Procedure

Health support planning: Medication management in education and care

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

Summary

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.

Table 1 - Document details

Publication date	August 2018
File number	18/07542
Related legislation	*Code of Practice First Aid in the Workplace 2012* *Controlled Substances Act 1984* *Controlled Substances (Poisons) Regulations 2011* *Controlled Substances (Controlled Drugs, Precursors and Plants) Regulations 2014* *Work Health and Safety Act 2012* *State Records Act 1997* *Disability Discrimination Act 1992* *Disability Standards for Education 2005* *National Disability Insurance Scheme Act 2013* *Education and Early Childhood Services (Registration and Standards) Act 2011* *Education Regulations 2012* *Education and Care Services National Law 2010* *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)
Related policies, procedures, guidelines, standards, frameworks	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
Version	1.0
Replaces	Medication Management – Frequently asked questions (2014) Information for health professionals – Prescribing medication to be given in education and/or care settings (2013) Completion of Medication Logs – FAQs
Policy officer (position)	Health Support Planning Policy Officer
Policy officer (phone)	8226 1769
Policy sponsor (position)	Director, Disability Policy and Programs
Executive director responsible	Executive Director, Early Years and Child Development
Applies to	All Department for Education staff
Key words	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, self-administration, ventolin
Status	Approved
Approved by	Senior Executive Group
Approval date	10 August 2018
Review date	10 August 2019

Table 2 - Revision record

Date	Version	Revision description
Pending	1.0	New procedure developed incorporating information from the former medication management FAQ documents and information for health professionals. The national law is clearly articulated. This procedure clearly explains the requirements in an education and care setting for: • management of medication including storage, security and disposal • administration of medication to a child or young person • administration of emergency first aid response medications • documentation of medications and medication administration • training and education for medication management and administration

Table of Contents

1. Title

Health support planning: Medication management in education and care.

2. Purpose

This procedure encompasses all medications including prescribed, non-prescribed, over the counter and alternative therapies (vitamins, minerals, supplements) and describes

- the roles and responsibilities of education and care staff 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

3. Scope

This procedure applies to educators, early childhood development specialists, Principals, Directors and education support staff working in education and care.

In addition to this procedure, some children and young people may require support from the Access Assistant Program (AAP) or Registered Nurse (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.

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

4. Procedure detail

4.1 Legislative requirements

Education and care staff have a duty of care and safe work obligations (see Duty of Care Policy).

The education and care service and its staff have a duty of care to take reasonable steps to be informed as to whether a child or young person has a health condition and to take reasonable precautions during the period of care. The specific steps taken to minimise risk depend on the health condition, age and stage of development of the child or young person, triggers and the circumstances of the environment.

Pursuant to Regulation 136(1) and (2) of the *Education and Care Services National Regulations 2014* education and care settings are required to have at least one staff member who is in attendance at a site and is immediately available in an emergency who holds a current approved first aid qualification; however the Department for Education has an expectation that all staff have up to date first aid training.

In accordance with the Department for Education School Transport Policy there is no requirement for drivers of departmentally owned and operated buses to be trained in first aid procedures and

would therefore not be required to administer emergency response medications. Drivers of departmental owned buses must use discretion in an emergency situation, but on no account leave children unsupervised in such a situation.

The *Controlled Substances Act 1984* provides registered health practitioners and licence and permit holders with conditions around possessing, supplying, prescribing and administering drugs.

The Director or Principal must ensure appropriate support to enable all children and young people to participate in and benefit from their educational experience, as per requirements of the *Disability Discrimination Act 1992* (DDA) and *Disability Standards for Education 2005* (DSE). This includes the allocation of staff who are appropriately trained and able to provide the required level of support and supervision. For example, a child or young person cannot be excluded from an education or care service because they require medication administration management and staff are uncomfortable or unqualified to provide assistance.

4.2 Aboriginal cultural context statement

The Department for Education acknowledge and give thanks to the members of the Women's and Children's Health Network Aboriginal Focus Group for their time and commitment to developing this generic Aboriginal cultural context statement for the health support planning procedures.

Note: The term 'Aboriginal' is used to refer to people who identify as Aboriginal, Torres Strait Islanders, or both Aboriginal and Torres Strait Islander. This is done because the people indigenous to South Australia are Aboriginal and we respect that many Aboriginal people prefer the term 'Aboriginal'. We also acknowledge and respect that many Aboriginal South Australians prefer to be known by their specific language group(s).

Australian Aboriginal culture is the oldest living culture in the world, yet Aboriginal people currently experience the poorest health and education outcomes when compared to non-Aboriginal Australians. [The National Aboriginal and Torres Strait Islander Social Survey 2014-2015 shows poor education and literacy are linked to poor health status.]

The cumulative effects of forced removal of Aboriginal children, poverty, exposure to violence, historical and transgenerational trauma, the ongoing effects of past and present systemic racism, culturally unsafe and discriminatory services are all major contributors to the disparities in Aboriginal education outcomes.

To achieve the best Aboriginal education outcomes, education and care services have a responsibility to provide a culturally safe environment allowing Aboriginal children and families to draw strength in their identity, community and culture.

Aboriginal children are born into strong kinship structures where roles and responsibilities are integral and woven into the social fabric of Aboriginal societies. The primary caregiver for Aboriginal children is not always the parent. Education and care staff should consider engaging members of the extended family in the absence of parents and legal guardians where appropriate.

Education and care staff can secure positive long term education and wellbeing outcomes for our Aboriginal children and young people by making well informed decisions in consultation with families, based on cultural considerations.

Health support agreements must be developed in partnership with parents. The opportunity to identify cultural needs is paramount. Education and care staff should be aware that parents may request the input of Aboriginal Community Education Officers (ACEOs) or Aboriginal Health Workers (AHW) in the development of their child's Health Support Agreements. The use of an Aboriginal languages interpreter or translator should also be considered.

4.3 Cultural diversity

Cultural diversity refers to the differences between human communities based on differences in their ideologies, values, beliefs, norms, customs, meanings and ways of life. These differences are expressed and exemplified in social practices, attitudes and values, family interactions and expectations, values concerning education, ways of defining and treating health (physical and mental), business and management behaviours and practices, political practices and interpersonal relations.

Education and care services have a responsibility to provide a culturally safe environment through fostering awareness of cultural diversity and implementing culturally inclusive practices.

To support the development of culturally valid health support planning in education and care settings, consideration must be given to the political, cultural, spiritual, emotional, environmental, structural, economic and biological factors impacting on the wellbeing of all children and young people. The development of health support agreements must be completed in consultation with parents and legal guardians; with an assurance that parents and legal guardians understand the content and the underlying values of the Australian context as well as have the opportunity to discuss their cultural perspective and needs.

The Department for Education English as an Additional Language or Dialect (EALD) program supports children and young people, and their families, from culturally and linguistically diverse backgrounds, and provides access to interpreter services and Community Liaison Officers (CLOs). Family members and friends should not be used as interpreters.

The Preschool Bilingual program may be able to assist preschools to access interpreter services to support children and their families from culturally and linguistically diverse backgrounds.

4.4 Medication management 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.

[1] 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

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 the Department for Education Medication management in education and care procedure the scope and focus will be on **administration of medications** at an education or care service.

4.4.1 Medication administration

For the purpose of medication administration in an education or care setting the following eight rights are regarded as standard measures for safe administration practices to reduce medication errors and harm:

- right 'PATIENT' (identification of 'child or young person')
- right MEDICATION to be given
- right DOSE (what is the child or young person's weight?; how much medication is to be given?)
- right STRENGTH (administering the same amount of a medicine of a different strength will mean either over or under dosing the child or young person)
- right ROUTE (the path the medication is taken ie topical, oral, inhaled)
- right METHOD (are there special instructions for medication administration ie to be taken with food)
- right TIME
- right DOCUMENTATION

Each time a medication is administered to a child or young person in an education or care setting the Medication Log must be completed by following the Medication Rights Checklist.

4.4.2 Medication monitoring

Types of medication monitoring errors include:

- inability to determine if the child or young person took the medication
- inadequate monitoring post-administration for side-effects
- course of prescribed medication not completed
- drug levels not measured, or measured but not checked or acted on
- communication failure (where a care provider changes)

[3] http://apps.who.int/medication-errors-technical-series-on-safer-primary-care

Observations on the effects of a medication administered at the education or care service must be documented on the Medication Advice Form and forwarded to the parent or legal guardian. Education and care staff can observe and document behaviours post administration to advise parent or legal 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.

4.4.3 Scheduling of medications

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 1	Not currently in use
Schedule 2	Pharmacy Medicine - available from a pharmacy or if a pharmacy is not available, from a licensed person
Schedule 3	Pharmacist Only Medicine - available from a pharmacist without a prescription
Schedule 4	Prescription Only Medicine - only able to be used or supplied on the order of a prescriber (eg a medical practitioner) and available from a pharmacist on prescription
Schedule 5	Caution - have a low potential to cause harm
Schedule 6	Poison - have a moderate potential to cause harm
Schedule 7	Dangerous Poison - have a moderate potential to cause harm
Schedule 8	Controlled Drug (drug of dependence) - need to be available for use but manufacture, supply, possession and use need to be restricted to reduce abuse, misuse and dependence
Schedule 9	Prohibited Substance - substances of such danger to health as to warrant prohibition of sale, supply and use

4.4.4 Controlled drugs, drugs of dependence, Schedule 8 medicines

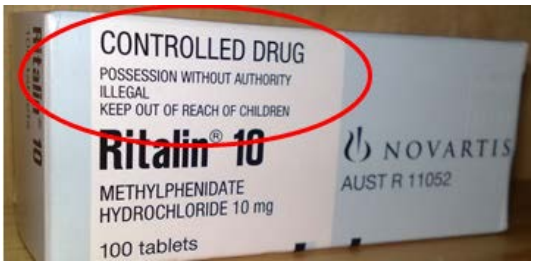
In order to reduce medication errors and harm the 'medication rights' are regarded as a standard for safe medication administration practices (refer to section *4.4.1 Medication administration*).

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 must be prescribed by a treating health professional, and cannot be prescribed for a period exceeding two months without the approval of the Minister for

Health and Wellbeing. Applications are made in writing by the treating health professional to the Minister via the Drugs of Dependence Unit to gain an authority to prescribe.

All controlled drug packaging is clearly labelled.



Controlled drugs that may be prescribed to children and young people attending education or care service include:

- psychostimulant medication for the management of ADHD (eg Ritalin®, dexamphetamine)
- pain relief for long term chronic pain management (eg endone; fentanyl patch)

4.4.5 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.

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 must be handled in accordance with requirements for Schedule 8 medicines. (Refer to section *4.8 Medication storage, security and disposal* for further information).

The Principal or Director is ultimately responsible for all controlled or restricted medicines that are held on site, however may delegate the authority to administer controlled and restricted to medicines 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.

Restricted Schedule 4 medicines prescribed to children and young people attending an education or care service may include:

- clonidine
- diazepam; clonazepam; midazolam

4.5 Medication management in education and care

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

The education or 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 and that the medication is administered as directed by the treating health professional.

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, parents and legal 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.

Generally, medication that requires administration three times per day can be administered from home outside of school hours (in the morning, after school and in the evening) and does not require administration in an education service.

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 or legal guardian, or health professional. An exception to this is where emergency medications are prescribed (ie midazolam; adrenaline).

Education and care services can only administer medication orally, inhaled or topically. Medicines requiring rectal administration cannot be given by education and care staff.

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.

4.5.1 General use emergency response medications

Education and care services store and administer general use medications for emergency response; including adrenaline autoinjector (EpiPen® or EpiPen®Jr) for emergency treatment of anaphylaxis; and reliever puffer for emergency treatment of asthma*.

*Note: does not apply in Family Day Care or Respite Care Program

Analgesics are NOT permitted in education and care services as a general use medication.

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 or serious illness or injury.

4.5.2 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.

4.5.3 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.

4.6 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

and creon). The form must be completed by the child or young person's treating health professional or by a pharmacist (only for over the counter medication).

Medication **cannot** be administered by education and care staff where:

- a Medication Agreement is not in place,
- 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 administered rectally.

All sections of the 'Medication instructions' must be completed. The 'Agreement by the Authorised Prescriber' must be completed by the treating health professional and 'Authorisation and Release' by the parent or legal guardian.

There are specific requirements for administration of scheduled medications in an education or care setting, ie where there are multiple or high risk medicines prescribed, invasive administration techniques, frequent dose changes or emergency medications:

Schedule 2	• Medication Agreement may be completed by a Pharmacist, Allied Health Professional, Nurse Practitioner, Medical Practitioner, Dentist
Schedule 3	• Medication Agreement may be completed by a Pharmacist, Allied Health Professional, Nurse Practitioner, Medical Practitioner, Dentist
Schedule 4	• Medication Agreement may **ONLY** be completed by a Medical Practitioner, Dentist and Nurse Practitioner
Restricted Schedule 4	• Medication Agreement may **ONLY** be completed by a Medical Practitioner • Authorisation to administer controlled medicines must be completed by Principal or Director and Authorised staff member
Schedule 8	• Medication Agreement may **ONLY** be completed by a Medical Practitioner • 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) • Requires a Health Support Agreement to be developed
Polypharmacy	5 or more oral medications (to be administered in education or care) • 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 Program
Oxygen	• Requires referral to the Access Assistant Program or RN Delegation of Care Program

4.6.1 Single Medication Agreement

A Single Medication Agreement can only be used to document one medication to be administered to a child or young person.

4.6.2 Multiple Medication Agreement

A Multiple Medication Agreement can be used by a single treating health professional to document multiple medications to be administered to a child or young person attending an education or care service.

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.

4.6.3 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.

4.6.4 Medication administration without authority

Prescribed or over the counter medication **cannot** be administered by education and care staff without a Medication Agreement completed by a treating health professional, authorised prescriber or pharmacist (for over the counter medications only) *unless* the prescribed medication is included in an Anaphylaxis Action Plan or Asthma Care Plan. In this instance, the Action or Care Plan must be legible and contain all required medication information to enable safe administration (refer to the Medications Rights Checklist).

Where a child or young person requires medication to be administered during education or care service hours and a Medication Agreement is not available, arrangements must be made for the parent or legal 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 or legal 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 and may be authorised as an extended family member.

4.6.5 Medication Agreement review date, end date and/or expiry date

All Medication Agreements must be reviewed every 12 months for continuing medication by the Authorised Prescriber. Where there are no changes to the medication or administration instructions the prescriber may complete the 'Review Date' section to extend the review date.

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.

4.6.6 Medication Agreement document control

Previous and expired versions of a Medication Agreement should be kept in the child or young person's file.

The Medication Log must be completed each time a medication is administered following the Medications Rights Checklist. A single Medication Log must be completed for each medication, for each child or young person. When the form is full, or medication administration ceases, the closure of the medication log section must be completed. The original copy must be retained in the child or young person's file and a copy forwarded to the parent or legal guardian.

A Medication Advice Form must be completed when medication has not been administered, a medication incident has occurred or when post administration observations are required. The original form must be forwarded to the parent or legal guardian, and a copy retained in the child or young person's file.

4.6.7 One Plan

This section only applies where a child or young person has a One Child One Plan (referred to as One Plan).

Where a child or young person has health support needs this must be referenced in the child or young person's One Plan. Health needs are recorded under the *Notes/Agreed Actions* screen. Under the *Type* field select *Medical* from the drop down box.

Health support needs may be recorded in the *Support* screen to document specific support requirements, the focus for support, frequency and intensity of the support. This will enable education and care staff to monitor and provide health support needs for the child or young person through the One Plan.

4.7 Medication administration in education and care

Education and care services can only administer medication orally, inhaled or topically. Medicines requiring rectal administration cannot be given by education and care staff.

4.7.1 Who is responsible for providing medication to the education or care service?

It is the parent or legal guardian's responsibility to provide the education or care service with medication and any administration equipment required. Parents or legal guardians should be encouraged to provide and collect the child or young person's medication in person where possible. Where the parent or legal guardian is unable to drop off or transport the child or young person's medication (ie to and from out of school hours venues) the education or care service, in consultation with parent or legal guardian, should discuss and agree upon safe methods of transport and transfer.

All medication must be provided in an original pharmacy container and have a clear pharmacy label with:

- child or young person's name
- date of dispensing
- name of medication
- strength of medication
- dose (how much to give)
- when it should be given
- length of treatment or end date (where appropriate)
- any other administration instructions (ie to be taken with food)

- expiry date (where there is no expiry date the medication must have been dispensed within the last 6 months)

Medication that is labelled *'To be taken as directed'* (or similar) does not provide sufficient information and will not 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 symptoms or behaviour, with the exception of an INM Medication Agreement (refer to *4.11 Training and Education* for information on training requirements).

The medication must be accompanied with a Medication Agreement completed by an Authorised Prescriber or Pharmacist (for over the counter medication).

*An exception to this is where a child or young person has been approved to carry and administer their own medication (refer to section *4.7.4 Self-administration of medication*).

4.7.2 Who is responsible for administered medication during attendance at an education or care service?

Medication may only be administered to a child or young person during attendance at an education or care service if a Medication Agreement is in place, and all requirements of the Medication Rights Checklist are met*.

*An exception to this is where a child or young person has been approved to carry and administer their own medication (refer to section *4.7.4 Self-administration of medication*).

The education or 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 and that the medication is administered as directed by the treating health professional.

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.

Principals and Directors must assign authority to education or care staff to manage and administer controlled or restricted medicines. The Authorisation to administer controlled medicines form must be completed by the Principal or Director and Authorised Person to ensure a combined understanding of the governance and accountability requirements for controlled medicines.

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

4.7.3 Can education and care 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 section *4.7.8 Administering first aid emergency medication*).

4.7.4 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 or legal 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 Women's and Children's Hospital Pharmacy (phone: (08) 8161 7350) 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 will most likely 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 documentation of the medication administration is required.

4.7.5 Prior to and during administration of any medication

Medication must only be administered to one child or young person at a time and 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.

Prior to administering medication the Medication Agreement must be sighted by both education and care staff.

*For single staff services (ie 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 Medications Rights Checklist should be used as a guide to support single staff services and parents or legal guardians to check and confirm medication instructions at handover (when the child is dropped off and picked up from the care service).

The Medication Agreement must be

- clearly documented (legible),
- agreed as appropriate for administration in education or care by an authorised prescriber,
- authorised to be administered in education or care by the parent or legal guardian, and
- where there is an "end date' this is current (if applicable).

The Medication Rights Checklist must be checked each time medication is to be administered to a child or young person.

Where any 'medication rights' are in doubt

DO NOT ADMINISTER MEDICATION

Document in the Medication Log, contact the parent or legal guardian and complete a Medication Advice form.

4.7.6 Post medication administration

4.7.6.1 Medication Log

The Medication Log must be completed each time medication is administered or when the required medication could not been administered to a child or young person.

One Medication Log is required for each child, for each medicine.

Both staff members must print their name and initial the Medication Log to confirm all details documented are correct and the Medications 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 Medication Log must be closed, a copy provided to the parent or legal guardian, and the original filed in the child or young person's record.

4.7.6.2 Medication Advice Form

A 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),
- a medication incident has occurred (including an medication error), or
- post administration observations are required to be documented and communicated to the parent/legal guardian and/or treating health professional.

In all instances where medication has not been administered the parent or legal guardian must be notified immediately to determine if alternative arrangements are required for the administration of medication, however this does not replace the requirement to complete the Medication Advice Form and forward to parent or legal guardian.

A copy of the Medication Advice Form must be retained in the child or young person's record.

4.7.6.3 Post administration observation

Observations on the effects of a medication administered at the education or care service must be documented on the Medication Advice Form and forwarded to the parent or legal guardian.

Education and care staff can observe and document behaviours post administration to advise parent or legal 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.

4.7.6.4 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 or legal 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.

4.7.7 Refusal to take medication

There may be a number of factors related to a child or young person's refusal to take their medication, including reluctance to take medication in front of their peers.

It is important for education and care services 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 or legal guardian must be notified immediately to determine alternative arrangements for administration if required. Follow the advice given by the parent or legal guardian. The Medication Log and Medication Advice Form must be completed, including documentation describing refusal by the child or young person.

4.7.8 Administering first aid emergency medication

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

In an emergency which has not been anticipated staff will provide a general emergency response (for example, call an ambulance). Where an emergency response requires the immediate administration of medication to prevent serious illness or injury, staff must administer the required medication.

4.7.8.1 Adrenaline autoinjector and asthma reliever puffers

Adrenaline autoinjectors and asthma reliever puffers may be administered as a first aid emergency response to children, young people, staff or visitors.

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.

4.7.8.2 Child or young person with specific emergency medications

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.

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

Where a child or young person has invasive or complex healthcare needs, uncertain health or changing health 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 supports education and care staff to determine when to talk to a Referral Coordinator.

4.7.8.3 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.

4.8 Medication storage, security and disposal

4.8.1 Storing medication

Medication when not in use should be stored in a safe and secure place. 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. The original Medication Agreement must be stored with the medication.

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

However there are some important exceptions:

- All emergency medication must be stored safely, but must also be readily accessible at all times.
- Asthma reliever inhalers 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.

4.8.2 Controlled and restricted medicines

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

Controlled and restricted medicines must be stored in a separate locked cupboard or storage area. Only authorised persons are to have access to controlled and restricted medicines. Authorisation for access to controlled and restricted medicines must be approved by the Principal or Director, and documented on the Authorisation to administer controlled medicines form.

There is one important exemption:

- Restricted Schedule 4 medications required for the management of a child or young person in an emergency situation; for example midazolam for the emergency management of seizures. Storage and security of midazolam must align with the principles of storage for restricted medicines, but not prevent timely access in an emergency. (This may require the use of tamper evident seals to provide evidence of tampering or use for emergency supplies).

All controlled and restricted medicines located at the education or care service must be recorded on the Controlled and Restricted Medicines 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 section *4.8.4 Stolen, misused or diverted medication*.

All transactions involving controlled and restricted medicines must be recorded on the Controlled and Restricted Medicines Register including when the medication has been delivered to the education or care service, administered to child or young person, returned to a parent or legal guardian and/or given to a local pharmacy for disposal.

4.8.3 Quantity of medication kept in education and care

The quantity of medication kept at an education or care service should be minimised to one day's supply, brought to the education or care service by the parent or legal guardian each day. This must be provided in an original pharmacy container with a pharmacy label (refer to section *4.7.1 Who is responsible for providing medication to the education or care service?*).

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

Emergency medications may be stored at the education or care service at all times.

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.

4.8.4 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 in the education or care service,
- notify the parent or legal 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 or Restricted drug is a criminal offence and therefore requires mandatory reporting to the Police.

4.8.5 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 or legal guardian should be consulted in the first instance, and the medication returned to the parent or legal guardian. If the parent or legal guardian is unable to be contacted, or does

not claim the unused, damaged or expired medication it should be returned to a pharmacy for safe disposal. The parent or legal 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 or legal 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.

4.8.6 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 or legal 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.

4.9 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 **Poisons Information Centre** on **131 126** and follow the advice given.
    - where advice indicates the child or young person is able to remain at the education or care service; ensure additional supervision for the child or young person to monitor for any delayed adverse reactions.
- Notify the parent or legal guardian.
- Document in the Medication Log.
- Complete a Medication Advice Form and forward to parent or legal guardian.
- Report on the Incident and Response Management System (IRMS).
- Review medication management and administration procedures at the education or care service to identify areas for improvement.

The local pharmacy or the Women's and Children's Hospital Pharmacy may be able to assist with non-urgent medication information and advice:

- Email: cywhs.druginfocentre@sa.gov.au
- Phone: (08) 8161 7350

All medical incidents or near miss events must be documented on the Medical Incident Form or Medication Advice Form and forwarded to the parent or legal 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.

4.10 Planning and post incident management

4.10.1 Emergency management

The education or care service has a responsibility to plan for a medical emergency incident.

A local emergency plan for the response to a medical emergency must be developed, documented and communicated to staff. This should include:

- coordination and responsibilities of education or care staff members,
- location of first aid kits and emergency medications,
- what will happen during situations such as swimming, excursions, camps, out of school hours care and on other special occasions,
- who will follow up incident management requirements, and
- appropriate training and regular updates for education and care staff including emergency response training exercises.

Department for Education recommends **all** education and care services undertake emergency response training periodically to measure the timely response to a medical emergency or incident across various locations and scenarios. Emergency response training should:

- include scenarios such as during an excursion, special event or school camp,
- include scenarios specific to a child or young person's Health Support Agreement (where possible),
- include as many education and care staff as practicable, including out of school hours care, temporary staff, canteen and kitchen staff, sports staff and volunteers,
- measure the time taken to obtain first aid kit and/or emergency medication and administer first aid (this should include across various locations and include the location on the premises that is the furthest from a first aid kit or emergency medication),
- measure time taken for emergency services to arrive on location (this should include discussion with local emergency services providers to determine best and worst case scenarios for arrival), and
- prompt improvements and updates to individual Health Support Agreements and the local emergency plan for the response a medical emergency or incident where delays are identified.

4.10.2 Child or young person with a known health condition

Advance planning is the best way to minimise the risk of an adverse incident for children and young people with a known health condition.

The following are requirements for education and care services that have an enrolled child or young person with a known health condition:

- a Health Care Plan, that has been completed by the treating health professional,

- a Health Support Agreement and Safety and Risk Management Plan completed by the education or care service in consultation with the parent or legal guardian to clearly document and communicate the management and treatment for the child or young person,
- when planning an off-site activity (ie camps, excursions) or on-site special event (ie class parties, fetes, cultural days, incursions) where a child or young person will be participating a review of the Health Support Agreement should be completed in consultation with the parent or legal guardian and an Offsite Safety and Risk Management Plan completed where offsite activities have not been addressed in the existing Safety and Risk Management Plan,
    - when planning for a school camp the parent or legal guardian must ensure enough medication is provided for the child or young person for the time away
- a staff member trained in first aid and administration of emergency medication is available at all times,
- emergency response medication must be easily accessible in an emergency,
- regular communication with the parent or legal guardian and other education and care staff to ensure appropriate and up-to-date information for risk minimisation strategies, and the management and treatment for the child or young person.

4.10.3 Post-incident and near miss management

An emergency incident or a near miss incident involving a child or young person experiencing a medical emergency can be a traumatic experience for the child or young person involved, staff, parents, peers and other people that have witnessed the incident.

A post-incident debrief should be offered to all people involved, with post-incident counselling available on an individual basis. Department for Education staff can access the Employee Assistance Program for confidential face-to-face or phone counselling sessions at any time.

The first aid kit and any emergency medications must be replenished (where required) as soon as possible.

Where the child or young person has an existing health care plan the parent or legal guardian should be encouraged to have this reviewed with the treating health professional. Where there is an existing Health Support Agreement and Safety and Risk Management Plan this should be reviewed and updated in consultation with the parent or legal guardian.

Post-incident or near miss management must include a review of all aspects the emergency response process, to manage a medical emergency, and include the identification and action of any improvements or modifications (refer section *4.10.1 Emergency Management*).

All medical incidents or near miss events must be documented on the Medical Incident Form or Medication Advice Form and forwarded to the parent or legal 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.

4.11 Training and education

Pursuant to Regulation 136(1) and (2) of the *Education and Care Services National Regulations* education and care settings are required to have at least one designated first aider who is trained in HLTAID004 Emergency First Aid Response in and Education and Care Setting for designated

first aiders in attendance at all times who is immediately available to administer first aid and emergency response medication (where required); however the Department for Education has an expectation that all staff have up to date first aid training.

In accordance with the Department for Education School Transport Policy there is no requirement for drivers of departmentally owned and operated buses to be trained in first aid procedures and would therefore not be required to administer emergency response medications. Drivers of departmental owned buses must use discretion in an emergency situation, but on no account leave children unsupervised in such a situation.

The Department for Education recommends **all** education and care services undertake emergency training exercises periodically to measure the timely response to a medical emergency across various locations and scenarios.

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 in included in the HLTAID004 Emergency First Aid Response 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 for training and/or advice from the Diabetes Nurse Educator (Phone: 08 8161 6402)
Intranasal Midazolam (INM)	INM is emergency medication required for the treatment of seizures. An INM Medication Agreement 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 RN Delegation of Care Program. Oxygen is often used as an emergency medication. 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 The Department for Education recommends all staff completed the Asthma Australia free online course Asthma First Aid for Schools

The Royal District Nursing Service (RDNS) provide basic training in medication management. Further information on face to face or online training is available on the RDNS Disability Training and Support webpage. For training enquiries contact RNDS

- phone 1300 364 264
- email bookings.disabilities@rdns.org.au

The Health Objective may be contacted to provide health support planning training including medication management. Contact Allison Willis via

- phone 0409 674 367
- email healthobjective@westnet.com.au

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EDMed® is a free education session delivered to sites, approved as professional development (PD) (1hour of PD addressing the Australian Professional Standards for Teachers (1.1.2 and 1.5.2).

EDMed® Professional Development can assist education and care sites to:

- better understand the impact of chronic illness and treatments on a student's learning
- examine the emotional, social, physical and cognitive issues faced by students
- develop ideas and strategies to enhance learning
- examine the changes needed to achieve better learning outcomes
- understand the teaching learning approaches specific to students with chronic health issues
- examine the importance of school connectedness

Further information is accessible via EDMed for Teachers.

4.12 Risk management

Minimisation of the risk of a medical emergency is everyone's responsibility including Principals and Directors, education and care staff, parents and legal guardians, children and young people and the broader school community.

Education and care services have a legal responsibility to provide a safe environment and adequate supervision to enable all children and young people to participate in and benefit from their educational experiences.

Despite best efforts to identify and manage risks, accidental incidents can occur. All education and care services must develop a broad management plan to reduce the risk of an adverse clinical event for children and young people. This should include

- Emergency management

- Training and education
- Communication
- Risk minimisation strategies

4.12.1 Communication

Communication strategies must be developed and implemented by the education or care service to inform all staff, children and young people, parents or legal guardians, and the wider school community about the Department for Education health support planning procedures and processes.

Early and ongoing communication is important between parents or legal guardians and the education or care service of a child or young person diagnosed with a health condition or requiring health support. This will ensure known symptoms, triggers, risk minimisation strategies and cultural, spiritual and language needs are identified and clearly documented in the Health Support Agreement and Safety and Risk Management Plan.

General communication strategies should include:

- reminding staff of their duty of care obligations and their role in training for, and responding to, a medical emergency or incident,
- regular communication with parents and legal guardians and the wider school community to promote awareness of safe and appropriate medication management in education and care services, and
- regular reminders of the Department for Education process to manage medical emergencies.

Communication strategies for education and care services where a child or young person requires administration of prescribed medication must be developed with an assurance that parents and legal guardians understand the content, and should include:

- staff awareness of all children and young people currently enrolled who require administration of medication during attendance; specifically where the medication is required as an emergency response,
- regular communication with parents or legal 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,
- parents and legal 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.

4.12.2 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.

5. Roles and responsibilities

Table 2 - Roles and responsibilities

Role	Authority/responsibility for
Principals and Directors, (includes Family Day Care and Respite Care Program leaders)	Must comply with and implement the requirements of this procedure Must comply with the requirements of the *Education and Care Services National Law 2010* and the *Education and Care Services National Regulations* Ensure appropriate health support provision to enable all children and young people to participate in and benefit from their educational experience including the allocation of trained staff and specific duties related to the required level of support and supervision Ensure staff complete and are up-to-date with an appropriate level of first aid training ie HLTAID004 Emergency First Aid Response in an Education and Care Setting for designated first aiders Ensure the development and rehearsal of a medical emergency response plan Ensure all medications are stored appropriately, securely and are readily accessible Ensure written consent from the parent or legal guardian is clearly documented, where education and care staff are required to support and assist a child or young person with medication administration Ensure staff delegated to manage controlled and restricted medicines have completed the Authorisation to administer controlled medicines form Ensure communication strategies are implemented Ensure risk minimisation strategies are implemented Ensure education and care staff, including out of school hours care and temporary staff, canteen/kitchen staff, sports staff and volunteers are

Role	Authority/responsibility for
	aware of emergency response and management strategies Facilitate post-incident support (eg counselling) for any person affected by a medical emergency incident (staff, children or young people, peers, parents or legal guardians)
Education and care staff	*Know by sight* each child or young person in their care diagnosed with a medical condition requiring medication administration, where medications are located; and if they self-medicate or require support to administer their medication Have completed, and are up-to-date with First Aid Response training as required, and have completed additional training as required (ie INM administration) Know the education or care service general first aid and emergency response procedures, participate in emergency response rehearsals and understand their role in responding to a medical emergency Develop a Health Support Agreement including a Safety and Risk Management Plan for any child or young person identified as requiring health support needs Request a Health Care Plan from the parents or legal guardians of any child or young person diagnosed with medical condition (where appropriate) Must ensure medication and administration equipment is in-date, labelled, stored appropriately, and securely but easily accessible in an emergency Regular communication with parents or legal guardians of children and young people in their care diagnosed with a medical condition Plan ahead in consultation with parents or legal guardians of the child or young person diagnosed with a medical condition for high-risk curricular activities and all extracurricular activities such as excursions, camps, swimming and aquatics, class celebrations Raise awareness in the classroom about safe medication management and the role others can play in minimising risk and contributing to the safety of their peers Identify and manage incidents of bullying of children and young people with a medical condition Complete an IRMS report for any medication incident or near miss
Parents or legal guardians	Educate the child or young person about safe medication management Inform the education or care service of their child's diagnosis or health needs requirements Assist in the development and regular review of the child or young person's Health Support Agreement and Safety and Risk Management Plan Ensure an appropriate Health Care Plan and/or Medication Agreement has been developed by the treating health professional that details the

Role	Authority/responsibility for
	condition, any medications to be administered and other relevant emergency procedures. And a copy is provided to the education or care service Provide the education or care service with: • a current copy of the action plan or care plan • a current copy of the Medication Agreement • all medications or equipment that clearly labelled and in date Replace the child or young person's medication or equipment, before the expiry date or when used Immediately inform the education or care service on changes to the medical condition or management or changes to emergency contact details. Provide an updated plan if necessary Work with staff and their child or young person (if appropriate) to develop strategies to minimise risks and identify roles and responsibilities of staff and families for high-risk curricular activities and all extracurricular activities such as excursions, camps, swimming and aquatics, class celebrations
Child or young person (where age appropriate)	Notify another person (education or care staff, peer) when symptoms of are identified and/or escalating Participate in development and review of the Health Support Agreement and Safety and Risk Management Plan Where identified to be able to self-administer medication undertake 'Carrying and/or Self-administration of Medication decision making tool' in consultation with parent or legal guardian and education and care staff Take responsibility (where appropriate) for their medication, including administration, storage and safety

6. Monitoring, evaluation and review

The Medication management in education and care procedure will be reviewed in August 2019 following implementation of the procedure and all supporting documents.

The review will incorporate a review of compliance with the procedure, feedback received from education and care staff, treating health professionals, allied health professionals, parents and legal guardians and other stakeholders and an evaluation of incidents entered on IRMS.

The procedure will be reviewed by the Senior Policy Officer Health Support Planning, Disability Policy and Programs.

7. 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 internal and external stakeholders for their review and feedback.

Table 3 – Key stakeholders

Department/Organisation	Role(s)
Access Assistant Program, Disability and Complex Care Women's and Children's Health Network	Nursing Director Medical Consultant
Aboriginal Directorate, Department for Education	Senior Policy Officer
Aboriginal Health, Women's and Children's Health Network	Director, Aboriginal Health
Aboriginal Focus Group, Women's and Children's Health Network	Aboriginal community members from metropolitan, rural and remote South Australia
Association of Independent Schools of South Australia	Senior Educational Consultant Nurse Practitioner
Catholic Education South Australia	Senior Education Advisor
English as an Additional Language or Dialect (EALD) Programs	EALD Consultant
Education Directors	Education Director – Gawler 2 Portfolio
Legal Services Directorate, Department for Education	Legal Services Officer
Inter-agency Medication Authorities Committee (WCH and Department for Education)	WCH membership includes Disability Services, Palliative Care, Respiratory and Sleep Medicine, Neurology, Complex Care Coordination Unit, Paediatric Medicine, Pharmacy, GP Liaison and Consumer Representative
Work Health and Safety, Department for Education	Manager, Work Health and Safety

8. Definitions and abbreviations

Table 4 – Definitions and abbreviations

Term	Meaning
AAP	Access Assistants Program Supports children and young people with a disability and/or who have complex health support needs, so they can participate in the education or care curriculum

Term	Meaning
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.
Drugs of dependence	Also: Schedule 8 medications, Schedule 8 drugs, S8's, controlled drug Prescription medications that are likely to cause dependence or be abused. There are usually restrictions on the prescribing of these medications eg Ritalin, anti-depressants.
Emergency medication	Medication required for the emergency first aid treatment of specific medical conditions ie adrenaline autoinjector for anaphylaxis, reliever puffer (Ventolin) for asthma, midazolam for seizures.
Education and care service	Includes children's centres, preschools, schools, family day care, home based childcare, respite care programs
Emergency Response Plan	The procedure developed and rehearsed by the education or care service for an emergency response to an incident for in and out of school activities and across various locations.
Excursion	An educational activity organised by the education or care service where participation involves the children and young people leaving the grounds.
Health Care Plan	An individual plan for each child or young person with a known medical condition developed by the treating health professional in consultation with the parent or legal guardian and child or young person. Also may include the Non-specific Health Care Plan where there is not specific care plan for a health condition, or where a child or young person has multiple diagnosis that are incorporated into a single care plan
Health Support Agreement	An individual plan for each child or young person developed by the education or care service, in consultation with the parents or legal guardians. Must be developed for all children or young people requiring health support needs and includes the development of a Safety and Risk Management Plan
High risk medications	Medications that have a high risk of causing significant patient harm or death when used in error. Includes Insulin.
Incursion	An educational activity organised by the education or care service involving an outside group or agency, where participation involves the children and young people remaining within the grounds
Individual First Aid Plan	An individual first aid plan for a child or young person with a known medical condition where the first aid response is NOT the standard first aid response for the medical condition. Developed by the treating health professional in consultation with the parent or legal guardian
Long term administration	Prescribed or over the counter medication that a child or young person is required to take during attendance at an education or care service in response to an ongoing health condition.

Term	Meaning
	Instructions and authorisation for administration of the long term medication will be recorded in the care plan and Medication Agreement
May	Also: Optional Means the action is truly discretionary
Medication	In the scope of this procedure medication refers to any medication prescribed by or used on the advice of a medical practitioner or over the counter medications. Medications may include capsules, creams, eardrops, eye drops, inhalants, insulin (via pen, pump or syringes), liquids, lotions, nose drops, patches, powder, tablets, wafers, suppositories, oxygen, nebulisers, restricted and controlled medicines (Schedule 4 and Schedule 8 medications)
Medication error	A medication error includes any failure to administer medication as prescribed for a child or young person, including failure to administer the: • medication • right medication • right medication to the right student • medication within appropriate time frames • right medication in the correct dosage • right medication by the correct route
Must	Also: Required, Shall, Will Indicates that the process is an absolute requirement of the specification (usually required due to legislative, regulatory or department requirements)
Must not	Also: Shall not, Will not Indicates that the process is an absolute prohibition of the specification (usually required due to legislative, regulatory or department requirements)
Offsite Safety and Risk Management Plan	An attachment to the Health Support Agreement to support and document risk minimisation strategies for child and young people requiring health support for offsite activities including excursions and camps
Over-the-counter medication (OTC)	Also: non-prescribed medication Medications used for self- treatment that can be purchased from pharmacies, supermarkets, health food stores and other retailers without a prescription. Examples include cough and cold remedies, anti-fungal treatments, non-prescription analgesics ie aspirin and paracetamol; anti-allergy remedies ie Claratyne, and antacids. Also includes alternative (traditional or complementary medicines) such as herbal, aromatherapy and homeopathic preparations, vitamins and minerals and nutritional supplements such as fish oil.
Pharmacy label	Must be attached to the original medication container and include:

Term	Meaning
	• child or young person's name • strength and description of the medication • dose and route of administration (may include the duration of therapy) • correct storage information, expiry date and batch number • initials / logo of the pharmacist taking responsibility • time the medication is to be taken • any other relevant directions for use, eg whether the medication is to be taken with food.
Polypharmacy	Where multiple (5 or more) medications are being administered. Generally this is a consequence of multiple medical conditions where there is an assumption that using one or more of the medications may be questioned or unnecessary.
Prescription medication	Medications prescribed under the *Controlled Substances Act 1984*. Examples might include: Ritalin, Dexamphetamine, Seretide, insulins and antibiotics.
PRN medication	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."
Restricted S4 Medications	Also: Restricted Schedule 4 Medications; S4R Schedule 4 medicines that are liable to abuse, ie benzodiazepines 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
RN Delegation of Care Program	Provides training and competency based assessment for health support workers who provide support for children and young people with a disability and/or who have complex health support needs, so they can participate in the education or care curriculum
Safety and Risk Management Plan	An attachment to the Health Support Agreement to support and document risk minimisation strategies for children and young people requiring health support in the context of the individual site.
Short term administration	Prescribed or OTC medication that a child or young person is required to take during attendance at an education or care service for a short period of time when the they have a condition that does not require a long term Health Care Plan. Instructions and authorisation for administration of the short term medication will be recorded on a Medication Authority.
Should	Also: Recommended, Expectation Means there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.

Term	Meaning
Should not	Also: Not recommended Means there may exist valid reasons in particular circumstances when the particular behaviour is acceptable or even useful, but the full implications should be understood and the case carefully weighed before implementing any behaviour described with this label
Treating health professional	A registered medical practitioner within the meaning of the *Health Practitioner Regulation National Law (South Australia) Act 2010*; (may include a Specialist or local GP)
World Health Organisation (WHO)	A world-wide organisation with the primary role to direct and coordinate international health within the United Nations' system.

9. Supporting documents

Access Assistant Program (AAP) Flowchart for preschool/school

Authorisation to administer controlled medicines HSP159

Carrying and/or Self-administration of Medication decision making tool HSP154

Controlled (S8) and Restricted (S4) Medicines Register HSP158

Health care plans

Health Support Agreement HSP120

INM Medication Agreement HSP153

Medical Incident Form HSP125

Medication Advice Form HSP157

Medication Agreement HSP151

Medication Log HSP155

Multiple Medication Agreement HSP152

Medication Rights Checklist HSP156

Offsite Safety and Risk Management Plan HSP122

RN Delegation of Care Program : Service Provider Toolkit

Safety and Risk Management Plan HSP121

10. References

Insights - Colin Biggers & Paisley . 2013. *Insights - Colin Biggers & Paisley* . [ONLINE] Available at: https://www.cbp.com.au/insights/insights/2013/november/administering-medication-to-students-risk-management for schools. [Accessed 26 February 2018].

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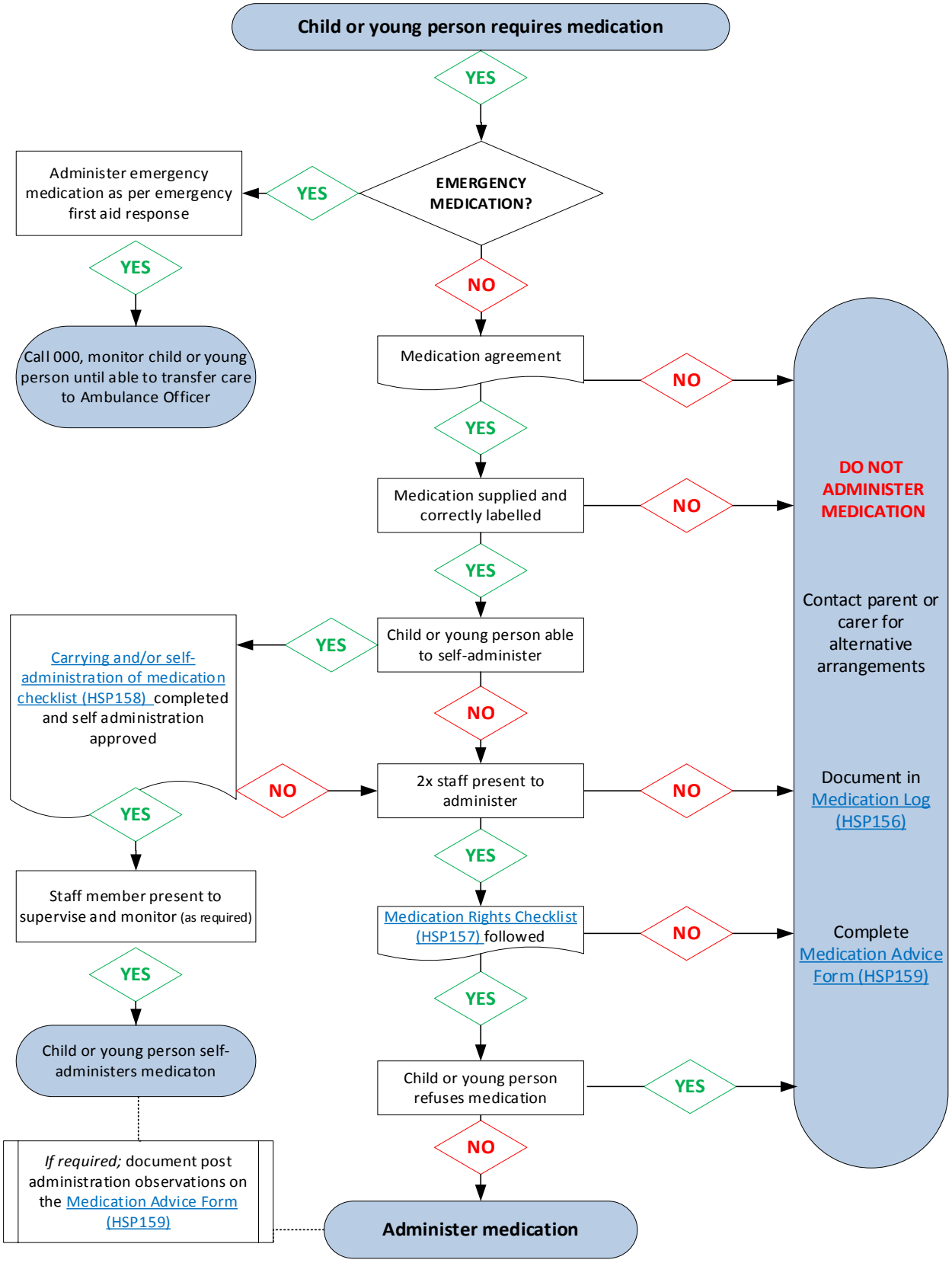
World Health Organization. 2018. *WHO | Medication Without Harm: WHO's Third Global Patient Safety Challenge*. [ONLINE] Available at: http://www.who.int/patientsafety/medication-safety/en/. [Accessed 26 February 2018].

Appendix

1. Medication administration in education and care – flowchart
2. Medication error, incident, query or advice - flowchart

Medication administration
in education and care



Medication error, incident, query or advice

in education and care