



MEDICATION MANAGEMENT

Frequently asked questions

What are the obligations of worksites regarding medication management policy?

Worksites should have a medication management policy consistent with the DECS guidelines Health support planning guidelines, section 2 and:

- developed with the community
- endorsed by governing council or management committee
- supported by drug education for students
- include protocols about storage, supervision (by staff and self-management), documentation, incident management and care
- include strategies to monitor the implementation of the policy and routinely remind families, children/students and local prescribers about the protocols.

Who is responsible for medication management in a school?

The Health support planning guidelines outline the scope and limits of educators' responsibility in all aspects of health support planning. In summary:

- The principal is responsible for health support planning (section 2.1, Allocation of roles and responsibilities)
- This includes allocation of duties related to medication storage and supervision (section 2.2, Routine supervision for safety). In some sites, this is in turn delegated from teaching staff to SSOs, where this is named in their duty statement and negotiated accordingly. As with all SSO duties, the teacher retains overall duty of care and responsibility for ensuring this occurs, ie SSOs cannot be ultimately responsible for medication management - this is part of the duty of care responsibility of teaching staff (as directed by the principal)
- Section 5.2, Medication management details safe practices to be followed by educators in the supervision of medication. This routinely includes oral and measured dose inhaled medication

- DECS offers medication management training for education and children's services staff. Details about this can be found on the chess Training website.

In addition to this general policy information, there are guidelines related to specific conditions, for example the DECS planning and support guides related to diabetes, epilepsy, ADHD and other conditions are specific about medication management (see chess Pathways for guides).

Your district office disability support staff can also assist with advice in this area.

How do doctors/other prescribers access the medication authority form?

Prescribers can use the DECS proforma; the Medical Director proforma or write a letter – **as long as all the required information is provided.** Worksites can liaise with local doctors to make this process easier for all parties.

DECS proformas are available free of charge from the chess website.

What if a child/student has medication but no medication authority?

Medication should not be accepted by staff without a medication authority, medical director proforma or letter from the prescribing health professional. The instructions must match those on the pharmacy label of the container.

If a child/student has medication and no authority, the worksite incident management policy should be actioned. This will probably include the following steps:

- Contact the parent/guardian; remind them of the policy; and assist them to meet the requirements
- Possibly negotiate an interim strategy, for example to obtain verbal instructions from the prescriber while faxing through an authority.



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Should parents/guardians provide a medication authority for non-prescription medications (including alternative therapies, vitamins, minerals or supplements)?

Yes. The DECS medication management guidelines encompass all medications: prescribed, over the counter and alternative therapies, vitamins, minerals and supplements.. The guidelines require you have a written medication authority AND associated care instructions to administer any medication.

As an example, students taking over the counter mild pain relief or medicated throat lozenges are required to provide a written medication authority.

How should the medication be provided by the parent/guardian?

All medication is to be prescribed by a health professional and provided as a daily dose (or a week's supply at the most, except in long-term continuous care arrangements). A medication authority, completed by the prescribing health professional, must accompany the medication. Medication must be within the expiry date of the product and delivered in the original container; with the label from the pharmacy. The parent/guardian can ask the pharmacist for a second labelled container to keep the extra medication at home.

Should staff administer a child's/student's medication to their sibling?

No – not unless they have a separate medication authority for each child/student and separate medication.

Staff need to ensure they are giving the **right medication** to the **right child/student**; that the dose and strength are **right for that child**; that the route and timing are correct and the effect is **right for that child**. They also need related care instructions for the individual child/student: these could be different for each child/student, even if they are siblings.

Should a student taking medication for a condition such as ADHD have a care plan?

Yes. Any student taking medication should have a medication authority and it would be expected that a condition such as ADHD would have an associated care plan.

Who can help worksites with complex medication management issues?

The Access Assistant Program.

Management can be complex because of the way medication is administered (eg rectally) or because of the care that goes with it (eg routine administration of oxygen or morphine for pain relief). The DECS training program Medication Management in Education and Children's Services (MMECS) can assist sites to establish safe and reasonable medication management protocols. The Access Assistant Program can assist sites to undertake a risk assessment if there are complex administration or care issues (for further information see Complex and invasive health support).

How should medication be stored at the worksite?

Medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Some families supply thermal carry packs to maintain safe temperature storage and for ease of transport on excursions.

Storage should be secure with clear labelling and access limited to the staff responsible for medication storage and supervision.

How many doses of medication can a site store?

All medication should be provided as a daily dose (or a week's supply at the most, except in long-term continuous care arrangements).



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If a child/student has not taken the prescribed medication before can staff administer the first dose?

No. A child or student should not take his or her first dose of a new medication at school, preschool or in a childcare setting: the child or student should be supervised by the family or health professional in case of an allergic reaction.

Can a child/student self-manage/self-administer their own medication?

Yes, but a written medication authority from their prescribing health professional must be provided to staff. Whether the child/student has been assessed as able to self-administer or not, the school has an overall duty of care for all medications in the workplace. The child/student is required to notify staff each time before they self-administer as staff must be able to observe and monitor what, how much and when medication is being taken by the child/student: this is only possible if they have a medication authority to follow.

Staff should store and supervise medication for younger children (eg preschool and junior primary aged students). Older children and students (eg upper primary and secondary) can often learn to safely self-manage medication. Many worksites will also require that older students' medication is stored securely by staff. The exception is often asthma reliever medication where immediate access is required by the children or students for safety.

See **Health support planning guidelines, section 5.2 Self-management of medication** for further information.

What should staff do if they are concerned about the effects of medication on a child/student?

If workers are concerned for any reason about a child's or student's health, their first aid training requires them to enact standard first aid emergency procedures.

What should staff do if a medication error occurs (eg wrong child, wrong medication, wrong dose, wrong route, wrong time)?

A medication error occurs when **any** discrepancy occurs in the preparation or administration of a medication.

For emergency medical advice, the following steps should be followed:

- Ring the **POISONS INFORMATION LINE 13 11 26**
- Give details of the incident and client
- Act immediately upon their advice (eg call an ambulance)
- Notify the child's or student's emergency contact person
- Document your actions
- Review medication management procedures at the worksite in light of the incident.

If medication is to be taken 3 times a day, does this need to be administered at the worksite?

No. Medication that has to be taken three times per day can be taken **before and after school**, and **before bedtime**, and not come to school at all.

Do staff need to record administration/supervision of medications?

A medication log should be maintained to record supervision of routine medication and kept with the relevant medication authority. These records should be kept centrally, generally within the first aid facility. Some children/students will have, as part of their support plan, an agreement about communication between home and school.

Who needs to know about a child/student's medication: what are the confidentiality issues?

As with all health care needs, access to information is on a 'need to know' basis.



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Staff members who supervise medication administration and are responsible for the relevant record management should be informed at the time of receiving the medication authority. The child's health needs should never be a point of general discussion amongst staff: such conversations should always be purposeful and related to the care, wellbeing and dignity and privacy of the child - and family.

Further information is available from the DECS guidelines Health support planning (PDF).

Can staff administer medications such as ointment, eye/ear drops?

Education and care workers are generally trained to supervise oral and measured dose inhaled medication. They are generally not trained, and so cannot be expected, to routinely administer medication taken by other routes, eg eye/ear drops and ointments. These medications require special planning, and sometimes the help of a nurse.

Should worksites keep items like antiseptic cream/solutions in their first aid kit?

Not usually. Worksites should keep the first aid supplies they are trained to use. For a list of recommended first aid kit contents click here.

Should staff wear gloves when applying creams/solutions?

The use of gloves is optional unless:

- it is reported that the child/student has an infectious wound - in which case the wound should be fully covered and treated at home or by a health professional, or
- a health plan indicates the use of gloves.

If not wearing gloves however, the person applying the cream must appropriately wash their hands BEFORE and AFTER they apply the cream. It is more about ensuring that the person applying the cream does not infect the wound more than the risk of allergy from the gloves.

Is training available for medication management and how do staff access it?

Yes. For a complete list of DECS health support programs (including *Medication management in education and children's services*) see the *child health and education support services (chess)* Training Service

website: www.chess.sa.edu.au/Training/Trai_Home.htm

email: info@chess.sa.edu.au

telephone: **08-8361 6819**

If a child/student has nappy rash can staff apply cream/powder?

Any medication (prescription and over the counter), including nappy creams/powders, requires a medication authority AND associated care instructions to administer the medication. The prescribing health professional can issue a once-off order that can be used long term.

It is generally not recommended to use a powder (unless specifically prescribed) as this can often cause chaffing if the area is moist and/or used with creams. Powders are also an OH&S hazard in wet areas as it is very slippery on tiled floors.