucose levels too low).
A hypo kit must be retained at school and be readily available, either with the child or in class. The hypo kit will contain items that will bring blood glucose level back up.

This may include glucose tablets, jelly beans, non-diet soft drinks, muesli bars, dry crackers. These items are not a medicine.

For more information refer to the department's diabetes webpage.

**Complex medication administration**

Where a child or young person has alternative or complex medication administration requirements they may be eligible for and supported by the Access Assistant Program or RN Delegation of Care Program. Alternative or complex medication requirements may include invasive healthcare needs, uncertain or changing health.

The Access Assistant Program flowchart (PDF, 95.4 KB) or RN Delegation of Care service provider toolkit (PDF 275KB) support education and care staff to determine when additional supports are required.

**Transport**

Where a child or young person has a known health condition, consideration must be given when providing safe transport to and from the education and care service and for excursions and offsite activities; including where a child or young person has been prescribed medication to be administered in an emergency.

**Authority to administer**

Medication cannot be administered in an education or care service without written advice on a medication agreement (with the exception of emergency medication for anaphylaxis and asthma).

Medication cannot be administered by education and care staff if:

- a medication agreement has been modified, overwritten or is illegible
- any of the ‘medication rights’ are in doubt, refer to the hsp156 medication rights checklist (Word 136KB)
- the medication needs to be injected or administered rectally.

All sections of the medication instructions must be completed and match exactly the pharmacy label on the medication.

All requirements listed in the 'authorisation and release' section must be checked and parent or guardian details entered.

The agreement section must be completed by a treating health professional where the medication is a controlled drug, oxygen, insulin or pain relief (ie paracetamol, ibuprofen) that needs to be administered more than 3 times in 1 week.

Where education and care staff are unsure about the medication or administration instruction, they can contact their local pharmacy or the Medicines Information Service at the Women’s and Children’s Hospital, phone (08) 8161 7222 or email medinfo@sa.gov.au.
In an education and care setting there are specific requirements for administration of:

- scheduled medications
- high-risk medicines
- where multiple are prescribed
- invasive administration techniques
- frequent dose changes
- emergency medications.

**Schedules**

Scheduling is a national classification system that controls how medicines and poisons are made available to the public. Medicines are classified into schedules according to the level of regulatory control required. Schedules are published in the [Standard for the uniform Scheduling of Medicines and Poisons (SUSMP)](https://www.gov.au/rpbim/standard-uniform-scheduling-medicines-poisons-susmp).

**Unscheduled**

- Medications that are sold in retail outlets (eg supermarkets) and pharmacies, for example antacids (eg Mylanta, Gaviscon), paracetamol, aspirin, ibuprofen.
- Medication agreement can be completed by parent or guardian only.
- If pain relief medications need to be administered more than 3 times a week, a health professional must complete the agreement section.

**Schedule 2**

- Medications that are sold over the counter in a pharmacy without a prescription.
- Medication agreement can be completed by parent or guardian only.
- If pain relief medications need to be administered more than 3 times a week, a health professional must complete the agreement section.

**Schedule 3**

- Pharmacist only medicines that do not require a prescription and are substantially safe in use but require professional advice or counselling by a pharmacist to purchase.
- Medication agreement can be completed by parent or guardian only.
- If pain relief medications need to be administered more than 3 times a week, a health professional must complete the agreement section.
Schedule 4

- Medications that legally require a prescription from a doctor or dentist to be dispensed.
- Medication agreement can be completed by parent or guardian only.
- If pain relief medications need to be administered more than 3 times a week, a health professional must complete the agreement section.

Restricted schedule 4

- Prescription only medicines that don’t have sufficient addictiveness or risk of abuse to be classified as schedule 8, but a significant addiction or abuse risk does exist.
- Restricted schedule 4 drugs have additional prescription and recording requirements compared with schedule 4.
- Medication agreement can be completed by parent or guardian only.
- If pain relief medications need to be administered more than 3 times a week, a health professional must complete the agreement section.

Schedule 8 (controlled drugs)

- Schedule 8 (controlled drugs) have high potential for abuse and addiction. Possession of these medications without authority is an offence. The doctor must have a permit to prescribe schedule 8 medications.
- A health professional must complete the medication agreement.
- Authorisation to administer controlled medicines hsp159 (Word 109KB) must be completed by the principal or director and an authorised staff member.

High-risk medicines

- One or more high-risk medications (eg Intranasal Midazolam; schedule 8 medicines, restricted schedule 4 medicines, insulin).
- A health professional must complete the medication agreement.
- Needs a hsp120 health support agreement (Word 139KB).

Polypharmacy

- Five or more oral medications that must be administered in education or care.
- A health professional must complete the medication agreement.
- Needs a hsp120 health support agreement (Word 139KB).
- May be high or complex care needs that need referral to the Access Assistant Program.
Administration via feeding tube

- For example: gastrostomy, jejunostomy and nasogastric.
- Must be referred to the Access Assistant Program or Registered Nurse Delegation of Care Program.

Oxygen

- Must be referred to the Access Assistant Program or Registered Nurse Delegation of Care Program.

Single medication agreement

A single hsp151 medication agreement (Word 173KB) can only be used to document 1 medication to be administered to a child or young person.

Multiple medication agreement

A hsp152 multiple medication agreement (Word 213KB) can be used to document multiple medications to be administered to a single child or young person.

The multiple medication agreement only needs to include medications to be administered in the education or care service, not all medications prescribed for the child or young person.

INM (intranasal midazolam) medication agreement - for seizures

An hsp153 INM medication agreement (Word 1,221KB) is completed by a neurologist, paediatrician, specialist physician, general practitioner or neurology nurse for a child or young person who has been prescribed intranasal midazolam as an emergency response medication for seizures.

Where intranasal midazolam is prescribed a hsp340 seizure management plan (Word 1168KB) must also be completed.

Refer to the seizures and epilepsy webpage for more information.

Medication administration without an agreement

Medication cannot be administered by education and care staff without a medication agreement unless the prescribed medication is included in an anaphylaxis action plan or asthma care plan. In these instances, the action or care plan must be legible and contain all required medication information to enable safe administration.

Where a child or young person needs medication to be administered during attendance at an education or care service and a medication agreement is not available, arrangements must be made for the parent or guardian to attend the site and administer the medication. An exception to this is where a hsp154 decision making tool for medication administration (DOC 157KB) has been completed (refer to self-administration of medication under administering medication in education and care services on this page).
Medication cannot be administered to a child or young person at an education or care service without a hsp151 medication agreement (Word 173KB) by a person other than a parent or guardian. Where the medication is for an Aboriginal Australian child or young person, consideration must be given to the kinship structure where the primary caregiver is not always the parent or guardian and may be authorised as an extended family member.

**Medication agreement review date and end date**

All medication agreements should be reviewed regularly for continuing medication.

Where a review date has expired the medication agreement remains valid until an updated form is received. A review date is **not** an expiry or end date.

Where an end date is included on the form, the medication agreement is no longer valid when that date has passed. A new medication agreement must be completed.

**Administering medication in education and care services**

For the purpose of medication administration in an education or care setting, the 8 rights in the hsp159 medication rights checklist (Word 136KB) are regarded as standard measures for safe administration practices to reduce medication errors and harm. The medication rights checklist must be followed every time medication is administered to a child or young person in education and care services, and 2 staff members must be present during medication administration.

For single staff services (ie family day care, respite care program and rural care) where there is only 1 staff member present, the staff member must:

- double check the medication with the medication agreement
- follow the medication rights checklist and complete all related documentation.

The medication rights checklist should be used as a guide to support single staff services and parent or guardians to check and confirm medication instructions at handover (when the child is dropped off and picked up from the care service).

If any medication rights are in doubt, do not administer medication. Document in the hsp155 medication log (Word 203KB), contact the parent or guardian and complete a hsp157 medication advice form (Word 157KB).

**Who is responsible for providing medication to the education and care service?**

The parent or guardian is responsible for providing all medication and administration equipment. They should be encouraged to provide and collect the child or young person’s medication in person where possible. Where they can't drop off or transport the child or young person’s medication (eg to and from out of school hour’s care) the education and care staff, in consultation with the parent or guardian, should discuss and agree on safe methods of transport and transfer.
All medications must be provided in an original pharmacy container and have a pharmacy label with:

- child or young person’s name
- date of dispensing
- name of medication
- strength of medication
- dose (how much to give)
- when the dose should be given
- other administration instructions (eg to be taken with food)
- expiry date (where there is no expiry date the medication must have been dispensed within the last 6 months).

Who is responsible for administering medication during attendance at an education and care service?

Principals and directors are responsible for ensuring education and care staff members are available at any given time and are appropriately trained for the administration of medication to children and young people during attendance at an education or care service and during school related activities.

Education and care staff who administer medications must feel competent and willing to administer the medication.

Can staff refuse to administer medication?

Education and care staff have the right to refuse administering medication to children and young people if they feel uncomfortable or unqualified to do so.

However, in an emergency situation, staff have a duty of care to administer medication if an emergency response requires the medication to be administered immediately to prevent serious illness, injury or death (refer administering first aid emergency medication on this page).

Self-administration of medication

The decision if a child or young person can carry their own and/or self-administer medication is made by the principal or director (or nominated delegate) in consultation with the parent or guardian and young person. Complete the hsp154 decision making tool for medication administration (DOC 157KB).

Approval to carry and/or self-administer medications in an education or care setting must not be given for controlled or restricted medications. If you are not sure if the medication is controlled or restricted, contact your local pharmacy or the Medicines Information service at the Women’s and Children’s Hospital, phone (08) 8161 7222.
Children and young people are encouraged and supported to carry and self-administer some medications in line with their age and stage of development, providing they:

- can recognise their symptoms and seek support if required
- have the correct technique to administer the medication
- understand and apply safe practices in relation to their medication and equipment.

Some children and young people may choose to self-administer as they recognise the early stages of deterioration but may require assistance if their condition worsens.

Staff should not expect children and young people experiencing a medical emergency to self-administer their own medication. Education and care staff need to be prepared to administer emergency medication.

The principal or director (or nominated delegate) will determine if a child or young person is capable of assuming the responsibilities of carrying, self-administered and/or disposal of nominated medication(s); and will determine if notification, supervision and/or documentation of the medication administration is required.

**Before and during administration of medication**

Medication must only be administered to 1 child or young person at a time and, where possible, should be administered in the same room where the medication is kept. Hand hygiene and standard infection prevention and control precautions should be adhered to prior to, during and after medication administration for each child and young person.

Two education and care staff (with the exception of single staff services, ie family day care, respite care program and rural care) are required for the administration of any medication to a child or young person in an education or care service to ensure:

- hsp156 medication rights (Word 136KB) are checked
- supervision of the medication administration
- information is documented in the hsp155 medication log (Word 203KB).

**Post medication administration and documentation**

**Medication log**

The hsp155 medication log (Word 203KB) must be completed each time medication is administered or when the required medication could not be administered to a child or young person.

One medication log is required for each child, and for each medicine.

Both staff members must print their name and initial the medication log to confirm all details documented are correct and the hsp156 medication rights checklist (Word 136KB) has been followed. For single staff services a single name and initial is appropriate.

When all rows on the medication log have been completed, or when the medication is no longer required, the log must be closed, a copy provided to the parent/guardian, and the original filed in the child or young person’s record.
**Medication advice form**

Complete a hsp157 medication advice form (Word 157KB) for any of the following:

- medication has not been administered (including when the child or young person has refused to take the medication)
- a medication incident has occurred (including a medication error)
- post administration observations are required to be documented and communicated to the parent or guardian and/or treating health professional.

In all instances where medication has not been administered the parent or guardian must be notified immediately to determine if alternative arrangements are required for administration of the medication. This does not replace the requirement to complete a medication advice form and forward to the parent/guardian. The medication advice form must be sent to the parent/guardian and a copy retained in the child or young person’s record.

**Post administration observation**

Observations of the child or young person post administration can be documented on the medication advice form and forwarded to the parent/guardian.

Education and care staff can observe and document behaviours post administration to advise the parent/guardian (or treating health professional where requested) but it is not the responsibility of staff to interpret behaviour in relation to a medical condition or to monitor the effects of the medication.

**Response to side effects**

If the child or young person has collapsed or is not breathing following medication administration, call 000 (ambulance) and follow standard first aid.

If the child or young person presents with unusual symptoms or behaviours following medication administration that do not present as a medical emergency and are not documented in the hsp120 health support agreement (Word 139KB), contact the parent or guardian immediately and follow the advice given. Document the side effects, advice given and action taken in the medication log and complete a medication advice form.

**Refusal to take medication**

There may be a number of factors related to a child or young person’s refusal to take their medication.

It is important for staff to encourage children and young people to take their required medications, and this may include making allowances for an alternative time and location for administration (ie not in the classroom or not around peers).

Where a child or young person has refused to take their medication the parent/guardian must be notified immediately to determine alternative arrangements for the administration of the medication. Follow the advice given by the parent/guardian. Record in the hsp155 medication log (Word 203KB) and on a hsp157 medication advice form (Word 157KB) including describing refusal by the child or young person.
Administering first aid emergency medication

Education and care staff are required to administer medication in response to a medical emergency for children and young people diagnosed with a health condition, or as a first aid response for children, young people, staff and visitors.

Adrenaline autoinjector (EpiPen) and asthma reliever inhaler – salbutamol (Ventolin)

Adrenaline autoinjectors and asthma reliever puffers, for example salbutamol (Ventolin®), may be administered as a first aid emergency response to any child, young person, staff or visitor that are experiencing anaphylaxis or an asthma attack.

Where a child or young person has been prescribed an adrenaline autoinjector (EpiPen) or reliever puffer for emergency medication, this should be administered in line with the ACSIA action plan or asthma care plan. For more information refer to the department's health support planning webpages: Anaphylaxis and severe allergies and Asthma.

Prescribed emergency medication

Some children and young people with specialised health needs may require administration of emergency medications that require specialised training beyond what is provided in standard first aid training (eg Midazolam for the emergency treatment of seizures). Additional training for nominated staff is required to develop required competencies and ensure the safest option to manage risks to the child or young person’s health (see training and education on this page for more information).

All emergency medication must be prescribed by the treating health professional, documented in a medication agreement and administered in line with the health care plan, hsp120 health support agreement (Word 139KB) and/or hsp124 individual first aid plan (Word 129KB).

Storage, security and disposal of medication

Storing medication

Medication must be stored safely and securely. All medication must be stored in accordance with manufacturer’s instructions and/or as directed in the child or young person’s health care plan or hsp120 health support agreement (Word 139KB). Generally this will be in a locked cupboard or a locked non-portable container in a cool (below 25 degrees), dry place out of direct sunlight.

All medication must be stored in the original container with a pharmacy label. If unpacked or decanted the medication integrity may be compromised and medication errors may occur.

Access to medication must be available to appropriate staff at all times and cause minimal disruption to the child or young person’s learning.

There are some important exceptions:

- All emergency medication must be stored safely, but must also be readily accessible at all times.
• Asthma reliever inhalers, for example salbutamol (Ventolin), must be readily available at all times, including before and during exercise. Generally children and young people are responsible for their own inhalers. The need for a child or young person to have ready access to their inhaler should override any concerns about misuse by others.

• Some medications may require refrigeration. An appropriate refrigerator, with restricted access, should be identified and the medication should be placed in a closed plastic container with the lid clearly marked ‘medication’, and kept on a separate shelf in the fridge.

Storing controlled drugs

The storage and security of controlled drugs requires increased governance and accountability to reduce the risk of misuse, abuse and diversion.

Controlled drugs must be stored in a separate locked cupboard or storage area. Only authorised persons are to have access to controlled drugs. Authorisation to manage and administer controlled drugs must be approved by the principal or director, and documented on an hsp159 authorisation to administer controlled medicines (Word 109KB) form.

All controlled drugs located at the education or care service must be recorded on the hsp158 controlled drugs register (Word 209KB). A stock count for each item is required daily, endorsed with the names and signatures of 2 staff members (or 1 staff member in single staff settings). This register does not replace the requirement to complete the hsp155 medication log (Word 203KB) for each child or young person’s medication administration. If there are discrepancies with the medication count, report it to the SA Police.

All transactions involving controlled drugs must be recorded on the controlled drugs register. This includes when the medication has been delivered to the education or care service, administered to child or young person, returned to a parent/guardian or given to a local pharmacy for disposal.

Quantity of medication kept at education and care services

The quantity of medication kept at an education or care service should preferably be minimised to 1 day’s supply, brought to the education or care service by the parent or guardian each day. This must be provided in an original pharmacy container with a pharmacy label.

Where the medication is long-term and required regularly, arrangements may be made with the education or care service to store up to a week’s supply on site.

If the quantity of medication stored at the education or care service exceeds the amount described above this must be clearly documented in the child or young person’s hsp120 health support agreement (Word 139KB). Emergency medications may be stored at the education or care service at all times.

Disposal of unused, damaged or expired medication

If an education or care service has unused, damaged or expired medication, it must be safely disposed of.

Where the medication has been prescribed for a child or young person, the parent/guardian should be consulted in the first instance, and the medication returned to the parent or guardian. If the parent/guardian is unable to be contacted, or does not claim the unused, damaged or expired medication, it should be taken to a pharmacy for safe disposal. The parent/guardian should be advised in writing if medication is returned to a pharmacy.
Generally the shelf-life of most medications is around 2-3 years from the date of manufacture and if stored correctly the integrity of the medication should remain intact. It is important to regularly check medication kept at the education or care service for integrity and expiry.

If it is noted by the education and care staff that the child or young person’s medication expiry date is nearing or the integrity of the medication is in doubt, the parent/guardian must be notified as soon as practicable. Where the medication is general use medication retained at the education or care service this should be returned to a pharmacy and replaced.

If the integrity of the medication is in doubt a pharmacist can inspect it and give advice as to whether it is safe or requires replacement.

**Disposal of medication administration equipment**

Used syringes, pen needles, cannulas and lancets must be disposed of in an Australian Standards approved sharps container that is puncture-proof and has a secure lid. These containers are usually yellow and are available through pharmacies, local municipal councils and organisations such as Diabetes SA.

All education and care services should ensure they have sharps disposal kits available that include:

- a sharps container
- disposable gloves
- safe practice instructions for the disposal of needles and syringes into the sharps container.

It’s the responsibility of the parent or guardian to ensure appropriate options are in place for the disposal of their child and young person’s medication administration equipment. Where there is a requirement for disposal of equipment in an education or care service, arrangements must be made and documented in the child or young person’s hsp120 health support agreement (Word 139KB).

**Medication errors, incidents and queries**

If the incorrect dose or incorrect medication has been administered to a child or young person, do all of the following:

- If the child or young person has collapsed or is not breathing phone 000 (ambulance) immediately and follow standard first aid.
- If there is no immediate adverse reaction phone the Poisons Information Centre on 131 126 and follow the advice given. If the advice indicates the child or young person can remain at the education and care service, ensure additional supervision to monitor for any delayed adverse reactions
- Notify the parent/guardian.
- Document in the hsp155 medication log (Word 203KB).
- Complete a hsp157 medication advice form (Word 157KB) and forward to the parent or guardian.
- Review medication management and administration procedures at the education and care service to identify areas for improvement.
The local pharmacy or the Medicines Information service at the Women’s and Children’s Hospital may be able to help with non-urgent medication information and advice:

- email medinfo@sa.gov.au
- phone: (08) 8161 7222.

All medication incidents and near miss events must be documented on a medication advice form and forwarded to the parent/guardian as soon as practicable after the event. A copy must be retained in the child or young person’s file.

All medical incidents that require medical treatment and all near miss medication administration incidents must be reported on Incident and Response Management System (IRMS) within 24 hours of the event.

**Training and education**

All education and care services must have at least 1 designated first aider who is trained in HLTAID004 emergency first aid response in an education and care setting in attendance at all times. The designated first aider must be immediately available to administer first aid and emergency response medication (where required).

The principal or director must use the first aid and infection control standard to determine the appropriate number of designated first aidsers required for the education and care service; including for excursions, camps and other activities.

Women’s and Children’s Hospital Disability Services is developing an online paediatric eLearning medication tool to support staff in the safe management and administration of medicines in an education or care service. When available, it’s recommended that all staff undertake this online training.

Specialised training is required for administration of some medications including:

**Adrenaline autoinjectors**

- Adrenaline is emergency medication required for the treatment of anaphylaxis.
- Emergency response for anaphylaxis is included in the HLTAID004 emergency first aid response training.
- All department staff should complete the Australasian Society of Clinical Immunology and Allergy (ASCIA) free e-training course on anaphylaxis management in education and care services.

**Insulin**

- Insulin is medication used to manage blood glucose levels in people with diabetes.
- Refer to Women’s and Children’s Hospital Endocrinology and Diabetes department for training or advice from the Diabetes Nurse Educator, phone 08 8161 6402.
Intranasal Midazolam

- Intranasal midazolam (INM) is emergency medication required for the treatment of seizures.
- A hsp153 INM medication agreement (Word 1221KB) must be completed where midazolam is prescribed.
- INM administration is included in epilepsy and seizure first aid available through Epilepsy Centre, Epilepsy Action Australia and Australian Red Cross.

Oxygen

- Where a child or young person has been prescribed or requires oxygen they must be referred to the Access Assistant Program or Registered Nurse Delegation of Care Program.
- Emergency oxygen therapy should only be administered by trained staff or emergency services officers (ambulance officers), nursing or medical practitioners.

Salbutamol (ventolin puffers)

- Salbutamol is used to treat asthma and as an emergency medication required for an asthma attack.
- Emergency response for asthma is in included in the HLTAID004 emergency first aid response training.
- It’s recommended that all staff complete the Asthma Australia free online course, asthma first aid for schools.

Communication and risk management

Communication

Refer to the health support planning procedure for general communication strategies.

Communication strategies for education and care services where a child or young person requires administration of medication must be developed with an assurance that parent and guardians understand the content. The strategy should include:

- staff awareness of all children and young people enrolled who require administration of medication during attendance where this is required as an emergency response
- regular communication with parents and guardians of children and young people requiring medication administration during attendance to provide assurance that appropriate management, risk minimisation and emergency response strategies are in place including receiving copies of the hsp155 medication log (Word 203KB) and hsp157 medication advice form (Word 157KB as required
- parent or guardians to communicate any changes to the child or young person’s risk factors to ensure education and care staff have up-to-date information
- where age appropriate, communication with the peers of the child or young person with a medical condition, to identify early signs of deterioration and risk minimisation strategies.
Risk minimisation strategies

Risks associated with maintaining and administering medications at education and care services include:

- medications not provided
- administration incidents
- loss of medication, through spillage or poor management
- theft or misuse of medication
- deterioration of the medication due to incorrect storage or transport
- access to medication, particularly for emergency medications
- expiry of medications.

To reduce these risks:

- Strict medication administration processes must be followed.
- Medications should be stored according to specific requirements and with consideration to the safety of staff, children and young people and the wider school community.
- The hsp121 safety and risk management plan (Word 140KB) should be used to support and document decision making for children and young people requiring health support in the context of the individual site.

Consultation

Early and ongoing consultation with internal and external stakeholders is required to ensure the department’s health support planning procedures reflect current best practice and meet the needs of all service users. Before organisation wide consultation, this procedure has been forwarded to the following stakeholders for their review and feedback:

- Access Assistant Program, Disability and Complex Care, Women’s and Children’s Health Network – nursing director and medical consultant
- Association of Independent Schools of South Australia – senior educational consultant
- Catholic Education South Australia – senior education advisor
- Interagency Medication Authorities Committee – WCH membership includes Disability Services, Palliative Care, Respiratory and Sleep Medicine, Neurology, Complex Care Coordination unit, Paediatric Medicine, Pharmacy, GP liaison and consumer representative.
- SA Pharmacy – director pharmacy, Women’s and Children’s Hospital.
Definitions

Access Assistant Program (AAP)
Supports children and young people with a disability and/or who have complex health support needs so they can participate in education and care services.

aurally
Where products are administered into the ear, usually to treat conditions of the ear such as ear infections or excessive ear wax.

controlled drug
Also: Schedule 8 medications, Schedule 8 drugs, S8’s, drugs of dependence. Prescription medications that are likely to cause dependence or be abused.

Creon
A pancreatic enzyme replacement supplement that is used to improve food digestion in people with cystic fibrosis who cannot digest food properly. Creon is not a medicine in the context of this procedure.

education and care service
Includes children’s centres, preschools, schools, family day care, home based childcare, respite care programs.

emergency medication
Medication required for the emergency first aid treatment of specific medical conditions, ie adrenaline autoinjector for anaphylaxis, reliever puffer (Salbutamol (Ventolin)) for asthma, midazolam for seizures.

high risk medications
Medications that have a high risk of causing significant patient harm or death when used in error. Includes insulin.

inhaled
Where a substance is breathed into the lungs, usually through the mouth or mouth and nose.
INM (intranasal midazolam)

Emergency medication prescribed to treat seizures that is administered through the nose.

midazolam

Also intranasal midazolam, INM. Emergency medication prescribed to treat seizures.

orally

A route of administration where a substance is taken through the mouth.

PRN

Medicines that are taken as needed are known as PRN medicines. PRN is a latin term for 'pro re nata', which means 'as the thing is needed'.

restricted schedule 4 medicines

Also called restricted S4 or S4R. Schedule 4 medicines that are liable to abuse, ie benzodiazepines (eg Diazepam) and tramadol. For this group of medicines, the traditional storage and record keeping requirements for a schedule 4 medicine are inadequate to provide the level of accountability required.

topically

Where a product is applied directly onto the outer body surface.

Supporting information

Related legislation

Code of Practice First Aid in the Workplace 2016 (PDF 713KB)
Controlled Substances Act 1984
Controlled Substances (Poisons) Regulations 2011
Controlled Substances (Controlled Drugs, Precursors and Plants) Regulations 2014
Disability Discrimination Act 1992
Disability Standards for Education 2005 (PDF 209KB)
Education and Early Childhood Services (Registration and Standards) Act 2011 (PDF 1MB)
Education and Care Services National Regulations
and within those regulations in particular: Regulation 12, Regulation 90, Regulation 91, Regulation 92, Regulation 93, Regulation 94, Regulation 95, Regulation 96, Regulation 136(1), (2) and (3), Regulation 153(1)(j), Regulation 162(c), (d) and (e), Regulation 168(2), Regulation 177(1)(c), Regulation 183(2)(a), (b) and (c) Education Regulations 2012
National Disability Insurance Scheme Act 2013
State Records Act 1997
Work Health and Safety Act 2012

Related policy documents

Duty of care policy (PDF, 109.3 KB)
First aid and infection control standard
Health support planning in education and care

Supporting forms and documents

HSP120 Health support agreement (Word 138KB)
HSP121 Safety and risk management plan (Word 139KB)
HSP124 Individual first aid plan (Word 128KB)
HSP125 Guide to planning health support (Word 86KB)
HSP151 Medication agreement (Word 172KB)
HSP152 Multiple medication agreement (Word 212KB)
HSP153 INM medication agreement (Word 1.1MB)
HSP154 decision making tool for medication administration (DOC 157KB)
HSP155 Medication log (Word 202KB)
HSP156 Medication rights checklist (Word 135KB)
HSP157 Medication advice form (Word 156KB)
HSP158 Controlled and restricted medicines register (Word 209KB)
HSP159 Authorisation to administer controlled medicines (Word 108KB)
Medication in education and care services: information for families (PDF 229KB)
Medication error, incident, query or advice flowchart (PDF 129KB)
Medication administration flowchart (PDF 127KB)

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