Medicationmanagement procedure

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

Overview

Thisprocedure is for all staff working in education and eato manage medications in an education and care setting.

Readthis procedure along with any relevant health support planning procedthresdescribe managi7T2- Tw01 Tw [education support staff working in education and care.

It describes

Χ



Contents

Medication management procedure	1
Overview	
Scope	
Detail	
Medication background	
Medication definition	

Detail

Medication background

x asthma care plan (PDF 269 km²) t includes Ventolin on the plan.

Monitoring post administration

Education and care staff can observe and document behaviours post administration to advise the parent guardianor treating health professional. Staff cainterpret behaviour in relation to a medical condition or monitor the effects of the medication.

Observations can be documented on the medication advice form (DOC_1andKSe)nt to the parenter 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 milurellevant) 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:

- x verbal agreement and expectation with no documentation, for example, nappy rash cream is applied at every nappy change
- x completing amedication log (DOC 203KeB) ery time the unmeitrated product is applied
- x advising by text message or email that the product has been applied.

General use emergency response medicines

Educationand care services can (c)1.2 d [(j EMC /H4 <</MCI(n)]TJ 0 n (s)2.Pb)-0.6 (e(c)1.2 d1pglm-1.6 (s)-3.4

x pain relief for long term chronic pain management example oxycodone (Endone®) fentanyl patch

All controlled drug areclearly labelled.



The principal or idector is responsible for all controlled drugs that are held on **Site**y cardelegate the authority to manage and administed staff.

Tomake sure there is combined understanding of the requirements for controlled medicines the <u>authorisation to administer controlled medicines (DOC 10</u> with must be completed by the principal or director and the 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 are handled in linewith Schedule 8 medicines are medication storage, security andisposal.

The <u>SA Health Storage and Rection</u> of <u>Restricted Schedule 4 (Prescription Only) Medicines Policy Directive</u> (PDF 321KB) as a current list of Schedule 4 medicines that are restricted in South Australia.

Restricted Schedule 4 medicines prescribed hit doen 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 Assixtantal Pr Encompass

Creon® (pancreatic enzyme replacement supplement)

A medication agreement is not required for children and young people 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 medicithe ioontext of this procedure.

Go tocystic fibrosisor more information

Contents of hypo kit for diabetes management

For children and young people with diabetes there will interest when they get hypoglycaemia (blood

glucose levels too low).

A 'hypo kit' must be readily available (with the choloyoung personor in class). The hypo kit will contain items that bring blood glucose levelack up.

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

Go todiabetes for more information

Complex medication administration

Children and young people wittomplex medicatiomequirementsmay be eligible for support the Assistant P

Restricted Schedule 4 x Prescription medicines that don't have deficient addictiveness or risk of abuse to be classified

Administration via feeding tube

- x For example gastrostomy, jejunostomy and nasogastric
- x Requires referral to the Access AssistantopPamor Encompass

Oxygen

x Requires referral to the Access AssistantopPamor Encompass

Single medication agreement

A single <u>medication agreement (DOC 17</u>3KB) edfor one medication to be administered to a child or young person.

Multiple medication agreement

A <u>multiple medication agreement (DOC 210K</u>) used for multiple medications to be administered to a child or young person.

The multiple medication agreement only needs to include medications to be **grivible** education or care service, and obesnot necessarily need to include all medications currently prescribed for the child or young person.

Intranasal midazolar(INM) medication agreement

An <u>emergency medication management plis</u> nompleted by **a** neurology specialist or paediatriciator a child or young person prescribed midazolam as an emergency response for seizures.

A <u>seizure management plan (DOC 254</u>MBst also be completed.

Goto seizures and epilepsor further information.

Medication administration without an agreement

Medicationcan't be administered ireducation and care services thout a medication agreement unless it included in an ASCIAtion planor asthma care plan (PDF 269KB)

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

An exception to this is where the decision making tool for medication administration (DOCX 15 is KB) completed (to to self-administration of medication)

Medication agreement review date and end date

All medication agreements should be reviewed at least annitality on tinuing medication.

Where a 'review date' has expired,

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

Who is responsible for administering medication during attendance at an

medicationagreement.

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 'originaamacy 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 preut by parents/carers. School staff are able to cut tablets if necessagesking 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 onnthedicationlog under Right dose, Right strength, Right RouteBecause the Webster Pack has been prepared by a pharmacist there is not a need to count or identify each individual medicationemedicationlog for each child can be completed for multiple tablets in a blister of a Webster Pack.

When medication has been administereducation staff should complete the childhedication log (DOC 203KB)and, if necessary, the c.7 (e)55.7 (n.1.8 (e)-1.9 (t)1.7 (li3.0 Td [o)-3.1m)-5.7.3.0 [(mi0.Td e)0.5.5iioceo o2

Complete amedication advice form (DOC 156km) any of the following

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

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

Post administration observation

Observations of the child or young person post administration can be documented <u>omethication advice</u> <u>form (DOC 156KB</u>)nd forwarded to the parent/guardian.

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

Education and carestaff can't 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 missing missi

If the child or young person presents with unusual symptoms or behaviours following medication administration but it's nota medical emergency contact the parentguardian immediately and follow their advice.

Document the side effects, advice given and action taken in the medication log (DOC and Ken) plete a medication advice form (DOC 156KB)

Refusal to take medication

There may be a number of asons why a child or young person refustes take their medication.

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

.

Administering first aid emergency medication

Education and care staff mustuminister 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 (EpiPeror Anapen and asthma riever inhaler (Ventolin®)

Adrenaline autoinjectors and asthma reliever puffers can be gaisean first aid response to any child, young person, staff or visitor havingnaphylaxis or an asthma attack.

Where a child or young person has been prescribed the maline autoinjector (EpiPen®) or reliever puffer for emergency medication this should be administered in line their ASCA action plans as a severe allergies and asthmafor more information.

Prescribed emergency medication

Some children and young people magedother medications as an emergency response.

These mayequire specialised training for examphedazolam for the emergency treatment of seizsire

Additional training is required to develop required competencies and ensure the safest option to manage risks to the child or young persorhealth (go to training and educatio):

All emergency medication must be prescribed by the treating health professional, documented in a medication agreement and administered in liwith the care planor individual first aid plan (DOCX 120KB)

Storage, security and disposal of medication

Storing medication

Medication must be stored safely and securely. All medication must be stored inithmenanufacturer's instructions Generally, this will be in a locked cupboard or container in a coolow 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:

- x Emergencymedication must be stored safely, andust be easily accessible at all times.
- x Asthmareliever inhalers (Ventolin®) ust be readily available at all times, including prior to and during exercise. Generally children and young peopler as ponsible 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.
- x Some medications mayeed to be kept in the fridgeAn appropriate refrigerator, with resitted access, should be identified and the medication should be placed in a closed plastic container with

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

- x Adrenaline is emergency medication for anaphylaxis
- x Emergency response for anaphylaxiincluded in the <u>HLTAID012 Emergency First Aid Response</u> training.
- x Australasian Society of Clinical Immunology and Allergy (ASCIA)tfreeing course on anaphylaxis management in education and care services

Insulin

- x Insulin is medication used to manage blood glucose levels in people with diabetes
- x National Diabetes Services Scheme Diabetes in Scholine training
- x Refer to Women's and Children's Hospital Endocrinology and Diabetes Deparforeraining and advice from a diabetes surseeducator (-7.2 (s)-36[a10.98 8958 (r)-1.8 (t)-4.8 96-Tw 0.224 03(r)-1.h(s)4.3 (

Communication and rishanagement

Communication

Go to health support for general communication strategies.

Communication strategies where a child or young person requires medication must be developed with an assurance that parentand guardians understand the content, and should include:

- x staff awareness of all children and young people currently enrolled whoine administration of medication during attendance where this is required as an emergency response
- x regular communication with parenter guardians of children and young people requiring medication administration during attendance to provide assurance that propriate management, risk

Definitions

Access Assistal 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

midazolam

Alsointranasalmidazolam, INMEmergency medication presibed to treat seizures.

orally

A route of administrationwhere a substance is taken through the mouth

PRN

Medicinesthat 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."

restrictedschedule 4 medicines

Also Restricted S4, S48chedule 4 medicines that are liable to abuse, i.e. benzodiazepines (e.g. diazepam) and tramadol. For this group of medicines, the traditional storage and record keeping requterimea Schedule 4 medicine are inadequate to provide the level of accountability required

topically

Wherea product is applied directly onto the outer body surface.

Supporting information

HSP120-Health support agreemen(DOCX 128KB)

HSP121-Safety and risk management plan (DOC 128KB)

HSP124 Individual first aid plan (DOCX 120KB)

HSP125-Guide to planning health support (DOC 87KB)

HSP151 Medication agreement (DOC 173KB)

HSP152-Multiple medication agreement (DOC 210KB)

HSP153-Emergency medication management plan

HSP154 Decision making tool for medication administration (DOCX 157KB)

HSP155-Medication log (DOC 203KB)

HSP156-Medication rights checklist (DOC 137KB)

HSP157-Medication advice form (DOC 156KB)

HSP158 Controlled medicines register (DOC 200KB)

HSP159 Authorisation to administer controlled medicines (DOC 109KB)

Medication administration (flowchart) (PDF 127KB)

Medication error, incident, query or advice (flowchart) (PDF 130KB)

Medication in education and care services: information for families

Related legislation

Code of Practice First Aid in the Workplace 2012 (PDF 713KB)

Controlled Substances Act 198SA)

Controlled Substances (Poisons) Regulations (SA)

Controlled Substances (Controlled Drugs, Precursors and Plants) Regulation(SA)01

Disability Discrimination Act 1992 (Cth)

Disability Standards for Education 2005 (Cth)

Education and Early Childhood Services (Registration and Standards) Act 2011 (SA)

Education and Care Services National Regulations

National Disability Insurance Scheme Act 2013 (Cth)

State Records Act 1997 (SA)

Work Health and Safety Act 2012 (SA)

Related policy documents

Duty of care to children and young people policy (PDF 182KB)

First aid and infection control standard (PDF 239KB)

Record history

Published dateApril 2024

Approvals

OP number: 10

File number: 18/07542

Version:3.2

PolicyOfficer: Project OfficerHealth Support, Inclusive Teaching and Learning

Policysponsor:Director, Disability Policy an Programs Inclusive Teaching and Learning

Responsible Executive Director: Executive Director Support and Inclusion

Approved by Director, Disability Policyand Programs Inclusive Teaching and Learning

Approved date: 28 March 2024 Next review date: 28 October 2027

Revision record

Version:3.2

Approved by: Director, Disability Policy and Programs