Government of **Western Australia**
Child and Adolescent Health Service

POLICY	
Medication management in education support schools	
Scope (Staff):	Nursing staff working in education support schools
Scope (Area):	Education support schools in the Perth metropolitan area
Child Safe Organisation Statement of Commitment The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.	

This document should be read in conjunction with this DISCLAIMER

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Aim

To assist nursing staff in Child and Adolescent Health Service - Community Health (CAHS-CH) who work within education support schools (ESS) to practise safely when managing medications.

Background

The education support setting is a complex and challenging environment for nurses to practise within. Under the *Medicines and Poisons Act 2014* and the *Medicines and Poisons Regulations 2016,* Schedule 8 medications (S8) such as some used for ADHD, are restricted drugs. MP 139/20 Medicines Handling Policy classifies some Schedule 4 medications as "Restricted" (S4R) in WA health system as they are liable to abuse. Many medications used in seizure management are classified as S4R medications. Once a S4R or S8 drug is dispensed to a client however, it no longer requires the legislation applied to it as a scheduled drug and therefore the mandatory compliance practices required for staff working in the acute setting are **not** mandatory for nursing staff working in an education support school.

This policy is an alternative arrangement that has been endorsed by CAHS - CH following a risk assessment and dictates how nursing staff are to manage medications in education support schools within WA.

This policy must be read in conjunction with Student Health Care Plans guideline.

The Memorandum of Understanding 2022-2024 (MOU) is the overarching, state-wide agreement between the Department of Education (DoE) and CAHS and WA Country Health Service.

Risk

A medication management policy is required to guide the safe and secure handling of medications. Failure to adhere to this policy may result in medication errors and possible harm to the client.

Definitions

Accountability:

The nurse answers to the people in their care, the nursing regulatory authority, their employers and the public. Nurses are accountable for their decisions, actions, behaviours and the responsibilities that are inherent in their nursing roles including documentation.[1]

Delegation:

Is the relationship that exists when a registered nurse (RN) delegates aspects of their nursing practice to another person such as an enrolled nurse (EN), or a person who is not a nurse. Delegations are made to meet peoples' needs and to enable access to health care services, that is, the right person is available at the right time to provide the right service. The RN who is delegating retains accountability for the decision to delegate and for the practice outcomes.[1]

Dispensed medication:

Dispensed medications are those medications, including S4, S4R and S8 that have been dispensed by a registered pharmacist or medical practitioner, packaged and labelled with specific administration directions for an individual. Clients within education support schools

must provide the school with dispensed medication. *The requirements for storage and handling of medication as stipulated by the Medicines and Poisons Regulations 2016[7] do not apply to a medicine once it has been dispensed from a valid prescription, packaged and labelled correctly by the dispensing pharmacy.*

Education support school (ESS):

Education support schools (primary and secondary) are separate schools that have on-site access to nursing staff and sometimes therapy staff. Education support schools (ESS) generally serve clients who have moderate to severe physical and intellectual disability and have specific criteria of entry.[3]

Enrolled nurse (EN):

The enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified under the direction and supervision of the registered nurse as stipulated by the relevant nurse registering authority. At all times, the enrolled nurse retains responsibility for their actions and remains accountable in providing delegated nursing care.

Health literacy:

The ability of a person to understand essential health information that is required for them to successfully make use of all elements of the health system. Health literacy lies at the heart of a person being able to take control of their own (or their child's) health care through making informed health decisions, seeking appropriate and timely care and managing the processes of illness and wellness. Low health literacy may mean parents/guardians have problems understanding written and verbal advice from health sources and being able to successfully navigate the health system to obtain appropriate services. These difficulties increase where other factors such as being from a culturally and linguistically diverse (CALD) background are also impacting on health literacy.[4]

Medication administration aid:

A medication administration aid (also known as a dose administration aid) is a device into which medications have been dispensed, packaged and clearly labelled for an individual by a registered pharmacist. Medications can be packaged as either a single dose pack (one single type of medicine per compartment) or a multi-dose pack (different types of medicines per compartment), and the medicines are packaged according to the individual's dose schedule throughout the day/week. The Webster- pak® is commonly used in Education Support schools.

Mandatory policy

A policy statement that is approved by the Director General of Health. It is mandatory for all WA health staff to comply with a mandatory policy unless a specific exemption has been endorsed.

PRN medication:

Abbreviation for pro re nata, a Latin phrase meaning "as needed." This abbreviation is used in prescriptions for when the administration times are determined by the client's needs.

Registered nurse (RN):

A person who has completed the prescribed education preparation, demonstrates competence to practise, and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia.[1]

Scope of practice:

The scope of nursing practice is that in which nurses are educated, competent to perform and permitted by law. The actual scope of practice is influenced by the context in which they practise, the health needs of clients, the level of competence and confidence of the nurse and the policy requirements of the service provider.[1]

Stock supply:

Nurses working in ESS are permitted to store only a small supply of paracetamol as a 'stock supply' medication.

Roles and responsibilities

School Principals

- Require parents/guardian to provide information regarding long-term administration of medication in the client's health care plan[5];
- require parents/guardian to complete relevant documentation for the administration of medication[5];
- require parents/guardian to provide any medication the client needs[5];
- maintain a record of all medication administered at school[5];
- arrange for all medication to be stored appropriately[5] and
- ensure DoE refrigerators used to store medication on school site are appropriately maintained.

It should be noted that in education support schools the responsibility for documentation, storage and administration of client medication is routinely devolved to the community school health nurse.

Effective communication between parents/guardian and school staff assists safe medication management. As per the *DoE Student Health Care in Public Schools policy v3.5 2018,* principals should encourage parents/guardian to work in partnership and cooperate in providing the necessary health information and/or medication required. If parents/guardians do not cooperate they should be informed in writing of the possible implications of failing to provide relevant health information and/or medication.

If parents/guardians do not respond to written communication, the principal may:

- in the case of students of sufficient maturity (independent minor), be able to deal directly with the student who can make his/her own health care decisions;
- seek agreement from the parent/guardian to liaise directly with the client's medical practitioner;
- if the school becomes aware that a student has a complex and/or potentially life threatening condition, seek advice from the Regional Education Office, community school health nurse and/or Legal Services;

- refer the matter to the Department of Communities (Child Protection and Family Support) as a case of alleged medical neglect. [5]

Teaching staff

- as per DoE policy, teaching staff are expected to support the implementation of client health care plans. However, they have the right to decline to conduct medical procedures and/or to undergo training to provide health care support.[5]

Nurses working in ESS

It is acknowledged that the responsibility for medication management is in most instances devolved to the community health nursing staff. It is therefore imperative that all nurses involved in medication administration complete the CAHS mandatory NPS Medicinewise Learning - Medication safety online training. Roles and responsibilities are to:

- provide advice and support, and collaborate with school staff, parents/guardian and other health providers to develop an Administration of Medication plan;
- adhere to the '6 Rights' of medication administration (right drug, right individual, right dose, right time, right route, right documentation).

All health professionals have a responsibility to maintain skills and knowledge in order to safely administer medications. This includes competence to recognise and respond to adverse drug reactions. If the community health nurse does not have the knowledge and skill to deal with a particular situation involving medication administration, they must not continue with the intervention. In these circumstances, the nurse must contact their line manager, ESS liaison nurse or another appropriate authority for guidance. Refer to Nursing (NMBA) practice decision flowchart (DMF A3 nursing flowchart – 2013 – rebranded) for additional guidance.

It is recognised that this policy will not cover every situation in the community setting. When unsure, the nurse should liaise with their Clinical Nurse Manager (CNM) and Principal to discuss options for managing a specific situation/client need. In this instance the CNM may refer to the education support liaison for specialist knowledge and guidance. Any resolution will be at the discretion of the CNM.

Enrolled nurses

All enrolled nurses who work in Education Support Schools must have completed an EN medication competency program and maintain their competence in medication management.

Administration of emergency medications (e.g. Midazolam) is to be only undertaken by an enrolled nurse under the direct supervision of the RN on site. This is in line with NSQHS Standard 4.4 Medication Safety and CAHS Deterioration in Health status – Unexpected and Acute Policy .

(Auto-injector and Ventolin are exceptions and may be administered if required).

Medication competent ENs can administer ongoing prescribed medications transcribed by the RN to the CHS 414 including S8 medications regardless of whether they are packaged in a pharmacist prepared Webster-pak®. This is in line with the *Medicines and Poisons Regulations 2016* (Division 7 r55).

Consent

- The administration of medication requires consent from the parent or guardian.
- Consent must be evidenced by a new signed health care plan that is re-written annually and when changes to medication are made.
- A different practice is acceptable for some medication dosages (See the section below 'Exceptional dose request')
- Parental/guardian consent is ***not*** required for the emergency administration of salbutamol for asthma and adrenaline (epinephrine) for anaphylaxis.

Provision of medication/care plan

- All medications are to be supplied by parents/guardian and MUST have an accompanying current care plan. This may be evidenced by a DoE form 2-11 or written instruction from a medical practitioner.
- When necessary, in the case of CALD families, the nurse should use the interpreter service to ensure information received is adequate and correct to formulate care plans.
- Prescription medications must have a current pharmacy label, or evidence of (e.g. photocopy). A current written Doctor's order may override a pharmacy label.
- Over the counter medications must have manufacturer's label. A medical order is not required. The nurse must give these medications in line with recommended drug dose/frequency. If a parent/guardian's request is outside of this recommendation, the nurse will not administer the medicine and the parent/guardian must obtain written documentation from the medical practitioner to authorise.
- Information on the pharmacy label and care plan must be equivalent. The pharmacy label, care plan and medication chart must contain consistent information.
- All medication received from the parent/guardian must be recorded in the Record of Medication Received/Discarded/Requested for Education Support Students form. Medication, quantity, dose and who provided medication must be included in documentation to aid tracking in the event of dispute of quantity supplied.
- Liquid medications must, where possible, be supplied to the nurse in unopened/sealed bottles to assist accurate documentation.

PRN medication

- If a charted PRN medication is required at school, the nurse must take into consideration that a previous dose may have been given before arrival at school. The nurse must ensure that the PRN dose is given in line with recommended drug/dose frequency and verbal clarification may need to be obtained from the parent/guardian.
- Medications prescribed by a medical practitioner for administration in the event of a medical episode e.g. seizure, must be accompanied by a written management plan that indicates when to administer, the dose and route to administer and provide

guidance on when to initiate emergency service attendance. If repeat doses are warranted this will be explicit on the management plan.

  - For clients with a seizure management plan (SMP), if repeat dose is not specified in the SMP, this must be interpreted as once only.

- Nursing staff/parent is to clarify with the prescriber if there is any doubt regarding the medication plan.
- PRN medications documented in a care plan should be recorded inside the medication administration chart (CHS 414) and not recorded in the 'exceptional dose' section.

Exceptional dose request

Sometimes the nurse will be asked to give a medication and there is no documented order. Examples of these situations include:

a) client's usual medication dose is changed overnight or at the weekend

b) parent/guardian has forgotten to give a morning dose

c) nurse initiated paracetamol

- In the instance of prescription only medication, the nurse must receive written instruction from a medical practitioner.
- If the parent/guardian is unable to supply medical order information as per 'provision of medication' but the dose change is urgent, the nurse may accept a verbal order for a one off dose from the medical practitioner.
- The parent/guardian must be advised that further doses will only be given once medical instruction is given.
- The parent/guardian must contact the prescribing medical practitioner to obtain written instruction.
- In instances of poor or low health literacy, the nurse, with parental/guardian consent, may assist by contacting the medical practitioner to obtain an authorised order.
- For all 'exceptional doses,' information should be transcribed onto the 'once only/exceptional dose' section on the front of the medication administration chart and then documented in the client progress notes.

Drug Registers

Nurses working in ESS are not required to maintain an approved S8/S4R register because these registers are only required for *stock supply* of S8/S4R medications (refer to *stock supply* in definitions). The quantity of medication remaining is auditable at any time using the client's medication administration chart and progress notes.

Checking Expiry dates

All medication expiry dates must be checked at the time of administration and at least monthly for PRN medications. This is particularly crucial for emergency medications (e.g. midazolam). Refer to the section on midazolam for further information about recording

when the foil sachet is opened. Nurses are responsible for maintaining an 'Expiry register' for PRN medications and ensuring it is utilised.

Medication management processes

- **All** medication given at school must be documented on the medication administration chart (CHS 414).
- Once only/exceptional doses are written on the front of the medication administration chart and all other **medications specified on a care plan** are written in the main section of the chart.
- Medications are documented as per the equivalent care plan/pharmacy label onto the CHS 414 (see Transcribing Medications below).
- Medications must be prepared for a single client ONLY immediately prior to administration.
- When administering more than one medication for a single client via multiple syringes, the syringes are to be labelled with the name and dose of medication.
- Once prepared, medication must be administered following the 6 Rights of medication administration.
- The medication administration chart must be signed immediately following administration. If a dose is omitted, the appropriate 'code' as indicated on the medication administration chart will be used to indicate that the dose was not given. If a client is absent or a dose is not given, the appropriate 'code' will be used to indicate this on the medication chart (see CHS 414 for 'code key').
- When PRN or exceptional dose medications are given, documentation of reason and outcome must also be completed in the client progress notes.
- Any dose of medication prepared for administration that is unable to be given is to be discarded down the sink and recorded in the Record of Medication Received/Discarded/Requested for Education Support Students form.
- In the event that a client only requires half a tablet, it is acceptable for the remaining half to be placed back in the bottle/foil strip and maintained, depending on the stability of the medication.

Clients with identified allergies (including drugs/food/other) will have this flagged on their medication chart using an 'alert' sticker (see right) and if required, the Australian Society of Clinical Immunology and Allergy (ASCIA) chart or allergy/anaphylaxis care plan filed at the front of the health record.

- Some clients may require titration of their medications (e.g. benzodiazepine dosage adjusted according to seizure activity). It is acceptable for nurses to be guided by the parent/guardian in relation to dosage to be given, *however* the medical practitioner must nominate the range of prescribed dosage and this must be clearly documented in the client's progress notes.

Storage of medication

- All medications will be stored in a locked cupboard/s with the exception of adrenaline (epinephrine) auto-injectors and asthma reliever medication.
- The medication cupboard is to be securely attached to a wall or floor and other goods including cash or documents are not to be kept in this cupboard.
- Where indicated, medication will be stored in a refrigerator.
- Each client will have named containers/baskets to store their medication.
- Emergency medications are to be kept in a separate container with a copy of the care plan.
- Stock medication for **staff use** (e.g. paracetamol, ibuprofen) is **not** to be kept in the medication cupboard for clients. This medication is to be stored and managed by the school office/ registrar.
- It is acceptable to maintain a small stock of paracetamol for client use. No other stock medications are to be stored in the client medication cupboard (this includes topical preparations such as nappy paste, pawpaw cream etc.).

Access to medication

- Only authorised persons can have access to the medication cupboard.
- Keys to the medication cupboard are to be stored securely as below:
    - During school hours, keys are to be kept on the physical person of the nurse.
    - After hours, the keys are to be stored in a locked cupboard or safe.
- The school principal or their delegate is authorised persons in the event of a registered nurse not being available/ onsite and a client requiring emergency medication (e.g. midazolam).
    - If the registered nurse is not available/ onsite, then the Principal or their delegate must be notified.

Medication requiring immediate access

Some medications may be required on an immediate basis, (for example an adrenaline [epinephrine] auto-injector or asthma reliever medication) and will be stored in a safe place, in an **unlocked** cupboard that is readily accessible to staff. This should be encouraged to be the school's responsibility.

Transcribing medications onto the CHS 414

When medication is provided by a parent/guardian, the nurse must reconcile the medication against the prescription details from a pharmacist or medical practitioner. All medications are to be transcribed onto the CHS 414 medication administration chart by the

RN and countersigned by another nurse to minimise the risk of transcription errors. When transcribing a medication order, the generic drug name must be used.

Depending on staffing, the second nurse may be the line manager, a nearby community health nurse or an ESS liaison nurse. Countersigning must occur within 5 working days of transcribing. If transcribing electronically, medications must only be typed once onto each chart to prevent additional doses being inadvertently given.

A minimum number of medication charts should be used at any one time to minimise the risk of medication error. This may require less frequently used PRN entries being crossed out with 'see new chart' and transcribed onto a new chart when regular medication sections are completed. The superseded chart will then be placed in the client's file.

If there is a change in dose/order, the nurse is to cease the current order and transcribe the new order onto the medication chart with another nurse. Any change in medication orders must be documented in the client health care plan. To improve client safety, and reduce confusion, the nurse must put a line through the pharmacy label and write 'order changed, see care plan' when there is a change in order. The pharmacy label, care plan and medication chart must be consistent with the changed medication order.

When a dosage or frequency is changed, the old order on the medication chart will be clearly crossed out and the word 'ceased' written through the order on the chart and after the last signed dose administered. The date and initials of the nurse ceasing the order must be recorded on the chart. A new order will be transcribed onto the medication chart and checked and countersigned by another nurse (see example below).

Medication	Dose	Frequency
Diazepam (10mg/10ml)	6ml	10:00
Route: PEG		
Additional Information: Via Syringe + 20ml H_2O Flush		
Countersign: 1. SM	2. LL	

ceased

Date	17/7/18	18/7/18	19/7/18	20/7/18	ceased SM 23/7
Time	1000	1005	1004	0955	
Dose	6ml	6ml	6ml	6ml	
Initial	SM	LL	LL	SM	

Medication	Dose	Frequency
Diazepam (10mg/10ml)	5ml	10:00
Route: PEG		
Additional Information: Via Syringe + 20ml H_2O Flush		
Countersign: 1. SM	2. LL	

ceased

Date	23/7/18	24/7/18	25/7/18	26/7/18	27/7/18	ceased SM 30/7
Time	1010	1015	1005	1006	0955	
Dose	5ml	5ml	5ml	5ml	5ml	
Initial	LL	SM	[illegible]	SM	LL	

Medication	Dose	Frequency
Diazepam (10mg/10ml)	6ml	10:00
Route: PEG		
Additional Information: Via Syringe + 20ml H_2O Flush		
Countersign: 1. SM	2. LL	

Date	30/7/18	31/7/18	01/08/18	02/08/18	03/08/18	06/08/18	07/08/18
Time	1000	0958	1002	1000	1000	1004	1010
Dose	6ml	6ml	6ml	6ml	6ml	6ml	6ml
Initial	[illegible]	SM	SM	LL	LL	SM	SM

If a client is absent or a dose is not given, the appropriate 'code' will be used to indicate this on the medication chart (see CHS 414 for 'code key').

Client identification

An intellectual disability is a pre-requisite for attending an ESS and although some clients are quite independent and able to identify themselves, there is still a risk of misidentification, especially with relief nursing staff and/or relief DoE staff. Therefore, client identification with all clients (including semi-verbal clients) must be made via a DoE staff member. The DoE staff member must be able to confidently identify the client.

As per the Patient/Client Identification Protocol, the three client identifiers that must be used in ESS are:

- client's full name
- date of birth (DOB) (or age)
- and photo identification on the client care plan/medication chart.

With the client, DoE staff member, and nurse present the DoE staff member must state the client's first and last name and DOB (or age). The DoE staff member must be able to confidently identify the client. This can be done by the nurse asking the DoE staff member for the client's full name and DOB/age, or by introduction by the DoE staff member. Client identification must not be conducted through yes and no answers (e.g. it is unacceptable practice to identify clients by asking, "is this <client's name/date of birth/age>?"). Clients with similar names are to have this flagged on their medication chart and care plan with a note saying '*Caution, client with a similar name.*'

Once the full name and DOB is confirmed, the DoE staff member must confirm photo identification. As a second check, the photo must also be validated by the nurse. Medication charts **must** include a current photo (updated annually) of the client.

Independence can still be promoted by the DoE staff using discretion and allowing the client to provide their identification, with confirmation by the DoE staff member.

Location for administering medications

Education support schools vary in size - both in client population and geographically. Larger schools present more risk for medication errors to occur due to the increased number of clients requiring medications and the distance between the health centre and the client's classrooms. Nurses can frequently be interrupted by other staff and clients and the time taken to find each client can result in a lengthy 'medication round'. This process takes even longer for relief nursing staff who are unfamiliar with clients and the school layout and who must be extra vigilant in ensuring correct client identification. In order to improve client safety and minimise the risk of medication errors, the following process is to be followed:

- Clients are to be brought to the health centre by a staff member for their medication administration (excluding emergency medication). This is an additional safety check to ensure the correct identification of the client. It may be more appropriate for clients who are deemed not suitable to attend the health centre (e.g. clients with a known history of unsafe behaviours) to be given their medication in a designated area agreed by the nurse and Principal. The Principal will communicate this to the teacher and this agreement will be clearly documented in the client's progress notes.

- Determining the most appropriate setting should be done on a case-by-case basis and reassessed every year. Individual cases can be assessed by the nurse in consultation with the CNM and Principal to determine alternate locations when attendance at the health centre may not be suitable.

- The preferred location for the administration of a client's medication is to be clearly documented and communicated to all staff.
    - The white board will be used to indicate the medication location for every client. This may be a separate list of clients who do not attend the health centre, or alternatively a separate column to identify where medication is to be administered. This will be kept up-to-date and amended as required.
- Nurses must not knowingly put themselves at risk of being harmed by a client. When a nurse has concerns with their own safety, CAHS Occupational Safety and Health (OSH) should be consulted. Should concerns be related to the school site or processes implemented on the school site, school based OSH processes should also be followed. If required, the nurse will give the medication to the teacher to administer as per the Health Care Plan.
- The nurse must only carry one client's medication at a time when administering medications outside of the health centre. The medication chart must be taken with the medication to enable client identification to occur at the point of administration.
- Nurses will wear a blue vest to alert others that they are administering medications and should not be disturbed.

Crushing medications

In the home setting, some parents may crush all medications together and give to their child because this is the most practical method for them. Nurses should explain to parents the risks of doing this (e.g. interactions, stability and efficacy). If a parent is crushing a medication that is not recommended to be crushed (according to CAHS approved references such as the 'Don't Rush to Crush' section in MIMS Online available from the CAHS Library) and they would like the nurse to continue crushing it at school, then the parents must be asked to provide documentation from the child's paediatrician and/or pharmacist to support this practice. This documentation will be filed in the client's notes.

Oral dosing syringes and bungs

Because medications are not administered routinely, if ever, via the intravenous (IV) or subcutaneous (subcut) route in ESS, the risk of serious 'wrong route' administration errors via the IV or subcut route is negligible. Nurses in ESS are therefore permitted to use normal clear syringes (not the purple oral dosing syringes). The use of bungs is also not mandatory and drawing up straws is acceptable for withdrawing dosages of liquid medications. The drawing up straw is to remain in the client's medication bottle until it is empty, expires or the medication is returned to the parent/guardian and should then be discarded.

School excursions

- Clients requiring medication during the course of a school excursion must have their medication given to school staff by a nurse.
- The school staff member must be given a copy of the client's care plan outlining the medication to be given, dosage and time.
- During excursions the school staff member is responsible for managing and storing the medication and documenting when they administer the medication to the client and must communicate this to the nurse.

- If the client requires medication whilst under the duty of care of education staff the nurse will mark this on the medication chart using the letter ‘T’ as per the code key on CHS 414.

Camp medications

- Medications that are required whilst a client is attending a school camp are the responsibility of the school and the parent/guardian.

Respite medications

Clients may go directly to respite services from school and therefore require storage for respite medications at school during the day. Respite medications are the responsibility of the school and parent/guardian, and are managed and stored by the school.

Expired/no longer required medications

Monthly checks of expiry dates of all medications (including emergency and PRN) will be undertaken to ensure medication is in date.

Medication is to be returned to the parent/guardian in the following instances:

- Expired medication
- Medication that is no longer required
- Client has moved to a different school
- Death of a client

Nursing staff are to contact the parent/guardian and request that they come into school and collect the medication (except in the event of a client’s death). Nurses must contact parents twice (if required) to ask them to collect expired/no longer required medication. If parents have not collected medication, it is appropriate to dispose of medication and document in client progress notes (unless there is a clear and reasonable reason for a longer delay and this is documented). The community health nurse should contact their line manager to discuss transport of medication to the local pharmacy for safe disposal by a nurse (the parent/guardian should be notified of this plan).

Medication is also routinely returned to parents/guardian prior to the long summer holidays when school is closed for 6 weeks. The parent/guardian will be requested to collect the medication. It is acknowledged that many clients rely on transport to and from school via the school bus. If the parent/guardian is unable to collect the medication, the nurse will telephone the parent/guardian and advise that the medications will be sent home in a sealed envelope in the child’s school bag. This arrangement will be documented in the progress notes.

Specific medications

Adrenaline (epinephrine) auto-injector

The emergency administration of an adrenaline (epinephrine) auto-injector does not require parent/guardian permission. Nursing staff who administer an adrenaline (epinephrine) auto-injector in an anaphylaxis emergency without parent/guardian permission have explicit legal protection (*Health, Safety and Civil Liability (Children in Schools and Childcare Services) Act 2011)*.

The majority of clients with anaphylaxis will have been diagnosed by the time they reach school and should have their own prescribed adrenaline (epinephrine) auto-injector available to them at all times. A small number of clients who have not been diagnosed previously, and who therefore do not have a prescribed adrenaline (epinephrine) auto-injector available, may experience their first anaphylactic episode at school and require administration of an emergency adrenaline (epinephrine) auto-injector.

Adrenaline (epinephrine) auto-injector devices for emergency use can be used:

- when a client who has not been previously diagnosed, is experiencing an anaphylactic reaction for the first time as they will not have a prescribed adrenaline (epinephrine) auto-injector available;
- when a client with a prescribed adrenaline (epinephrine) auto-injector requires a second dose; and
- in an emergency, when a client with a prescribed adrenaline (epinephrine) auto-injector does not have their medication available.

Note:

- The adrenaline (epinephrine) auto-injector for emergency use is **not** intended to replace a prescribed adrenaline (epinephrine) auto-injector for a client who has been previously diagnosed.
- Access to the adrenaline (epinephrine) auto-injectors for general emergency use is managed at the local level with priority given to high risk situations where there may be limited access to medical support, for example, school camps.
- It is acknowledged that schools may not have sufficient resources to have an adrenaline (epinephrine) auto-injector for general use available at every off-site event.
- Adrenaline (epinephrine) auto injectors have a maximum shelf life of 18 months and expiry dates must be checked regularly.
- Adrenaline (epinephrine) auto-injectors must be stored below 25 degrees Celsius and protected from light. Do not refrigerate.

Community Health staff should complete the Australian Society of Clinical Immunology and Allergy (ASCIA) e-training for health professionals before delivering information sessions for education staff in the use of adrenaline auto injectors. For further information refer to *Information sessions for Education Staff documents*.

Midazolam

- Wherever possible midazolam should be supplied in plastic ampoules containing midazolam 5mg/mL, NOT glass ampoules or plastic ampoules of other sizes or strengths. There are times however when a pharmacist may have no supply of plastic ampoules and the midazolam is dispensed in glass ampoules. In this instance draw up only the prescribed amount into a syringe. To prevent drawing up small glass particles a blunt filter needle must be used. ALWAYS remove the needle before administering into the cheek.
- Midazolam must be stored below 25ºC.
- The efficacy of midazolam is affected by exposure to light. If the foil sachet is unopened follow the manufacturer's date of expiration. When the foil sachet is opened plastic ampoules are suitable for use for up to 8 months if protected from light. Parents/guardians who supply the nurse with individual ampoules of midazolam or opened foil sachets must be asked what date the sachet was opened. This date must be documented clearly. Midazolam in glass ampoules must be kept in the outer carton which protects it from light and can be used until the expiry date on the ampoule.
- Teachers/school staff that is given midazolam ampoules for client use on school excursions must have the medication wrapped in foil and protected from light.

Nurses will refer to the *Information sessions for Education Staff documents* before delivering information sessions for education staff to care for clients with epilepsy. Community Health staff are not responsible for training the school staff in administration of rescue medication. Schools provide the required training.

Clonazepam

- Clonazepam Oral Solution 2.5mg/mL should always be prescribed in **number of drops** and **milligrams**
- ONE drop = 0.1mg
- Count the drops into a spoon before administering the dose. Never administer the dose directly from the dropper into the patient's mouth as overdosing may occur.

Never use a syringe or other device to withdraw a dose from the bottle. Use only the dropper supplied in the neck of the bottle.

Drops may be diluted with a small volume of juice or water and then drawn up in a syringe to administer the dose.

Compliance

Compliance with this policy will be audited on a regular basis and at least annually using the Medication Audit Tool – Education Support Schools. Results of the audit will be disseminated to relevant staff and any necessary actions taken. Results will also be tabled at Clinical Governance Committee.

References

1. Registered nurse standards for practice, NMBA, 2016
2. Nursing and Midwifery Board of Australia, 2007. National framework for the development of decision-making tools for nursing and midwifery practice. http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx
3. WA Department of Education - Education support centres and schools
4. The Australian Government, Department of Health, Health literacy. https://www1.health.gov.au/internet/publications/publishing.nsf/Content/womens-health-policy-toc~womens-health-policy-key~womens-health-policy-key-literacy
5. WA Department of Education, Health Policies
6. Memorandum of Understanding between DoE and CAHS and WACHS for the delivery of school health services for school students attending public schools 2022-2024
7. *Medicines and Poisons Regulations 2016*
8. National Safety and Quality Health Service Standard 4 Medication Safety Standard. Standard 4.4

Related policies, procedures and guidelines
The following documents can be accessed in the **Clinical Nursing Manual** via the HealthPoint link or Internet link
Clients of concern management
Gastrostomy device management
Student health care plans
The following documents can be accessed in the CAHS-CH Operational Manual
Client identification
Consent for services
Consent for release of client information

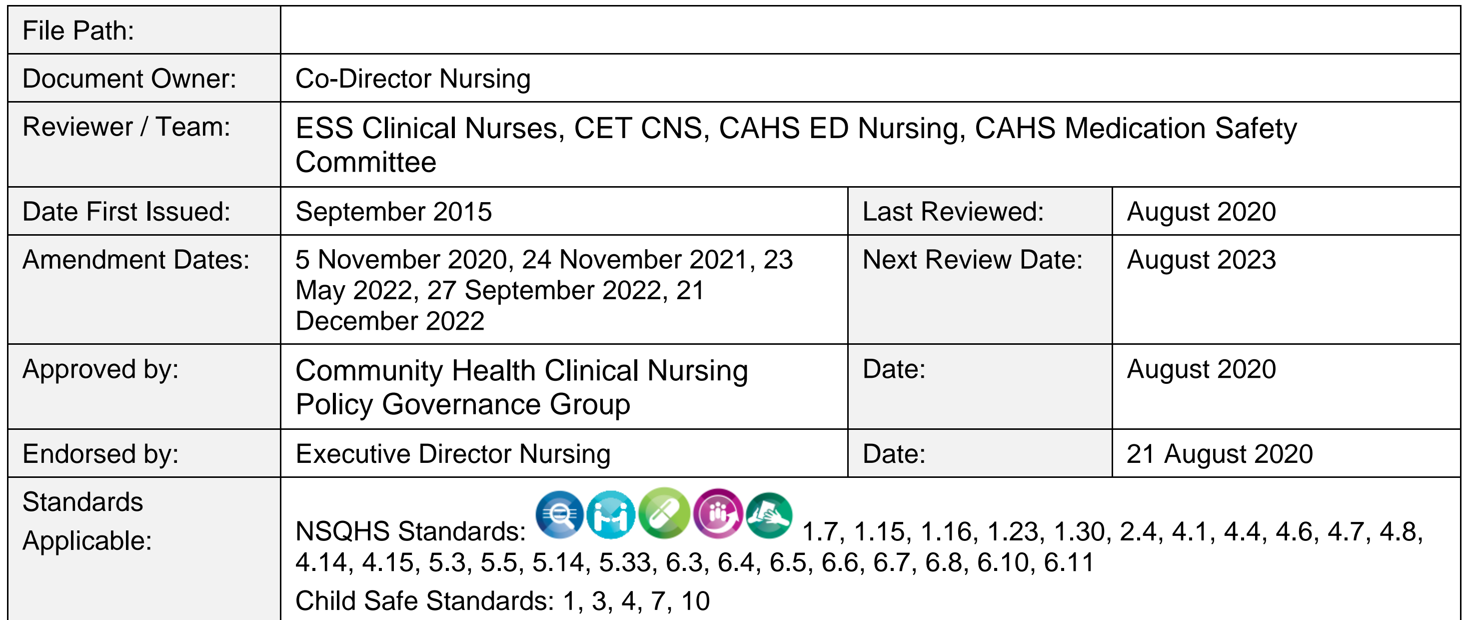
Deterioration in Health Status – Unexpected and Acute
The following documents can be accessed in the CAHS Policy Manual
Infection Control Policy Manual
The following documents can be accessed in the Department of Health Policy Frameworks
MP 0139/20 Medicines Handling Policy

Related CAHS-CH forms
The following resources can be accessed from the CAHS-Community Health Forms page on HealthPoint
CHS 414 Medication Administration chart
CHS 428 Record of Medication Received/Discarded/Requested for Education Support Students
CHS 427 Diabetes Record Management Chart for Education Support Students

Related CAHS-CH resources
The following resources can be accessed from the CAHS-Community Health Resources page on HealthPoint
Medication Audit Tool – Education Support Schools
Information sessions for Education Staff documents

Related external resources
Administration of Medication form (DoE Form 3)
Fact sheet: Enrolled Nurses and Medicine Administration

This document can be made available in alternative formats on request for a person with a disability.



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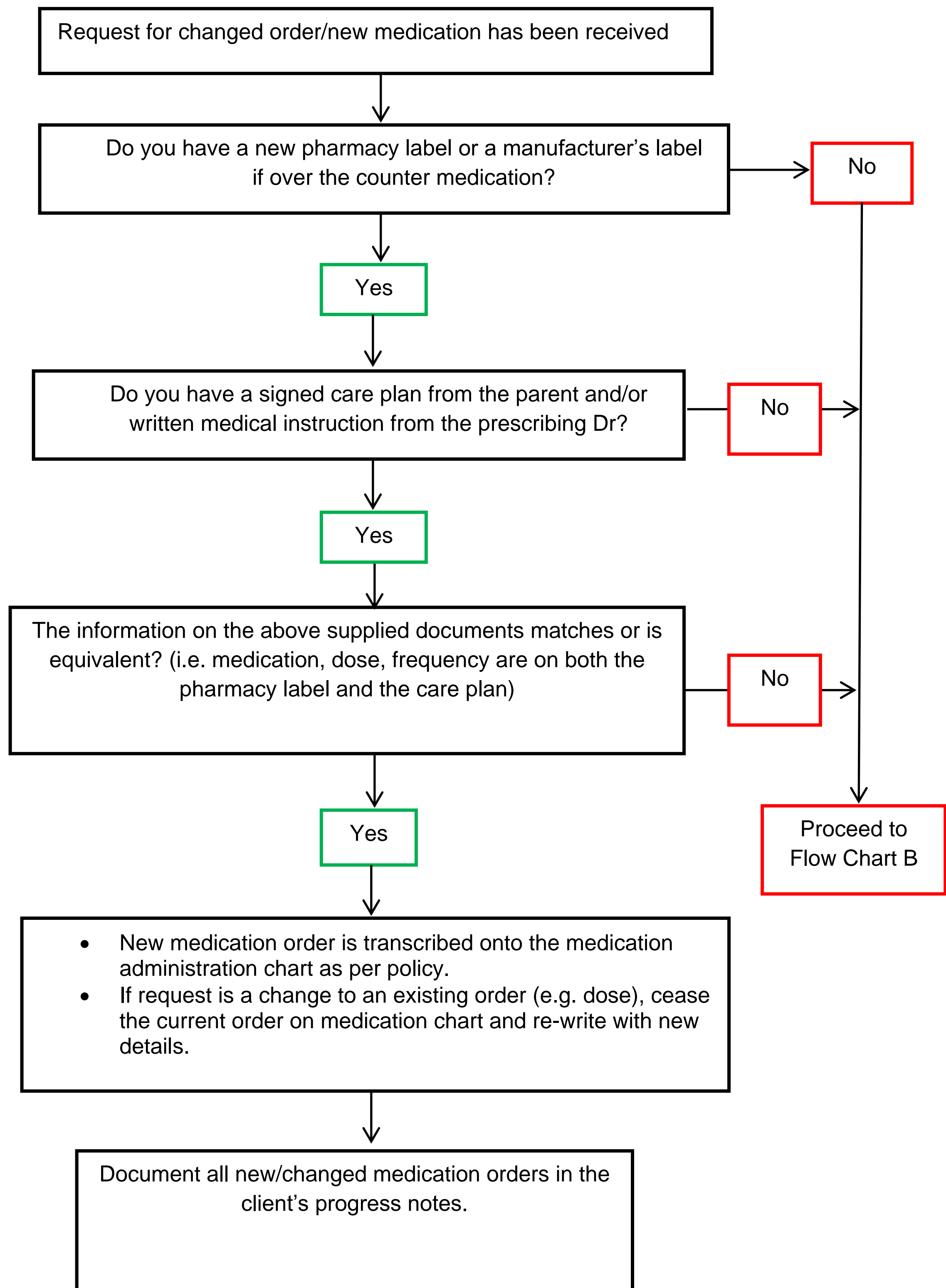
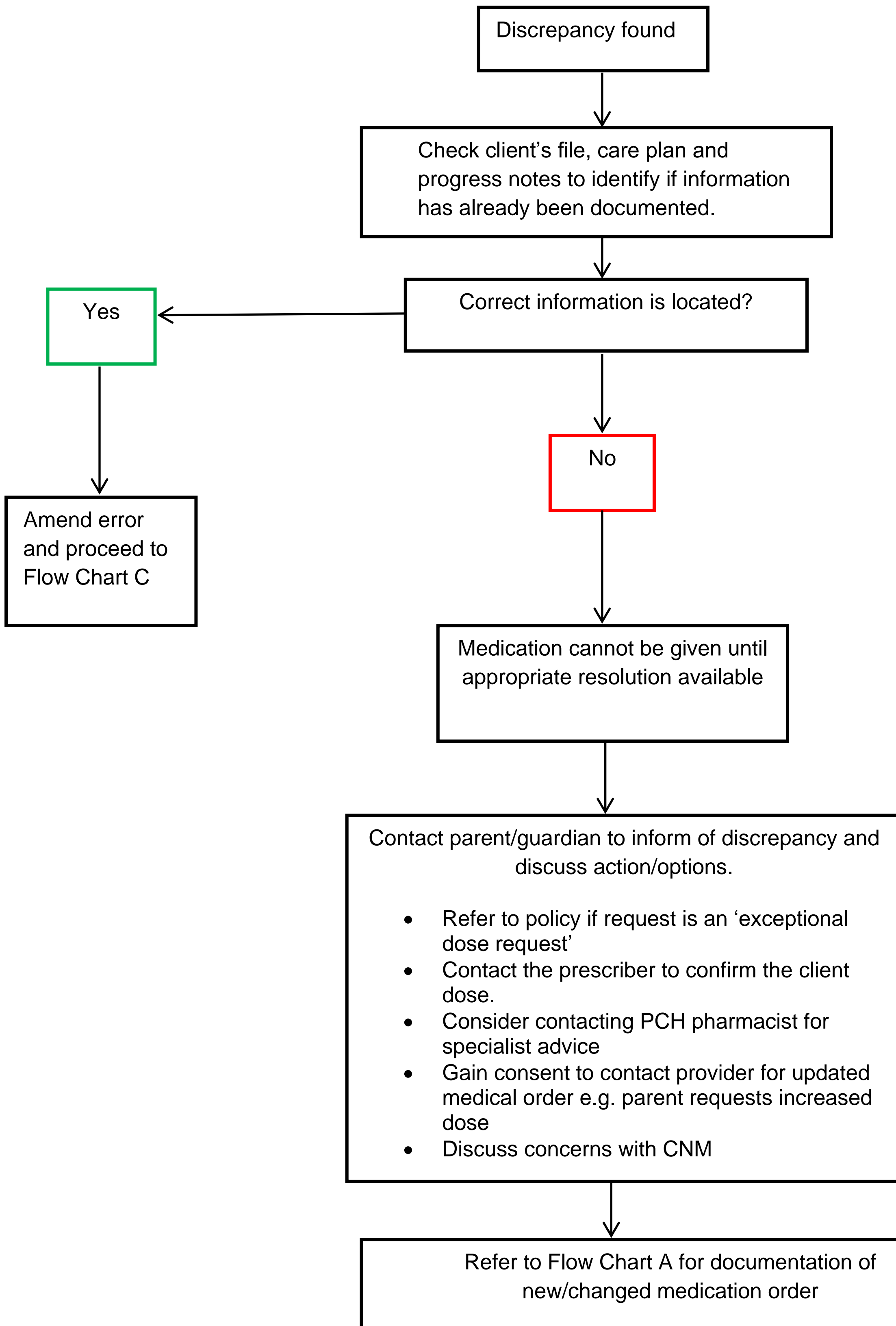
Appendix 1: Flow Chart A

Documentation process for receiving a new medication or changed order



Appendix 2: Flow Chart B

Discrepancy in medication order
(e.g. dose requested on care plan is different to the pharmacy label)



Contact parent/guardian to inform of discrepancy and discuss action/options.

- Refer to policy if request is an 'exceptional dose request'
- Contact the prescriber to confirm the client dose.
- Consider contacting PCH pharmacist for specialist advice
- Gain consent to contact provider for updated medical order e.g. parent requests increased dose
- Discuss concerns with CNM

Refer to Flow Chart A for documentation of new/changed medication order

Appendix 3: Flow Chart C

Administering medication to a client