

# Medication management procedure

This is a mandated procedure under the operational policy framework. Any edits to this procedure must follow the process outlined on the [creating, updating and deleting operational policies](#) page.

## Overview

This procedure is for all staff working in education and care to manage medications in an education and care setting.

Read this procedure along with any relevant health support planning procedures that describe managing specific conditions.

## Scope

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

It describes:

- the roles and responsibilities for safe and effective medication management practices in education and care settings
- how to plan and manage children and young people requiring medication administration in education and care
- the first aid response for emergency medication administration
- education and training for medication management.

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

# Detail

## Medication background

The World Health Organisation describes unsafe medication practices and errors as one of the leading causes of injury and avoidable harm in health care across the world. Medication errors often happen during administration and can result in severe harm, disability or death.

Poor communication with the 'patient' contributes to medication errors. This includes where a person doesn't communicate well, for example children, 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 the dose 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.

The groups known to be at greater risk of medication incidents include children, older people and people with multiple health conditions.

## Medication definition

In this procedure 'medication' includes all prescribed, non-prescribed, over the counter and alternative therapies (vitamins, minerals, supplements) that are administered in an education and care service.

'Medication' in this context doesn't include sunscreen, nappy rash cream, moisturising lip balm, lubricating eye drops or moisturiser (emollient) where they are unmedicated. It doesn't include [Creon®](#) or items included in a [hypo kit](#).

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 (8161 7555) for advice.

## Medication management in education and care

### 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.

For medication, 'reasonable precautions' includes making sure:

- the child or young person is presenting for their medication administration
- the medication is administered as directed in the [medication agreement \(Word 173KB\)](#)
- all medication rights are met (use the [medication rights checklist \(Word 136KB\)](#)).

## Site requirements

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

- are consistent with this procedure
- include strategies to monitor, review and improve medication management practices
- routinely remind education and care staff, parent or guardians, children and young people, and local prescribers about the medication management process for education and care services
- support children and young people to participate safely and fully in their education.

## First dose

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

An exception to this is [emergency medications \(on this page\)](#), including Ventolin or adrenaline, and midazolam (where this has been prescribed).

## Route of administration

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

Complex medication administration including subcutaneous injections, administration through a gastrostomy tube or rectal administration can't be given by education staff. Go to [complex medication administration \(on this page\)](#).

## Three times a day administration

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

## Medication 'to be taken as required', 'as directed', or 'PRN'

Medication that is labelled 'to be taken as required', 'as directed', 'PRN' (or similar) doesn't provide enough information and cannot be administered by the education staff.

An exception to this is where a child or young person has been approved to carry and administer their own medication. Go to [self-administration of medication](#).

The [medication agreement \(Word 1221KB\)](#) must say the time of administration. Education and care staff can't make a clinical decision about when to give medication based on a child or young person's symptoms or behaviour.

An exception to this is where there is an:

- [emergency medication management plan \(Word 167KB\)](#) to administer midazolam for seizures
- [ASCIA action plan](#) for anaphylaxis or allergy that includes adrenaline or antihistamine on the plan
- [Asthma care plan](#) that includes Ventolin on the plan.

## Monitoring post administration

Education and care staff can observe and document behaviours post administration to advise the parent, guardian or treating health professional. Staff cannot interpret behaviour in relation to a medical condition or monitor the effects of the medication.

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

## Unmedicated creams, balms or drops

Education and care staff can apply unmedicated products, including sunscreen, nappy rash cream, lip balm or moisturiser at the request of the parent or guardian.

The parent or guardian must give clear instruction on when and how much (if relevant) to administer.

There must be an agreed approach to how this is documented and communicated between the staff and parent or guardian. This may include:

- verbal agreement and expectation with no documentation, for example, nappy rash cream is applied at every nappy change
- completing a [medication log \(Word 203KB\)](#) every time the unmedicated product is applied
- advising by text message or email that the product has been applied.

## General use emergency response medicines

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

- adrenaline autoinjector (EpiPen® or EpiPen®Jr or Anapen®) for emergency treatment of anaphylaxis
- reliever puffer for example salbutamol (Ventolin®) for emergency treatment of asthma.

Pain relief such as paracetamol or ibuprofen are not permitted in education and care services as medication for first aid. They can mask signs and symptoms of serious illness or injury.

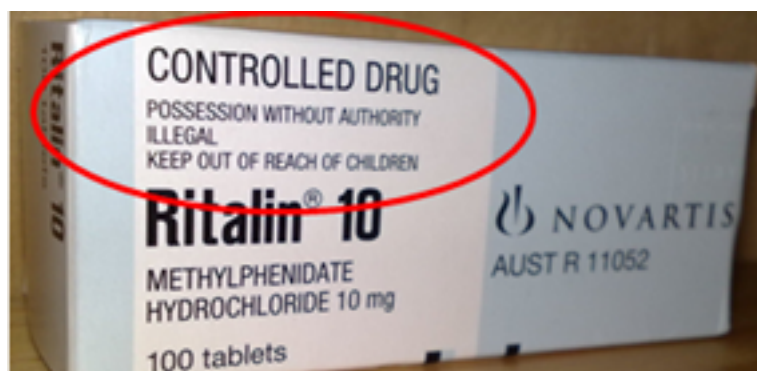
## Controlled drugs

Controlled drugs (also known as drugs of dependence or schedule 8 drugs) are prescription medicines that have a higher potential for misuse, abuse and dependence. The use of drugs of dependence are regulated by the [Controlled Substances Act 1984 \(PDF 760KB\)](#) and the [Controlled Substances \(Poisons\) Regulations 2011](#). They are 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 for example methylphenidate (Ritalin) or dexamphetamine
- pain relief for long term chronic pain management, for example oxycodone (Endone®) or fentanyl patch.

All controlled drug packaging is clearly labelled.



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

## Restricted schedule 4 medicines

Schedule 4 medicines that have a high potential for abuse, misuse, diversion and misappropriation are referred to as restricted schedule 4 medicines. They must be handled in line with schedule 8 medicines (see [medication storage, security and disposal on this page](#)).

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

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

## Oxygen

Where a child or young person requires oxygen they must be referred to the [Access Assistant program](#) or [Registered Nurse \(RN\) Delegation of Care Program](#).

## Creon (pancreatic enzyme replacement supplement)

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

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

See the [cystic fibrosis webpage](#) for more information.

## 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 readily available (with the child or young person, or in class). The hypo kit will contain items that bring blood glucose levels back up.

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

See the [diabetes webpage](#) for more information.

## Complex medication administration

Children and young people with complex medication requirements may be eligible for support from the [Access Assistant program](#) or [RN Delegation of Care program](#).

The [Access Assistant program flowchart \(PDF 95.4KB\)](#) or [RN delegation of care service provider toolkit \(PDF 275KB\)](#) can help to determine when additional supports are needed.

## Transport

Safe transport must be provided to and from the education and care service, and for excursions or offsite activities.

Consider all children and young people with a known health condition, and if they need medication to be given in an emergency.

# Authority to administer

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

Medication cannot be administered by education and care staff if:

- a medication agreement has been modified, overwritten or is illegible
- any of the 'medication rights' are in doubt, refer to the [medication rights checklist \(Word 136KB\)](#).

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

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

The agreement section must be completed by a treating health professional where the medication is:

- a controlled drug
- oxygen
- pain relief (ie paracetamol, ibuprofen) that is needed regularly or administered for more than 72 hours (3 days) in a week.

Education and care services can contact their local pharmacy or the Medicines Information Service at the Women's and Children's Hospital (phone (08) 8161 7555; email: [medinfo@sa.gov.au](mailto:medinfo@sa.gov.au)) for information on medication.

There are specific requirements for administration of scheduled medications and where there are multiple or high risk medicines prescribed, invasive administration techniques, frequent dose changes or emergency medications.

## Schedules

Scheduling is a national classification system that controls how medicines and poisons are made available to the public. Medicines are classified into schedules according to the level of regulatory control required. The schedules are published in the [Standard for the uniform Scheduling of Medicines and Poisons \(SUSMP\)](#).

### Unscheduled

- Medications that are sold in other retail outlets (ie supermarkets) in addition to pharmacies i.e. antacids (e.g. Mylanta®, Gaviscon®), paracetamol, aspirin, ibuprofen.
- Medication agreement can be completed by parent or guardian only.
- If pain relief medications are required to be administered more than 72 hours in a week the 'agreement' section must be completed by health professional.

## Schedule 2

- Medications that are sold over the counter in a pharmacy without a prescription.
- Medication agreement can be completed by parent or guardian only.
- If pain relief medications are required to be administered more than 72 hours 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 or guardian only.
- If pain relief medications are required to be administered more than 72 hours 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 or guardian only.
- If pain relief medications are required to be administered more than 72 hours 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 schedule 4 drugs have additional prescription and recording requirements compared with schedule 4.
- Medication agreement can be completed by parent or guardian only.
- If pain relief medications are required to be administered more than 72 hours in a week, the 'agreement' section must be completed by health professional.
- An [emergency medication management plan \(Word 167KB\)](#) must be completed by a health professional for midazolam.



## Schedule 8 (controlled drugs)

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

## High-risk medicines

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

## Polypharmacy

- Five or more oral medications (to be administered in education or care).
- Medication agreement must be completed by a health professional.
- Requires a [health support agreement \(Word 139KB\)](#).
- 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](#).

## Single medication agreement

A single [medication agreement \(Word 173KB\)](#) is used for medication to be administered to a child or young person.

## Multiple medication agreement

A [multiple medication agreement \(Word 213KB\)](#) is used for multiple medications to be administered to a child or young person.

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

## Intranasal Midazolam (INM) medication agreement - for seizures

An [emergency medication management plan \(Word 1,221KB\)](#) is completed by a neurology specialist or paediatrician for a child or young person prescribed midazolam as an emergency response for seizures.

A [seizure management plan \(Word 1,168KB\)](#) must also be completed.

See the [seizures and epilepsy webpage](#) for more information.

## Medication administration without an agreement

Medication can't be administered in education and care services without a medication agreement unless it is included in an [ASCIA action plan](#) or [asthma care plan \(PDF 78KB\)](#).

Where a child or young person requires medication in an education or care service and a medication agreement is not available, arrangements must be made for the parent or guardian to attend the site to give the medication.

An exception to this is where the [decision making tool for medication administration \(Word 157KB\)](#) is completed (go to [self-administration of medication](#)).

## Medication agreement review date and end date

All medication agreements should be reviewed at least annually for continuing medication.

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

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

## Administering medication in education and care services

The 8 rights documented in the [medication rights checklist \(Word 136KB\)](#) are regarded as standard measures for safe administration practices in education and care services. This checklist must be followed every time medication is administered in education and care services. Two staff members must be present during medication administration.

For single staff services (such as family day care, respite care program and rural care), medication instructions must be checked and confirmed with the parent or guardian at handover. This includes when the child is dropped off and picked up. When administering medication, double check each step of the medication rights checklist.

Where any medication rights are in doubt do not administer medication. You need to:

- document in [medication log \(Word 203KB\)](#)
- contact the parent or guardian
- complete a [medication advice form \(Word 157KB\)](#).

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

The parent or guardian is responsible for providing all medication and administration equipment. They should be encouraged to give and collect any medication in person where possible. Where this is not possible, the education and care staff, in consultation with the parent or guardian, should discuss and agree on safe methods of transport and transfer.

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

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

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

Principals and directors are responsible for ensuring education and care staff are available and appropriately trained for the administration of medication in an education or care service and during school related activities.

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

## Can staff refuse to administer medication?

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

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

## Self administration of medication

The decision for a child or young person to carry their own and/or self-administer medication is made by the principal or director (or nominated delegate) in consultation with the parent or guardian and young person. Complete the [decision making tool for medication administration \(Word 157KB\)](#).

Controlled or restricted medicines cannot be carried or self-administered by the child or young person.

Children and young people are encouraged 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
- understand and apply safe medication management practices.

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 must be prepared to administer emergency medication.

## Correct dosage of medication

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

Medication should be administered in the same room where the medication is kept. Medication can be administered in another location provided it is safe to do so and all medication rights are met.

All medication received at education and care services needs to be received intact. If  $\frac{1}{2}$  or  $\frac{1}{4}$  tablets are required pill cutters should be used. Staff administering the medication can cut tablets as stipulated in the Medication Agreement.

Providing medication in a Webster pack is considered best practice for safe medication management. As it is the pharmacist that prepares the webster packs, it is still considered the 'original pharmacy packaging'. In the case of cut tablets it is also best practice to have these provided in Webster Packs as medication must be received intact and not pre-cut by parents/carers. School staff are able to cut tablets if necessary, by asking the parent/carer to supply a pill cutter or alternatively purchase one from a pharmacy.

If more than one medication is in each blister education staff should administer all of the contents of that blister as directed and indicate that they have done this on the medication log under Right dose, Right strength, Right Route. Because the Webster Pack has been prepared by a pharmacist there is not a need to count or identify each individual medication. One medication log for each child can be completed for multiple tablets in a blister of a Webster Pack.

When medication has been administered, education staff should complete the child's [medication log \(Word 203KB\)](#) and, if necessary, the [controlled medicines register \(Word 205KB\)](#) (have 1x controlled drug register for each child – tally the tablets you have for that child on a daily basis).

Hand hygiene and standard precautions should be followed prior to, during and after medication administration for each child and young person.

Two education and care staff (with the exception of single staff services ie family day care, Respite Care program and rural care) are needed to administration medication to a child or young person. This makes sure:

- [medication rights \(Word 136KB\)](#) are checked
- the medication administration is supervised
- information documented in the [medication log \(Word 203KB\)](#) is correct.

## Post medication administration and documentation

### Medication log

The [medication log \(Word 203KB\)](#) must be completed each time medication is required to be administered.

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

Both staff members must print their name and initial the medication log confirming all details are correct and the [medication rights checklist \(Word 136KB\)](#) has been followed. For single staff services a single name and initial is appropriate.

When all rows on the medication log have been completed, or when the medication is no longer required, the log must be closed. Give a copy to the parent/guardian. Keep the original filed in the child or young person's record.

### Medication advice form

When medication has not been administered the parent or guardian must be notified immediately. They will advise if alternative arrangements are required for administration.

Complete a [medication advice form \(Word 157KB\)](#) for any of the following:

- medication has not been administered (including when the child or young person has refused to take the medication)
- a medication incident has occurred (including a medication error)

- post administration observations are required to be documented and communicated to the parent or guardian, or treating health professional.

The medication advice form must be sent to the parent or guardian, and a copy retained in the child or young person's record.

### Post administration observation

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

Education and care staff can observe and document behaviours post administration to advise the parent or guardian, or treating health professional.

Education and care staff must not interpret behaviour in relation to a medical condition or monitor the effects of the medication.

### Response to side effects

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

If the child or young person presents with unusual symptoms or behaviours following medication administration, but it's not a medical emergency contact the parent or guardian immediately and follow their advice.

Document the side effects, advice given and action taken in the medication log and complete a medication advice form.

## Refusal to take medication

There may be a number of reasons why a child or young person refuses to take their medication.

Education and care services cannot use restrictive practices to make a child or young person take their medication.

It's important 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 (for example not in the classroom or not around peers).

When a child or young person refuses to take their medication, notify the parent or guardian immediately. Follow the advice given by the parent or guardian provided it meets the requirements of this procedure. The parent or guardian may need to attend to administer the medication.

Document in the [medication log \(Word 203KB\)](#) and on a [medication advice form \(Word 157KB\)](#).

## Administering first aid emergency medication

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

## Adrenaline autoinjector (EpiPen® or Anapen®) and asthma reliever inhaler (Ventolin®)

Adrenaline autoinjectors and asthma reliever puffers can be given as a first aid response to any child, young person, staff or visitor having anaphylaxis or an asthma attack.

Where a child or young person has been prescribed an adrenaline autoinjector (EpiPen®) or reliever puffer for emergency medication, this should be administered in line with their [ACSIA action plan](#) or [asthma care plan](#). Go to [anaphylaxis and severe allergies](#) and [asthma](#) for more information.

### Prescribed emergency medication

Some children and young people may need other medications as an emergency response.

These may require specialised training for example midazolam for the emergency treatment of seizures.

Additional training is needed to develop required competencies and ensure the safest option to manage risks to the child or young person's health (see [training and education on this page](#)).

All emergency medication must be prescribed by the treating health professional, documented in a medication agreement and administered in line with the [care plan](#) or [individual first aid plan](#).

## Storage, security and disposal of medication

### Storing medication

Medication must be stored safely and securely. All medication must be stored in line with manufacturer's instructions. Generally, this will be in a locked cupboard or 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.

#### **There are some important exceptions:**

- Emergency medication must be stored safely, and must be easily accessible at all times.
- Asthma reliever inhalers (Ventolin®) must be readily available at all times, including before and during exercise. Generally children and young people are responsible for their own inhalers. The need for a child or young person to have ready access to their inhaler should override any concerns about misuse by others.
- Some medications may need to be kept in the fridge. 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'. Keep it on a separate shelf in the fridge.

## Storing controlled drugs

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

Controlled drugs must be stored in a 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. Complete an [authorisation to administer controlled medicines form \(Word 109KB\)](#).

All controlled drugs at the education or care service must be recorded on the [controlled drugs register \(Word 209KB\)](#). A stock count is required daily, endorsed with the names and signatures of two staff members (or one staff member in single staff settings). This can be done at the same time as the medication is administered. This register does not replace the need to complete the [medication log \(Word 203KB\)](#). Any discrepancies with the medication count this must be reported to the police.

All transactions involving controlled drugs must be recorded on the controlled drugs register. When controlled drugs are delivered to the education or care service or given back to the parent or guardian, they must sign the controlled drugs register.

## Quantity of medication kept at education and care services

Where the medication is routine and required regularly, arrangements can be made with the education or care service to store up to a week or term's supply on site.

Medication that is required short-term should be provided daily or weekly.

All medication must be provided in an original pharmacy container with a pharmacy label. Providing medication in a Webster pack is best practice for safe medication management.

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

## Disposal of unused, damaged or expired medication

Unused, damaged or expired medication must be safely disposed of.

Prescribed medication should be returned to the parent or guardian. If the parent or guardian is unable to be contacted or does not claim the medication, it should be taken to a pharmacy for safe disposal. The parent or guardian must be advised in writing if medication is returned to a pharmacy.

The shelf-life of most medications is around 2-3 years from the date of manufacture. 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 a child or young person's prescribed medication expiry date is nearing or the integrity of the medication is in doubt, contact the parent or guardian to replace the medication. General use medication 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.



## Disposal of medication administration equipment

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

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

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

It is the parent or guardian responsibility to ensure appropriate options are in place for the disposal of their child and young person's medication administration equipment. This should be documented in the child or young person's [health support agreement](#).

## Medication errors, incidents and queries

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

- If the child or young person has collapsed or is not breathing phone 000 (ambulance) immediately and follow standard first aid.
- If there is no immediate adverse reaction phone the Poisons Information Centre on 131 126 and follow the advice given. If the advice indicates the child or young person can remain at the education and care service, ensure additional supervision to monitor for any delayed adverse reactions
- Notify the parent or guardian.
- Document in the [medication log \(Word 203KB\)](#).
- Complete a [medication advice form \(Word 157KB\)](#) and forward to the parent or guardian. Keep a copy in the child or young person's file.
- Report on the [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 can help with non-urgent medication information and advice:

- email [medinfo@sa.gov.au](mailto:medinfo@sa.gov.au)
- phone: (08) 8161 7555.

All medical incidents that require medical treatment and all near miss medication administration incidents must be reported on [IRMS](#) within 24 hours of the event.

# Training and education

The Women's and Children's Hospital Disability Services have developed a [paediatric medication safety online program](#). Staff managing medication in education and care services should complete this online program.

Specialised training is required for administration of some medications including:

## Adrenaline autoinjectors

- Adrenaline is emergency medication for anaphylaxis.
- Emergency response for anaphylaxis is included in the [HLTAID012 Emergency First Aid Response](#) training.
- 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.
- National Diabetes Services Scheme [Diabetes in Schools](#) online training.
- Refer to [Women's and Children's Hospital Endocrinology and Diabetes Department](#) for training and advice from a diabetes nurse educator (phone 8161 6402).

## Midazolam

- Midazolam is emergency medication for seizures.
- An [emergency medication management plan](#) must be completed.
- Go to [seizures and epilepsy](#) for training providers.

## Oxygen

- Where a child or young person requires oxygen, they must be referred to the [Access Assistant program](#) or [RN Delegation of Care Program](#).
- Emergency oxygen therapy can 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 for an asthma attack.
- Emergency response for asthma is included in the [HLTAID004 Emergency First Aid Response](#) training.
- Asthma Australia free online course, [Asthma First Aid for Schools](#).

# Communication and risk management

## Communication

Go to the [health support webpage](#) for general communication strategies.

Communication strategies where a child or young person requires medication must be developed with an assurance that parents and 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 or 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 \(Word 203KB\)](#) and [medication advice form \(Word 157KB\)](#) as required
- parent or guardians to communicate any changes to the child or young person's risk factors to ensure education and care staff have up-to-date information
- where age appropriate, communication with the peers of the child or young person with a medical condition, to identify early signs of deterioration and risk minimisation strategies.

## Risk minimisation strategies

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

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

To reduce these risks:

- Strict medication administration processes must be followed.
- Medications should be stored according to specific requirements and with consideration to the safety of staff, children and young people and the wider school community.
- The [health support agreement \(Word 128KB\)](#) should be used to support and document decision making for children and young people requiring health support in the context of the individual site.

# Definitions

## Access Assistant program (AAP)

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

## aurally

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

## controlled drug

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

## Creon

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

## education and care service

Includes children's centres, preschools, schools, family day care, home based childcare, respite care programs.

## emergency medication

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

## high risk medications

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

## **inhaled**

Where a substance is breathed into the lungs, usually through the mouth or mouth and nose.

## **INM (intranasal midazolam)**

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

## **midazolam**

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

## **orally**

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

## **PRN**

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

## **restricted schedule 4 medicines**

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

## **topically**

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

# Supporting information

## Related legislation

[Code of Practice First Aid in the Workplace 2016 \(PDF 713KB\)](#)

[Controlled Substances Act 1984](#)

[Controlled Substances \(Poisons\) Regulations 2011](#)

[Controlled Substances \(Controlled Drugs, Precursors and Plants\) Regulations 2014](#)

[Disability Discrimination Act 1992](#)

[Disability Standards for Education 2005](#)

[Education and Early Childhood Services \(Registration and Standards\) Act 2011 \(PDF 1MB\)](#)

[Education and Care Services National Regulations](#)

[National Disability Insurance Scheme Act 2013](#)

[State Records Act 1997](#)

[Work Health and Safety Act 2012](#)

## Related policies

[Duty of care policy](#)

[First aid and infection control standard](#)

## Supporting forms and documents

[HSP120 Health support agreement \(Word 138KB\)](#)

[HSP121 Safety and risk management plan \(Word 139KB\)](#)

[HSP124 Individual first aid plan \(Word 128KB\)](#)

[HSP125 Guide to planning health support \(Word 86KB\)](#)

[HSP151 Medication agreement \(Word 172KB\)](#)

[HSP152 Multiple medication agreement \(Word 212KB\)](#)

[HSP153 Emergency medication management plan \(Word 167KB\)](#)

[HSP154 Decision making tool for medication administration](#)

[HSP155 Medication log \(Word 202KB\)](#)

[HSP156 Medication rights checklist \(Word 135KB\)](#)

[HSP157 Medication advice form \(Word 156KB\)](#)

[HSP159 Authorisation to administer controlled medicines \(Word 108KB\)](#)

[Medication in education and care services: information for families \(PDF 229KB\)](#)

[Medication error, incident, query or advice flowchart \(PDF 129KB\)](#)

[Medication administration flowchart \(PDF 127KB\)](#)

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