Health support planning: Medication management in education and care

Please note this procedure is mandatory and staff are required to adhere to the content.

This procedure must be read in conjunction with the Department for Education health support planning procedure.

Policy overview

This document 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.

Scope

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

- the roles and responsibilities of education and care staff, parent/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.
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**REVISION RECORD**

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1. Medication administration flowchart

Medication administration in education and care

Child or young person requires medication

Administer emergency medication as per emergency first aid response

YES

EMERGENCY MEDICATION?

NO

YES

Medication agreement

NO

Call 000, monitor child or young person until able to transfer care to Ambulance Officer

NO

Medication supplied and correctly labelled

NO

YES

Carrying and/or self-administration of medication checklist (HSP154) completed and self administration approved

YES

Staff member present to supervise and monitor (as required)

YES

Child or young person able to self-administer

NO

NO

NO

YES

Child or young person self-administers medication

If required; document post administration observations on the Medication Advice Form (HSP157)

Administer medication

DO NOT ADMINISTER MEDICATION

Contact parent or carer for alternative arrangements

Document in Medication Log (HSP155)

Complete Medication Advice Form (HSP157)
2. Medication error, incident, query or advice flowchart

Medication error, incident, query or advice
in education and care

Medication error or incident

For example; administered to wrong person, incorrect dose given, incorrect medication given

NO

YES

Call Ambulance (000) and follow any advice/action

Call parent or carer

Monitor child or young person until ambulance arrives

Transfer care of child or young person to Ambulance Officer

ADVERSE REACTION

YES

NO

Call Poisons Information Centre 131 126 and follow any advice/action

Call parent or carer

Monitor child or young person

Complete Medication Advice Form (HSP157); Medication Log (HSP155) and IRMS report

Medication query or advice (non urgent)

For example; query on medication integrity, medication storage information, medication disposal instruction, general advice on medication

CONTACT

Medicines Information Service
Women’s and Children’s Hospital Pharmacy
Phone: (08) 8161 7222
Email medinfo@sa.gov.au

Local pharmacy

OR
3. 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\(^1\), 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\(^2\). 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\(^3\).

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

4. 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, or creon (refer section 5.13), or items included in a child or young person’s hypo kit (refer section 5.14).

Where education and care staff are unsure if the product contains medication they can contact their local pharmacy or the Medicines Information Service at the Women’s and Children’s Hospital (Ph: 08 8161 7222) for advice.

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\(^1\) [http://www.who.int/patientsafety/medication-safety/en/](http://www.who.int/patientsafety/medication-safety/en/)

\(^2\) [http://apps.who.int/iris/bitstream/10665/255263/1/WHO-HIS-SDS-2017.6-eng.pdf?ua=1&ua=1](http://apps.who.int/iris/bitstream/10665/255263/1/WHO-HIS-SDS-2017.6-eng.pdf?ua=1&ua=1)

\(^3\) [http://apps.who.int/medication-errors-technical-series-on-safer-primary-care](http://apps.who.int/medication-errors-technical-series-on-safer-primary-care)
5. Medication management for education and care services

5.1 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 ensuring the child or young person is presenting for their medication administration, the medication is administered as directed in the medication agreement, and all medication rights are met.

5.2 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, and
- support children and young people to participate safely and fully in their educational experience.

5.3 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 where emergency medications are prescribed ie midazolam; adrenaline (refer section 7.8).

5.4 Route of administration

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

Medicines requiring injecting (subcutaneous), administration via gastrostomy tube or rectal administration cannot be given by education staff (refer section 5.15).

5.5 3x a day administration

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

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

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

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

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4 An exception to this is where a child or young person has been approved to carry and administer their own medication (refer section 8.4).
symptoms or behaviour, with the exception of an INM medication agreement (emergency response medication for seizures).

5.7 Monitoring post administration

Education and care staff can observe and document behaviours post administration to advise the parent/guardian 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.

Observations can be documented on the medication advice form and sent to the parent/guardian. (refer section 7.6.2).

5.8 Unmedicated creams, balms or drops

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

5.9 General use emergency response medicines

Education and care services can store and administer the following general use medications for emergency response:

- adrenaline autoinjector (EpiPen® or EpiPen®Jr) for emergency treatment of anaphylaxis
- reliever puffer e.g. 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

General use medications that must never be available as a standard first aid strategy include analgesics such as aspirin, paracetamol or ibuprofen, as they can mask signs and symptoms of serious illness or injury.

5.10 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 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 (eg methylphenidate (Ritalin®), dexamphetamine)

5 Does not apply in Family Day Care or Respite Care Program
• pain relief for long term chronic pain management (eg 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 authorisation to administer controlled medicines form must be completed by the Principal or Director and Authorised person.

5.11 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 accordance with requirements for Schedule 8 medicines (refer 4.8 Medication storage, security and disposal).

The SA Health Storage and Recording of Restricted Schedule 4 (Prescription Only) Medicines Policy Directive contains a current 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.

5.12 Oxygen

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

5.13 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 cystic fibrosis webpage.

5.14 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 (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 diabetes webpage.
5.15 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 where they have invasive or complex healthcare needs, uncertain or changing health.

The Access Assistant Program Flowchart or RN Delegation of Care Service Provider Toolkit support education and care staff to determine when to additional supports are required.

5.16 Transport

Where a child or young person has a known health condition, consideration must be given to the provision of 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.

6. 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 where:

- a medication agreement has been modified, overwritten or is illegible,
- any of the ‘medication rights’ are in doubt (refer medication rights checklist), or
- the medication is required 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/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 is required to be administered more than three times in one 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; Email: medinfo@sa.gov.au).

In an education and care setting there are specific requirements for administration of scheduled\(^6\) medications and where there are multiple or high risk medicines prescribed, invasive administration techniques, frequent dose changes or emergency medications.

<table>
<thead>
<tr>
<th>Unscheduled</th>
<th>Medications that are sold in other retail outlets (ie supermarkets) in addition to pharmacies i.e. antacids (e.g. Mylanta®, Gaviscon®), paracetamol, aspirin, ibuprofen.</th>
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<td>Medication Agreement can be completed by parent/guardian only.</td>
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<td>If pain relief medications are required to be administered more than 3x in a</td>
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\(^6\) Scheduling is a national classification system that controls how medicines and poisons are made available to the public and are classified into Schedules according to the level of regulatory control required. The schedules are published in the Standard for the uniform Scheduling of Medicines and Poisons (SUSMP).
| Schedule 2 | Medications that are sold over the counter in a pharmacy without a prescription. Medication Agreement can be completed by parent/guardian only. If pain relief medications are required to be administered more than 3x in a week the ‘Agreement’ section must be completed by health professional. |
| 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/guardian only. If pain relief medications are required to be administered more than 3x in a week the ‘Agreement’ section must be completed by health professional. |
| Schedule 4 | Medications that legally require a prescription from a Doctor or Dentist to be dispensed. Medication Agreement can be completed by parent/guardian only. If pain relief medications are required to be administered more than 3x in a week the ‘Agreement’ section must be completed by health professional. |
| Restricted Schedule 4 | Prescription Only Medicines that don't have sufficient addictiveness or risk of abuse to be classified as Schedule 8, but for which a significant addiction/abuse risk exists. Restricted S4 drugs are subject to additional prescription and recording requirements over S4 Medication Agreement can be completed by parent/guardian only. If pain relief medications are required to be administered more than 3x in a week the ‘Agreement’ section must be completed by health professional. |
| Schedule 8 | Schedule 8 (controlled drugs) have high potential for abuse and addiction. The possession of these medications without authority is an offence. The doctor must have a permit to prescribe S8 medications. The possession of these medications without authority is an offence. Medication Agreement must be completed by health professional. Authorisation to administer controlled medicines must be completed by Principal or Director and Authorised staff member |
| High Risk Medicines | One or more high risk medications (ie Intranasal Midazolam; Schedule 8 medicines, Restricted Schedule 4 medicines, insulin) Medication Agreement must be completed by health professional. Requires a health support agreement to be developed |
| Polypharmacy | 5 or more oral medications (to be administered in education or care) Medication Agreement must be completed by health professional. Requires a health support agreement to be developed May be high or complex care needs that require referral to the Access Assistant Program |
| Administration via feeding tube | For example gastrostomy, jejunostomy and nasogastric Requires referral to the Access Assistant Program or RN Delegation of Care |
6.1 Single medication agreement

A single medication agreement can only be used to document one medication to be administered to a child or young person.

6.2 Multiple medication agreement

A multiple medication agreement can be used to document multiple medications to be administered to a single child or young person.

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

6.3 Intranasal Midazolam (INM) medication agreement

An INM medication agreement is completed by a neurologist, paediatrician, specialist physician, general practitioner or neurology nurse for a child or young person that has been prescribed intranasal midazolam as an emergency response medication for seizures.

Where intranasal midazolam is prescribed a seizure management plan must also be completed. Refer to the seizures and epilepsy webpage for further information.

6.4 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 requires 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/guardian to attend the site and administer the medication.

Medication cannot be administered to a child or young person at an education or care service without a medication agreement by a person other than a parent/guardian. Where the medication is for an Aboriginal child or young person consideration must be given to the kinship structure where the primary caregiver is not always the parent/guardian and may be authorised as an extended family member.

6.5 Medication agreement review date, end date and expiry 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 is expired. A new medication agreement must be completed.
7. Administering medication in education and care services

For the purpose of medication administration in an education or care setting the eight rights documented in the medication rights checklist 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 two staff members must be present during medication administration.

Where any ‘medication rights’ are in doubt
DO NOT ADMINISTER MEDICATION
Document in medication log, contact the parent/guardian and complete medication advice form.

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

The parent/guardian is responsible for providing all medication and administration equipment. The parent/guardian should be encouraged to provide and collect the child or young person’s medication in person where possible. Where they are unable to drop off or transport the child or young person’s medication (i.e., to and from out of school hours’ care) the education and care staff, in consultation with the parent/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 (i.e., to be taken with food)
- Expiry date (where there is no expiry date the medication must have been dispensed within the last 6 months)

7.2 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.

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7 For single staff services (i.e., Family Day Care, Respite Care Program and rural care) where there is only one staff member present the medication must be double checked with the medication agreement, the medication rights checklist followed, and all related documentation completed. The medication rights checklist should be used as a guide to support single staff services and parent/guardians to check and confirm medication instructions at handover (when the child is dropped off and picked up from the care service).
7.3 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).

7.4 Self-administration of medication

The decision as to whether 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/guardian and young person by completing the carrying and/or self-administration of medication decision making tool.

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 unsure 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) for advice.

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

- are able to recognise their symptoms and seek support if required,
- have the correct technique to administer the medication, and
- 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.

7.5 Prior to and during administration of medication

Medication must only be administered to one 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 post medication administration for each child and young person.

Two education and care staff are required for the administration of any medication to a child or young person in an education or care service to ensure:

- medication rights are checked,
- supervision of the medication administration, and
- checking information documented in the medication log.
7.6 Post medication administration and documentation

7.6.1 Medication log

The medication log 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 medication rights checklist 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.

7.6.2 Medication advice form

The medication advice form must be completed when:

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

In all instances where medication has not been administered the parent/guardian must be notified immediately to determine if alternative arrangements are required for administration of the medication, however 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.

7.6.3 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.

7.6.4 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 health support agreement, contact the parent/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.
7.7 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, document in the medication log and on a medication advice form including describing refusal by the child or young person.

7.8 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.

7.8.1 Adrenaline autoinjector (EpiPen®) and asthma reliever inhaler (puffer) e.g. salbutamol (Ventolin®)

Adrenaline autoinjectors and asthma reliever puffers eg salbutamol (Ventolin®) may be administered as a first aid emergency response to any child, young person, staff or visitor that may be 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 accordance with the ACSIA action plan or asthma care plan.

For further information refer to the Department for Education health support planning webpages: Anaphylaxis and severe allergies and Asthma.

7.8.2 Child or young person with 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 (refer Training and Education).

All emergency medication must be prescribed by the treating health professional, documented in a medication agreement and administered in accordance with the care plan, health support agreement and/or individual first aid plan.

8. Medication storage, security and disposal

8.1 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 action plan, care plan.
or health support agreement. 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 eg salbutamol (Ventolin®) must be readily available at all times, including prior to 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.

**8.2 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 **authorisation to administer controlled medicines** form.

All controlled drugs located at the education or care service must be recorded on the **controlled drugs register**. A stock count for each item is required daily, endorsed with the names and signatures of two staff members (or one staff member in single staff settings). **NOTE:** This register does not replace the requirement for completion of the **medication log** for each child or young person’s medication administration. Where there are discrepancies with the medication count refer to stolen, misused or diverted medication.

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

**8.3 Quantity of medication kept in education and care**

The quantity of medication kept at an education or care service should preferably be minimised to one day’s supply, brought to the education or care service by the parent/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.

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6 Where 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 health support agreement.
Emergency medications may be stored at the education or care service at all times.

**8.4 Stolen, misused or diverted medication**

When medication is stolen, misused or diverted from the person to whom it was originally prescribed the education or care service must:

- follow established procedures for missing property,
- notify the parent/guardian to arrange a replacement dosage of the medication, and
- contact the Police if required (stolen, misused or diverted).

**NOTE:** misuse or loss of a controlled drug is a criminal offence and requires mandatory reporting to the Police.

**8.5 Disposal of unused, damaged or expired medication**

Where an education or care service has unused, damaged or expired medication this 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/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.

Where 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 to provide advice as to whether it is safe or requires replacement.

**8.6 Disposal of medication administration equipment**

Used syringes, pen needles, cannulas and lancets must be disposed of in an Australian Standards-approved sharps container, which 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 including a sharps container, disposable gloves and safe practice instructions for the disposal of needles and syringes into the sharps container.

It is the responsibility of the parent/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 health support agreement.
9. Medication errors, incidents and queries

If the incorrect dose or incorrect medication has been administered to a child or young person:

- 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
  - Where the advice indicates the child or young person is able to remain at the education and care service, ensure additional supervision to monitor for any delayed adverse reactions
- Notify the parent/guardian
- Document in the medication log
- Complete a medication advice form and forward to the parent/guardian
- Report on Incident and Response Management System (IRMS)
- 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 assist with non-urgent medication information and advice:

- Email: medinfo@sa.gov.au
- Phone: (08) 8161 7222

All medication incidents and near miss event 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.

10. Training and education

All education and care services must have at least one designated first aider who is trained in **HLTAID004 Emergency First Aid Response in an Education and Care Setting** in attendance at all times who is 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 aiders 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, the Department for Education recommends 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](https://www.ansi.org/ansi-accredited/australia) training.

All Department for Education 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](https://www.wch.sa.gov.au) for training and/or advice from the Diabetes Nurse Educator (Phone: 08 8161 6402).

**Intranasal Midazolam (INM)**

Intranasal midazolam (INM) is emergency medication required for the treatment of seizures.

An [INM Medication Agreement](https://www.wch.sa.gov.au) must be completed where midazolam is prescribed.

INM administration is included in Epilepsy and Seizure First Aid available through [Epilepsy Centre](https://www.epilepsy.org.au), [Epilepsy Action Australia](https://www.epilepsy.org.au), and [Australian Red Cross](https://www.redcross.org.au).

**Oxygen**

Where a child or young person has been prescribed or requires oxygen they must be referred to the [Access Assistant Program](https://www.sahealth.sa.gov.au) or [RN Delegation of Care Program](https://www.sahealth.sa.gov.au).

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 included in the [HLTAID004 Emergency First Aid Response](https://www.ansi.org/ansi-accredited/australia) training.

The Department for Education recommends all staff completed the Asthma Australia free online course [Asthma First Aid for Schools](https://www.asthma.com.au).

### 11. Planning and post incident management

#### 11.1 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/guardians understand the content, and should include:
• staff awareness of all children and young people currently enrolled who require administration of medication during attendance where this is required as an emergency response,

• regular communication with parent/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 medication log and medication advice form as required,

• parent/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, and

• 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.

11.2 Risk minimisation strategies

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

• medications not provided,

• administration incident,

• 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), and

• expiry of medications.

To reduce these risks

• strict medication administration processes must be adhered to, and

• 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 safety and risk management plan should be used to support and document decision making for children and young requiring health support in the context of the individual site.
12. Consultation

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

<table>
<thead>
<tr>
<th>Department/Organisation</th>
<th>Role(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Assistant Program, Disability and Complex Care, Women’s and Children’s Health Network</td>
<td>Nursing Director, Medical Consultant</td>
</tr>
<tr>
<td>Association of Independent Schools of South Australia</td>
<td>Senior Educational Consultant</td>
</tr>
<tr>
<td>Catholic Education South Australia</td>
<td>Senior Education Advisor</td>
</tr>
<tr>
<td>Interagency Medication Authorities Committee</td>
<td>WCH membership includes Disability Services, Palliative Care, Respiratory and Sleep Medicine, Neurology, Complex Care Coordination Unit, Paediatric Medicine, Pharmacy, GP Liaison and Consumer Representative</td>
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<tr>
<td>SA Pharmacy</td>
<td>Director Pharmacy, Women’s and Children’s Hospital</td>
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13. Definitions

<table>
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<tr>
<th>Term</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>AAP</td>
<td>Access Assistant Program. 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</td>
</tr>
<tr>
<td>Aurally</td>
<td>Where products are administered into the ear, usually to treat conditions of the ear such as ear infections or excessive ear wax.</td>
</tr>
<tr>
<td>Controlled Drug</td>
<td>Also: Schedule 8 medications, Schedule 8 drugs, S8’s, drugs of dependence Prescription medications that are likely to cause dependence or be abused.</td>
</tr>
<tr>
<td>Creon®</td>
<td>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.</td>
</tr>
<tr>
<td>Education and care service</td>
<td>Includes children’s centres, preschools, schools, family day care, home based child care, respite care programs</td>
</tr>
<tr>
<td>Emergency medication</td>
<td>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.</td>
</tr>
<tr>
<td>High risk medications</td>
<td>Medications that have a high risk of causing significant patient harm or death when used in error. Includes Insulin.</td>
</tr>
<tr>
<td>Route</td>
<td>Description</td>
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<td>------------</td>
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<tr>
<td>Inhaled</td>
<td>Where a substance is breathed into the lungs, usually through the mouth or mouth and nose</td>
</tr>
<tr>
<td>INM</td>
<td>Intranasal midazolam&lt;br&gt;Emergency medication prescribed to treat seizures that is administered through the nose</td>
</tr>
<tr>
<td>Midazolam</td>
<td>Also intranasal midazolam, INM&lt;br&gt;Emergency medication prescribed to treat seizures.</td>
</tr>
<tr>
<td>Orally</td>
<td>A route of administration where a substance is taken through the mouth</td>
</tr>
<tr>
<td>PRN</td>
<td>Medicines that are taken “as needed” are known as “PRN” medicines. “PRN” is a Latin term that stands for “pro re nata,” which means “as the thing is needed.”</td>
</tr>
<tr>
<td>Restricted Schedule 4 medications</td>
<td>Also: Restricted S4, S4R&lt;br&gt;Schedule 4 medicines that are liable to abuse, i.e. benzodiazepines (e.g. 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</td>
</tr>
<tr>
<td>Topically</td>
<td>Where a product is applied directly onto the outer body surface</td>
</tr>
<tr>
<td>Treating health professional</td>
<td>A registered medical practitioner within the meaning of the <em>Health Practitioner Regulation National Law (South Australia) Act 2010</em>; (may include a Specialist or local GP)</td>
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## Supporting information

<table>
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<th>Published</th>
<th>Month / Year</th>
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### Related legislation

- Code of Practice First Aid in the Workplace 2012
- Controlled Substances Act 1984
- Controlled Substances (Poenis) Regulations 2011
- Controlled Substances (Controlled Drugs, Precursors and Plants) Regulations 2014
- Disability Discrimination Act 1992
- Disability Standards for Education 2005
- Education and Early Childhood Services (Registration and Standards) Act 2011
- 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)(i); 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
- Work Health and Safety policy
- First Aid and Infection Control Standard
- Direct Health Support of People with Disability (DCSI Policy)

All Department for Education health support planning procedures

### Keywords

- adrenaline, asthma, drug, dose, epipen, error, health, HSP151, HSP152, HSP153, HSP154, HSP155, HSP156, HSP157, HSP158, HSP159, incident, INM, insulin, medication, oxygen, pharmacy, prescription, puffer, rights, route, salbutamol, self-administration, ventolin