



POLICY

Medication Management in Education Support Schools

Scope (Staff):	Community health nurses working in Education Support Schools
Scope (Area):	Child and Adolescent Community Health (CACH)

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

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Aim

To assist nursing staff who work within education support schools (ESS) to ensure safe practise when managing medications.

Risk

Failure to adhere to this policy may result in medication errors and possible harm to the client.

Background

Education support schools (ESS) generally care for clients who have moderate to severe physical and / or intellectual disability and have specific criteria of entry.¹ Education support schools (primary and secondary) are separate schools that have on-site access to nursing staff and sometimes therapy staff.

Under the *Medicines and Poisons Act 2014* and the *Medicines and Poisons Regulations 2016*, Schedule 8 medications (S8) such as some used for attention deficit hyperactivity disorder (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 medication 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 settings including acute settings, hospitals, nursing posts and other public

health service facilities are **not** mandatory for nursing staff working in an education support school.

This policy must be read in conjunction with the [Student Health Care Plans guideline](#) and the [Memorandum of Understanding 2022-2024 \(MOU\)](#)² which is the overarching, state-wide agreement between the Department of Education (DoE) and CAHS and WA Country Health Service.

Definitions

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 MP 0139/20 WA Health Medicines Handling Policy*³ do not apply to a medicine once it has been dispensed from a valid prescription, packaged and labelled correctly by the dispensing pharmacy.

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.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 pharmacy. 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.

PRN medication:

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

Registered nurse (RN):

A person who has completed the prescribed education, demonstrates competence to practise, and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia.⁴

Key points

- Nurses working in ESS:
 - Administer medication as per this policy
 - provide advice and support, and collaborate with school staff, parents/guardians and other health providers in the administration of medication when required
 - adhere to the [‘6 Rights’ of safe medication administration](#) (right drug, right student, right dose, right time, right route, right documentation).
 - The child’s current weight is unlikely to be available within the education support setting.
 - Concerns related to weight-based dosing should be followed up with the prescriber, pharmacist or caregiver.
- Nurses working in ESS are permitted to store a supply of paracetamol as a ‘stock supply’ medication.
- The CHS 414 Medication Administration Chart is for use by CACH nursing staff only.
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Community health nurses must follow the organisation’s overarching Infection Control policies and perform hand hygiene in accordance with [WA Health guidelines](#) at all appropriate stages of the policy.

Roles and responsibilities

Nurses working in ESS

Although the Principal is responsible for the management, implementation, review, update and record keeping of the student health care plans⁵, the [Memorandum of Understanding 2022-2024 \(MOU\)](#)² states that:

- The parties will work together in partnership to use relevant data and information to support whole school approaches to the provision of health care support and promotion including:
 - developing health care plans for students with complex or chronic health needs.²

When asked, nurses can provide guidance, support, and assistance in developing the health care plan.

Registered Nurses

In the medication management in ESS settings, the registered nurse (RN) can do everything noted in this policy. As part of practice, registered nurses are responsible and accountable for supervision and the delegation of nursing activity to enrolled nurses (ENs).⁴

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 (EN) under the direct supervision of the RN on site.⁶

Adrenaline (epinephrine) auto-injectors and asthma reliever medications are exceptions and may be administered if required.

Medication competent ENs can administer regular prescribed medications transcribed by the RN onto the CHS 414. This includes S8 medications regardless of whether they are packaged in a pharmacist prepared Webster-pak® or not, as per the [Medicines and Poisons Regulations 2016](#) (Division 7 r55).

School Principals

In accordance with the Department of Education's Student Health in Public Schools Policy and supporting Student Health in Public Schools Procedure⁵ the Principal:

- provides parent/guardian with DoE Form 1 - Student Health Care Summary at enrolment and provides accompanying relevant documents should a health care need be identified.
- implements, reviews and updates student health care plans in consultation with parents/guardians and staff.
- ensures the medication cupboard is securely attached to a wall or floor.
- ensures DoE refrigerators used to store medication on school site are appropriately maintained.
- As per Appendix F of the Student Health in Public Schools Procedure-Administration of Medication⁵, the Principal
 - requires parents/guardians to provide information regarding long-term administration of medication in the students' health care plan;
 - requires parents/guardians to provide any medication the student needs in its original packaging and the correct dosage;
 - maintains a record of all medication administered at school;
 - arranges for all medication to be stored appropriately.

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

School staff

- Respite medications are the responsibility of the school and parent/guardian and are managed and stored by the school.
- Medications that are required whilst a client is attending a school camp are the responsibility of the school and the parent/guardian.
- During excursions the school staff member is responsible for managing, storing, and administering the medication to the student.

Process

Steps	Additional Information
Consent <ul style="list-style-type: none"> • The administration of medication requires consent from the parent or guardian. • Consent must be evidenced by a signed health care plan that is reviewed annually and when changes to medication are made. <ul style="list-style-type: none"> ○ A different practice is acceptable for some medication dosages. (see 'Exceptional dose request' information). 	<ul style="list-style-type: none"> • Parental/guardian consent is not required for the emergency administration of salbutamol for asthma and adrenaline (epinephrine) for anaphylaxis.
Care Planning- Student health care plans <ul style="list-style-type: none"> • Nurses must be able to access the most up to date health care plan where medication is to be administered. • Student health care plans can be accessed via School Information System (SIS). • A copy of the student health care plan is kept; 	<ul style="list-style-type: none"> • See Appendix 4: Provision of Student Health Care Plans Flowchart • Clients with identified allergies (including drugs/food/other) should have this flagged on their Medication Administration Chart (CHS 414) using an 'alert' sticker and if required, the Australian Society of Clinical Immunology and Allergy (ASCIA) chart or

<ul style="list-style-type: none"> ○ in the student's medical file and/or ○ in the student's medication box. • The student health care plan must be current and should be evidenced using DoE forms or written instruction from a medical practitioner. • Student health care plans should be checked for: <ul style="list-style-type: none"> ○ identified allergies. <p>Note: it is the responsibility of the DoE to generate form 4 - Severe Allergy/Anaphylaxis Management and Emergency Response Plan. Parents/guardians are required to complete ASCIA action plan.</p> <ul style="list-style-type: none"> ○ if titration of medications is required. 	<p>allergy/anaphylaxis care plan filed at the front of the health record.</p> <ul style="list-style-type: none"> • Some clients may require titration of their medications (e.g., benzodiazepine dosage adjustments according to seizure activity). It is acceptable for nurses to be guided by the parent/guardian in relation to dosage to be given, <i>however</i> the medical practitioner must nominate the range of the prescribed dosage, and this must be clearly documented in the client's progress notes and on the student's health care plan.
<p>Provision of Medication</p> <ul style="list-style-type: none"> • All medications are to be supplied by parents/guardians with an accompanying current student health care plan. • All medication received from the parent/guardian must be recorded in the Record of Medication Received/Discarded/Requested for Education Support Students form (CHS 428). • Medication, strength, quantity/amount, formulation and who provided the medication (received from) must be included in documentation onto the form CHS 428 to aid tracking in the event of a medication discrepancy. • Over the counter medications must have a manufacturer's label. A medical order is not required however the nurse must only give these medications in line with the manufacturers recommended dose, and frequency. If a parent/guardian request is outside of this 	<p>The student health care plan should contain the most up to date information on the medication regime. This regime can be verified using the following sources:</p> <ul style="list-style-type: none"> ○ Information on the pharmacy label. Note: this may not always be equivalent to the information on the student's health care plan. ○ A current verbal or written medical practitioner order Note: this information may override a pharmacy label. In this case the student's health care plan and pharmacy label won't match.

<p>recommendation, the nurse will not administer the medication and the parent/guardian must obtain written documentation from the medical practitioner to authorise.</p>	<ul style="list-style-type: none"> • Prescription medications must be appropriately labelled and include: <ul style="list-style-type: none"> ○ student name ○ medication name (including generic name) ○ medication strength ○ medication dosing directions/frequency
<p>Transcribing of medication received: See Appendix 5 for transcribing examples</p>	
<ul style="list-style-type: none"> • All medications administered at school must be documented on the Medication Administration Chart (CHS 414). • When medication is supplied by a parent/guardian, the nurse must reconcile the medication (dispensing details from a pharmacy or prescribing details from a medical practitioner) against the student's health care plan. • Medications are documented as per the student health care plan onto the CHS 414. <ul style="list-style-type: none"> ○ Regular Medicine/Medications require documenting of the <ul style="list-style-type: none"> - Medication (generic name) - Strength - Dose - Frequency - Route - any additional information. <p>When CACH nurses are responsible for medication administration they must ensure;</p> <ul style="list-style-type: none"> • All medications are transcribed onto the CHS 414 Medication Administration Chart by the RN and countersigned by another nurse to minimise the risk of transcription errors. 	<p>If there is a change in the medication order, the nurse is to cease the current order by clearly crossing out the entry and writing the word 'ceased' across the order after the last signed administered dose. The new order should then be transcribed as a new entry onto the Medication Administration Chart (CHS 414) and is to be checked and countersigned by another nurse.</p> <ul style="list-style-type: none"> • Any change in medication orders including the commencement of new medications must be documented in the student's health care plan. • To improve client safety, and eliminate confusion, the nurse must put a line through the pharmacy label and write 'order changed, see care plan' when there is a change in the medication order. • The pharmacy label, student's health care plan and Medication Administration Chart (CHS 414) must be consistent with the changed medication order.

<ul style="list-style-type: none"> Countersigning must occur within 5 working days of transcribing. Depending on staffing, the second nurse may be the line manager, a nearby community health nurse. When transcribing a medication order, the generic drug name must be used. 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. If a client is absent or a dose is not given, the appropriate 'code' will be used to indicate this on the Medication Administration Chart (see CHS 414 for 'code key'). 	<ul style="list-style-type: none"> The date and initials of the nurse ceasing the order must be recorded on the chart. <p>Frequency refers to the dose/s provided at school.</p> <ul style="list-style-type: none"> For example: Sodium Valporate 500 mg is given 3 times per day (@ 8:00, 14:00, 20:00) but only 14:00 dose is given at school. <p>On Medication Administration chart:</p> <ul style="list-style-type: none"> Administration Times annotated: 14:00 <ul style="list-style-type: none"> Exceptions where the brand name and not the generic drug name can be used include: <ul style="list-style-type: none"> Insulin (prescribe as Novorapid®, Novomix® etc.) Movicol®, Osmolax®, Clearlax® Combination inhalers e.g. Seretide®, Symbicort® Other exceptions include when a brand of medication isn't interchangeable. For example <ul style="list-style-type: none"> Mesalazine (Mesasal®, Salofalk®), Warfarin (Coumadin®, Marevan®)
<p>PRN medication</p> <ul style="list-style-type: none"> As required 'PRN' Medications are recorded separately on the back page of 	<ul style="list-style-type: none"> If a charted PRN medication is required at school, the nurse

<p>the Medication Administration Chart (CHS 414) to separate them from regular medications as they require additional details. They are not to be recorded in the Regular medicine/medications section.</p>	<p>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 the prescribed or recommended medication, strength, dosage, and directions. Verbal clarification may need to be obtained from the parent/guardian to confirm these details.</p> <ul style="list-style-type: none"> • The max dose/ 24 hours should be annotated if available. Where the dose is unknown the field should be left blank, and effort should be made to confirm the maximum 24-hour dosage with the prescriber at the earliest convenience.
<p>Exceptional dose requests</p> <ul style="list-style-type: none"> • Sometimes nurses will be asked to give a medication when there is no documented order. Examples of these situations include: <ul style="list-style-type: none"> ○ client's usual medication dose is changed overnight or on the weekend ○ parent/guardian has forgotten to give a morning dose ○ nurse initiated paracetamol • In the instance of prescription only medication, the nurse must receive written or verbal instruction from a medical practitioner. • For all 'exceptional doses,' information should be transcribed onto the 'once only/exceptional dose' section on the front of the Medication Administration Chart (CHS 414) and then documented in the client progress notes. 	<ul style="list-style-type: none"> • If the parent/guardian is unable to supply documentation from a medical practitioner for the provision of the medication order 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 instruction is formally provided by the prescribing medical practitioner. • 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

	<p>practitioner to obtain an authorised order.</p> <ul style="list-style-type: none"> For nurse-initiated paracetamol: <ul style="list-style-type: none"> Nurse should check for any known allergies. Dosages and frequency of dosing should be given as per manufacturer instruction.
<p>Storage of and access to medication</p> <p>Storage</p> <ul style="list-style-type: none"> All medications will be stored in a locked cupboard/s with the exception of adrenaline (epinephrine) auto-injectors and asthma reliever medication. Where indicated, medication will be stored in a refrigerator (NB: this is not to be the staff refrigerator). Each client will have student identifiable named containers / baskets to store their medication. Emergency medications are to be kept in a separate container with a copy of the student's health care plan. <p>Access</p> <ul style="list-style-type: none"> Only authorised persons (nurse or Principal/delegate) can have access to the medication cupboard. Keys to the medication cupboard are to be stored securely as below: <ul style="list-style-type: none"> During school hours, keys are to be kept on the physical person of the nurse (if one nurse on site). 	<ul style="list-style-type: none"> Goods including cash or documents are not to be kept in the client medication cupboard. 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 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.). The school Principal or their delegate is the authorised person 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

<ul style="list-style-type: none"> ○ If there are multiple nurses on site, the keys are to be stored in a locked cupboard until required by the nurse administering the medication. ○ After hours, the keys are to be stored in a locked cupboard or safe. ● 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. 	<p>Principal or their delegate must be notified.</p>
<p>Preparation of medication</p>	
<ul style="list-style-type: none"> ● 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 student identifiable details (student's name and date of birth or age) and medication identifiable details (medication name and dosage). ● Once prepared, medication must be administered following the 6 Rights of safe medication administration. 	<ul style="list-style-type: none"> ● Clients requiring medication during a school excursion must have their medication handed over to DoE school staff by a nurse. <ul style="list-style-type: none"> ○ The school staff member must be given a copy of the student's health care plan outlining the medication to be given, dosage, frequency and directions. ○ Where appropriate the nurse should provide the DoE staff member with the exact quantity of medication required to provide the dosage. ○ The nurse must record the quantity/amount of medication provided to and returned by DOE staff for use during the excursion in the

	<p><u>Excursion Medication Log section</u> on the CHS 428.</p> <ul style="list-style-type: none"> • If medication is provided to the DoE staff to administer whilst on an excursion, the nurse will mark this on the Medication Administration Chart (CHS 414) using the letter 'T' as per the code key on the chart.
<h2>Medication Administration</h2>	
<p>Location for administering medication</p> <p>To improve client safety and to minimise the risk of medication errors:</p> <ul style="list-style-type: none"> • 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. • The preferred location for the administration of a client's medication is to be clearly documented on the white board and communicated to all staff. <ul style="list-style-type: none"> ○ This will be kept up-to-date and amended as required. • 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 <ul style="list-style-type: none"> ○ In exceptional circumstances, where the nurse is not administering the medication to the client, once the dose is prepared the nurse needs to note a 'T' to indicate that the teacher has administered the dose and that it aligns with the key on the 	<ul style="list-style-type: none"> • 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 Clinical Nurse Manager (CNM) and Principal to determine alternate locations when attendance at the health centre may not be suitable. • Nurses must not knowingly put themselves at risk of being harmed by a client. When a nurse has concerns around

<p>medication chart CHS414 'T = Given to DOE staff'</p>	<p>their own safety, CAHS Work Health Safety and Wellbeing (WHSW) team should be consulted. Should concerns be related to the school site or with processes implemented on the school site, school-based Occupational Safety and Health processes should also be followed. If required, the nurse will give the medication to the teacher to administer as per the student's health care plan.</p>
<p>Client Identification</p> <ul style="list-style-type: none"> • Identification of all clients (including semi-verbal clients) must be made via a DoE staff member. • As per the CAHS Patient/Client Identification protocol, the three client identifiers that must be used in ESS are: <ul style="list-style-type: none"> ○ client's full name ○ date of birth (DOB) (or age) ○ and photo identification on the student's health care plan/medication chart. • The DoE staff member must be able to identify the client <ul style="list-style-type: none"> ○ by stating the client's first and last name and DOB (or age) in the presence of the client, and the nurse. • Once the full name and DOB are confirmed, the DoE staff member must confirm photo identification. As a second check, the photo must also be validated by the nurse. Medication Administration Charts (CHS 414) must include a current photo (updated annually) of the client. 	<ul style="list-style-type: none"> • Clients with similar names are to have this flagged on their medication chart and health care plan with a handwritten alert '<i>Clients with the same or similar name on site.</i>' • 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>?"). • 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.
<p>Administering medication</p>	

<ul style="list-style-type: none"> • All medication expiry dates must be checked at the time of administration and at least monthly for PRN, emergency, and stock medications. <ul style="list-style-type: none"> ○ This is particularly crucial for emergency medications (e.g., midazolam). • Nurses will wear a coloured vest to alert others that they are administering medications and should not be disturbed. 	<ul style="list-style-type: none"> • If 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. See SHPA Don't Rush to Crush for information on whether it is appropriate to store the remaining medication. • 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 (CHS 428).
<p>Documentation administration</p> <ul style="list-style-type: none"> • 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 (see CHS 414 for 'code key'). • When PRN or exceptional dose medications are given, documentation of reason and outcome must also be recorded in the client progress notes. 	<ul style="list-style-type: none"> • Nurses working in ESS are not required to maintain an approved S8/S4R drug register.
<p>Expired/no longer required medications</p> <ul style="list-style-type: none"> • Monthly checks of expiry dates of all medications (including emergency and PRN) will be undertaken to ensure medication is in date. • Nurses are responsible for maintaining an 'Expiry Register' for medications and ensuring it is utilised. See: 	<ul style="list-style-type: none"> • 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 may need to contact parents/guardians on a second occasion to remind them to collect expired or no longer required medication.

<ul style="list-style-type: none"> ○ Medication Expiry Date Register in Education Support Schools work instruction. ○ ESS Medication Expiry Register Template. • Medication is to be returned to the parent/guardian in the following instances: <ul style="list-style-type: none"> ○ Expired medication ○ Medication that is no longer required ○ Client has moved to a different school ○ At the end of the school year • All ceased medications are to be removed immediately from the box containing the student's regular prescribed medications. • Medication is also routinely returned to parents/guardian prior to the long summer holidays when school is closed for 6 weeks. <ul style="list-style-type: none"> ○ The parent/guardian will be requested to collect the medication. ○ If parent/guardian cannot collect the medication, nurses are to give medication to the Principal for storage and or disposal. This must be documented on the Record of Medication Received/Discarded /Requested form CHS 428. 	<ul style="list-style-type: none"> • If parent/guardian cannot collect the medication, nurses are to give medication to the Principal for their storage and or disposal. Nurses are to document on the Record of Medication Received/ Discarded/Requested form CHS 428 • In the event of the death of a client, the nurse is to give the clients medication to the Principal for their disposal. • Clients relying on school bus transport to and from school: <ul style="list-style-type: none"> ○ If parents/guardians cannot pick up expired or no longer needed medication, medication is to be given to the Principal for their disposal. Medication is not to be placed in client's school bag by the nurse.
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Seizure Management

Steps	Additional Information
Post Medication Administration E.g. midazolam, clobazam, clonazepam, diazepam, phenytoin and phenobarbitone.	

Steps	Additional Information
<p>Observations</p> <p>Where possible, the nurse should work with DOE first aider to ensure the following occurs:</p> <ul style="list-style-type: none"> Place client on their side when seizure activity ceases. Note what time the seizure stops⁷ Stay with the client and continuously observe airway, breathing, circulation (ABC) and fitting activity⁷ Visual observation should be undertaken by an allocated person until the client returns to their pre-seizure state Observe for medication side effects. 	<p>Client in a wheelchair ^{8, 9}</p> <ul style="list-style-type: none"> Leave client in wheelchair with seatbelt fastened and brakes on. Recline backrest only – DO NOT tilt wheelchair. <ul style="list-style-type: none"> NB If using a Tilt-in-Space Wheelchair, tilt seat and lock in position. Lean client to one side to facilitate drainage of oral contents (e.g., food, vomit, saliva) as required. Maintain open airway. Moving the client from the wheelchair when seizure ends will depend on an assessment of the safety issues involved for both the nurse and client.
<p>Ambulance Considerations</p> <ul style="list-style-type: none"> Call an ambulance: <ul style="list-style-type: none"> as stated in client's health care plan if clinical judgement indicates. Complete clinical handover following iSoBAR format if client is transported by ambulance. Inform the principal and parent/caregiver as soon as possible if an ambulance is called. 	<ul style="list-style-type: none"> If breathing becomes shallow or slow, call an ambulance immediately^{7 10} Follow guidance in client's health care plan on the timing of second dose of medication and when to call an ambulance (e.g., if the seizure continues). If a repeat dose is not specified in the seizure management plan, this must be interpreted as once only administration.
<p>Communication with the Family</p> <ul style="list-style-type: none"> Inform parent/caregiver about seizures, medication use, and whether ambulance transfer was required. 	
<p>Documentation</p>	

Steps	Additional Information
<ul style="list-style-type: none"> Record events, decisions, actions, outcomes, and communications accurately in client record. Record medication administration, using Medication chart CHS414 or DoE Form 12 	<ul style="list-style-type: none"> Note the time seizure started, a brief description of the seizure, when the medication was given, and when the seizure stopped.⁷ Document medication administration in progress notes.

Specific Medications and Equipment

	Additional Information
<p>Adrenaline (epinephrine) Auto-injectors</p> <p>Adrenaline (epinephrine) auto-injector devices for emergency use can be used:</p> <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> The emergency administration of an adrenaline (epinephrine) auto-injector does not require parent/guardian permission. 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 school 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 usually have a shelf life of approximately 12-18 months and expiry dates must be checked monthly.

	Additional Information
	<ul style="list-style-type: none"> Adrenaline (epinephrine) auto-injectors must be stored below 25 °C and protected from light. Do not refrigerate.
Midazolam See Midazolam Administration procedure for the administration of prescribed midazolam.	
Clonazepam Oral Liquid 2.5 mg/mL <ul style="list-style-type: none"> 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 (ONE drop = 0.1mg). 	<ul style="list-style-type: none"> Noting that Clonazepam Oral Liquid 2.5 mg/mL should always be prescribed in number of drops and milligrams. 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. Once the drops have been dispensed onto a spoon they may be diluted with a small volume of juice or water and then drawn up in a syringe to administer the dose.
Crushing Medications <ul style="list-style-type: none"> 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. If a parent is crushing a medication that is not recommended to be crushed 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 regular prescriber and/or pharmacist to support this practice. This documentation will be filed in the client's notes. 	<ul style="list-style-type: none"> If applicable nurses should explain to parents the risks of doing this (e.g., interactions, stability, and efficacy). Access AusDi (WA health electronic primary medication database) for the SHPA Don't Rush to Crush handbook.
Oral dosing syringes and bungs	

	Additional Information
<ul style="list-style-type: none"> Nurses in ESS are permitted to use normal clear syringes (not the purple oral dosing syringes). 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 after which it should then be discarded. 	<ul style="list-style-type: none"> The use of bungs is not mandatory and drawing up straws are acceptable for withdrawing dosages of liquid medications.

Training

Nurses involved in medication administration must complete the:

- CAHS Medication Safety Online Training via MyLearning.
- Medication Competency in Education Support Schools eLearning via MyLearning.

Enrolled nurses who work in education support schools must have completed an EN medication competency program and maintain their competence in medication management.

Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 the [Health Services Act 2016](#) (WA) and is binding on all CAHS and WACHS staff as per section 27 of the same act.

Compliance monitoring methods may include observation of clinical practice, clinical incident review, client health record documentation audit and/or attendance at identified training sessions.

In the ESS setting compliance with the policy will occur via:

- Medication Management in ESS Audit
- Client record audit tool- Medication Management

Noting that the quantity of medication remaining is auditable at any time using the client's Medication Administration Chart (CHS 414), Record of Medication Received/Discarded/Requested form (CHS 428) and the client's progress notes.

References

1. Department of Education. Education support schools, centres and programs: Government of Western Australia; 2023 [Available from: <https://www.education.wa.edu.au/en/education-support-centres-and-schools>].
2. WA Department of Health and WA Department of Education. Memorandum of Understanding between Department of Education and Child and Adolescent Health Service and WA Country Health Service for the delivery of school health services for students attending public schools 2022-2024
3. Western Australia Department of Health. Medicines Handling Policy (MP 0139/20). Department of Health; 2021.
4. Nursing and Midwifery Board of Australia. Registered nurse standards for practice. Ahpra; 2016.
5. Department of Education. Student Health in Public Schools Policy 4.0 Government of Western Australia; 2023.
6. The Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Services (NSQHS) Standards Second ed2021.
7. Perth Children's Hospital - Pharmacy. Midazolam buccal. Perth, WA: State of Western Australia and Child and Adolescent Health Service; 2023.
8. Epilepsy Action Australia. First Aid for Seizures - Person in Wheelchair. 2017.
9. Epilepsy Action Australia. First Aid for Seizures - Person in Tilt-in-Space Wheelchair. 2017.
10. The Royal Children's Hospital Melbourne. Midazolam for seizures. Melbourne: Neuroscience Centre and Pharmacy; 2018.

Related internal policies, procedures and guidelines

The following documents can be accessed in the CH Clinical Nursing Manual: [HealthPoint link](#) or [Internet link](#) or for WACHS staff in the [WACHS Policy link](#)

[Catheterisation](#)

[Clients of concern management](#)

[Family and domestic violence- child and school health](#)

[Gastrostomy device management](#)

[Midazolam administration](#)

[Nasogastric tube management](#)

[Oxygen administration \(prescribed\)](#)

[Suctioning: Oral and simple nasal suction](#)

[Tracheostomy management](#)


The following documents can be accessed in the CACH Operational Policy Manual
Client Identification
Consent for Services
The following documents can be accessed in the CAHS Policy Manual
Infection Control Policies- CAHS
Patient/Client Identification
Recognising and Responding to Acute Deterioration

Related external legislation, policies, and guidelines
MP 139/20 Medicines Handing Policy
Student Health in Public Schools policy (Department of Education)
Student Health in Public Schools procedures (Department of Education)
Manage storage of medication (Department of Education)

Related internal resources (including related forms)
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
Client Record Audit Tool - School Health Nursing – Education Support
AusDi - Don't Rush to Crush
ESS Medication Expiry register
Information sessions for Education Staff documents
Audit tools: Medication management in Education Support Schools
Six Rights of Safe Medication Administration in ESS

Related external resources (including related forms)
Administration of Medication form (DoE Form)
Student Health Care Plan (DoE Form)
Fact sheet: Enrolled Nurses and Medicine Administration

This document can be made available in alternative formats on request.

Document Owner:	Nurse Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	September 2015	Last Reviewed:	28th June 2024
Amendment Dates:	January 2025, June 2025, October 2025	Next Review Date:	28 th June 2027
Approved by:	Community Health Nursing Leadership Group	Date:	11 th March 2024 12 th April 2025 25 th July 2025
	CACH Medication Safety Committee	Date:	15 th August 2025 (amendment)
Endorsed by:	CAHS Therapeutic Drug Committee	Date:	22 nd September 2025 (amendment)
	Executive Director – Nursing	Date:	6 th October 2025 (amendment)
Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		

Printed or personally saved electronic copies of this document are considered uncontrolled



Healthy kids, healthy communities

Compassion

Excellence

Collaboration

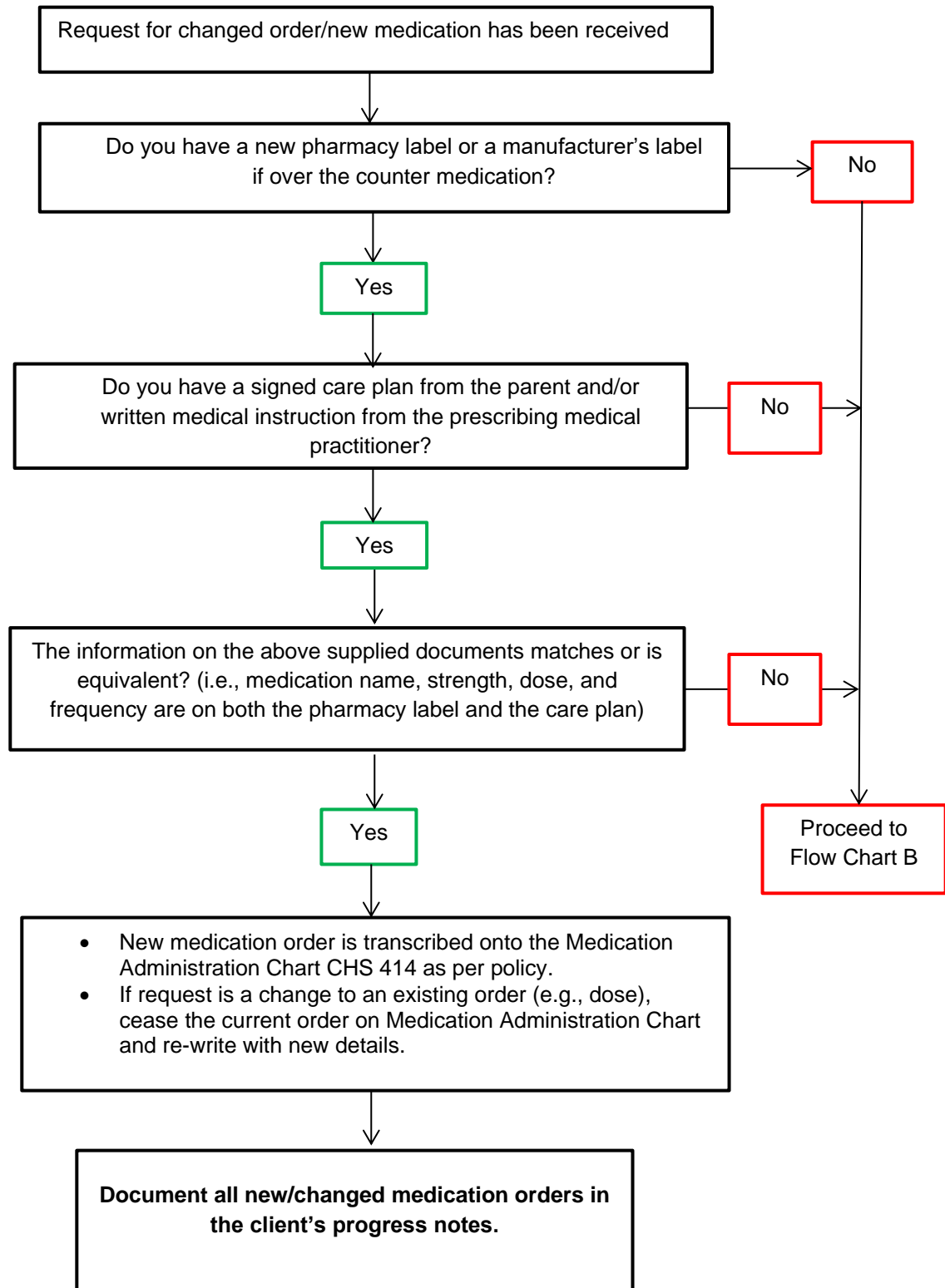
Accountability

Equity

Respect

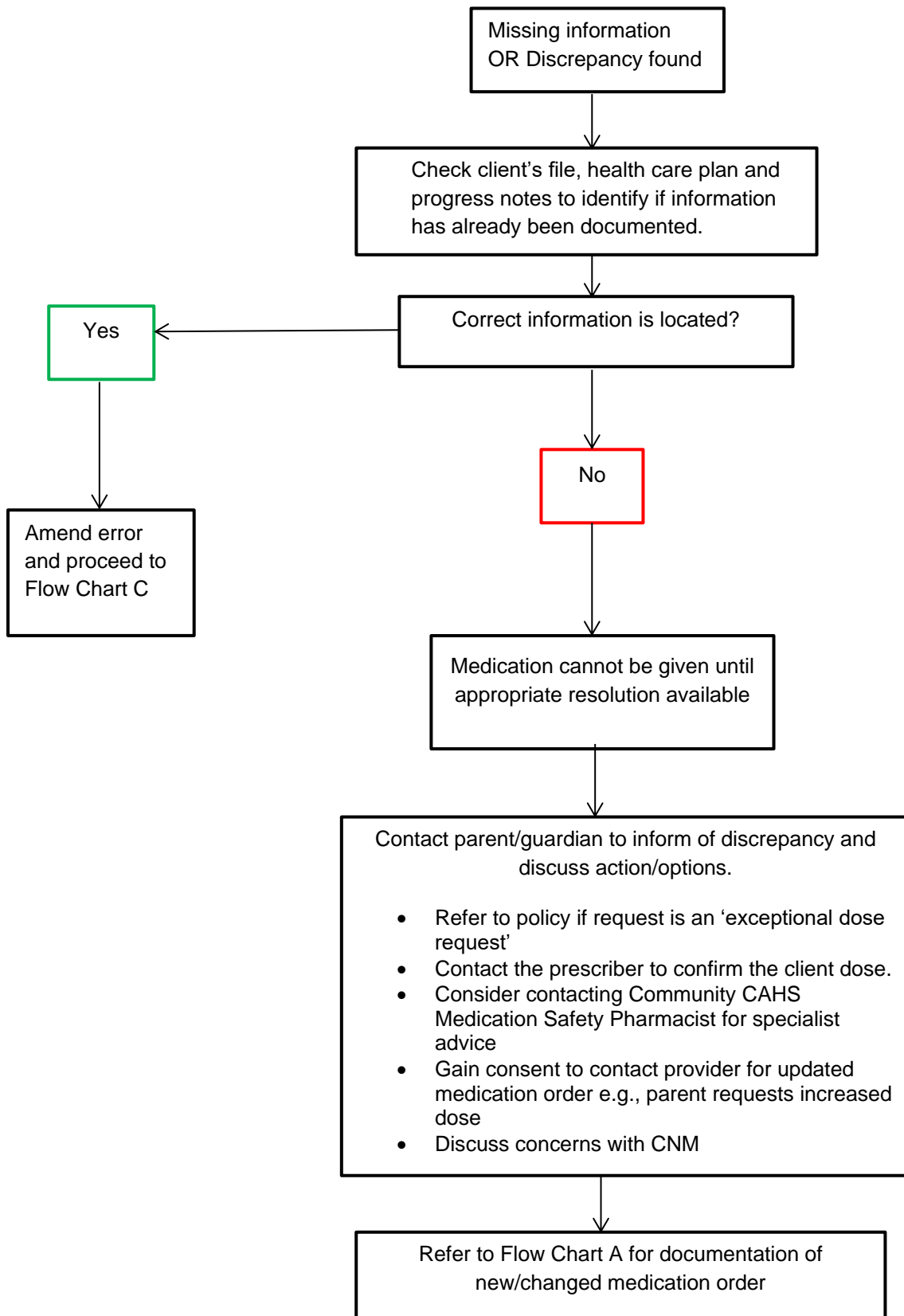
Neonatology | Community Health | Mental Health | Perth Children's Hospital

Appendix 1: Flow Chart A - Documentation process for receiving a new medication or changed order

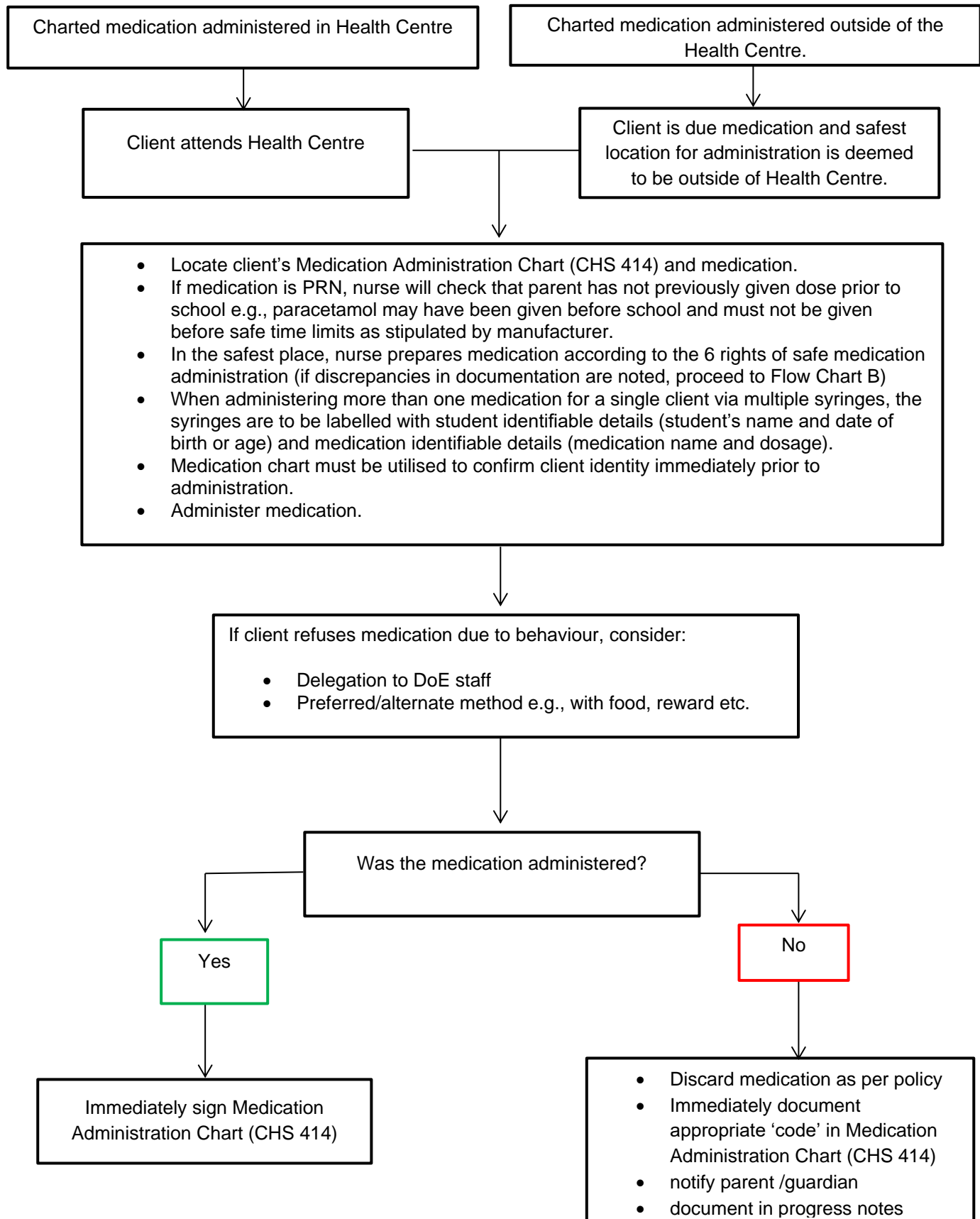


Appendix 2: Flow Chart B – Missing Information or Discrepancy in medication Order

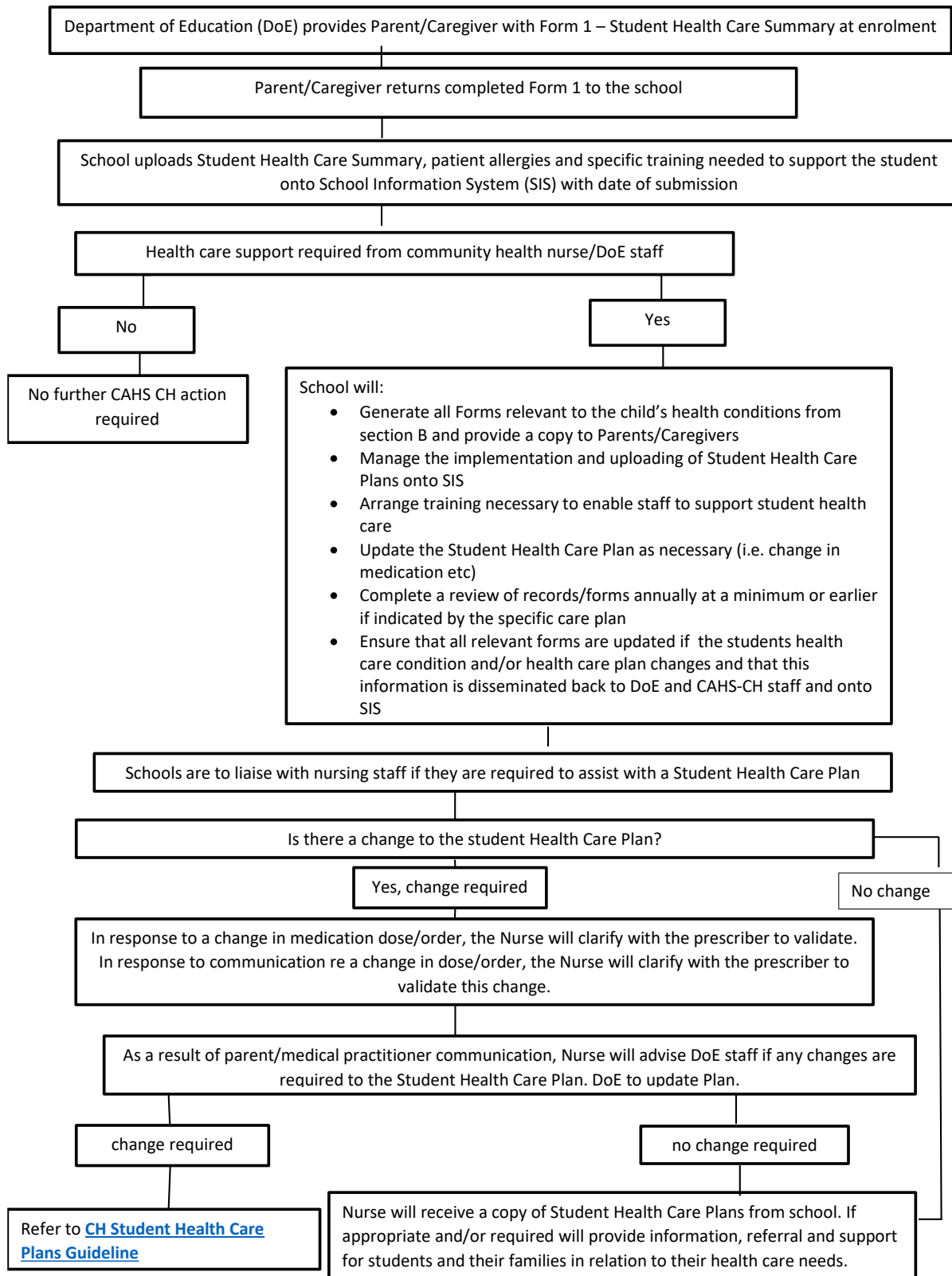
(e.g., dose requested on student's health care plan is different to the pharmacy label or pharmacy/manufacturers label is missing)



Appendix 3: Flow Chart C - Administering medication to a client



Appendix 4: Flow Chart Provision of Student Health Care Plans



Appendix 5: Transcribing medication onto CHS414

REGULAR MEDICINE/MEDICATIONS

YEAR 20 <u>23</u>				Nurse must enter administration times given at school				Date and Month				
				23/05	24/05	25/05						
Date	22/05/2023			Medication (generic name)	Diazepam			10:00	AB	AB		
Strength	2mg/mL	Route	PEQ	Dose	6mL	Frequency	BD					
Additional Information				via syringe plus 20mL water flask			14:00	AB	AB			
Charting Nurse				James Smith			Countersign	SD				
Date	22/05/2023			Medication (generic name)	Sodium Valproate							
Strength	40mg/mL	Route	PEQ	Dose	7mL	Frequency	Once Daily	12:00	AB	AB	AB	
Additional Information												
Charting Nurse				James Smith			Countersign	SD				
Date	25/05/2023			Medication (generic name)	Diazepam			10:00			AB	
Strength	2mg/mL	Route	PEQ	Dose	6.5mL	Frequency	BD					
Additional Information				via syringe plus 20mL water flask			14:00			AB		
Charting Nurse				James Smith			Countersign	SD				
Date	25/05/2023			Medication (generic name)	Tapiramate							
Strength	50mg	Route	PEQ	Dose	1 tablet	Frequency	Once Daily	12:00			AB	
Additional Information				crash tablet and mix with 20mL water								
Charting Nurse				James Smith			Countersign	SD				
Date				Medication (generic name)								
Strength		Route		Dose		Frequency						
Additional Information												
Charting Nurse							Countersign					

AS REQUIRED "PRN" MEDICATIONS

Date	22/05/2023			Medication (Print in Generic Name)	Midazolam			Date	23/05	23/05						
Route	Buccal	Strength	5mg/mL	Dose	1 ampoule	Hourly Frequency	1 hourly	Time	10:00	11:00						
Indication:				Seizures			Max Dose/24 hrs		6 ampoules		Route	Buccal	Buccal			
Additional Comments:				1 st line for seizures			Dose		1 amp 1 amp							
Charting Nurse:				James Smith			Countersign:		SD		Sign	AB	AB			
Date	22/05/2023			Medication (Print in Generic Name)	Clonazepam Drops			Date	23/05	23/05						
Route	Oral	Strength	2.5mg/mL	Dose	5 drops	Hourly Frequency	1 hourly	Time	10:30	11:30						
Indication:				Seizures			Max Dose/24 hrs		30 drops		Route	Oral	Oral			
Additional Comments:				2 nd line for seizures			Dose		5 drops 5 drops							
Charting Nurse:				James Smith			Countersign:		SD		Sign	AB	AB			