Guidelines for administration of medication in Education and Care Services: (Tasmanian Poisons Regulations 2008)

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General principles regarding the administration of medication

When an education and care service accepts responsibility for the administration of medication to children attending the service, the service will owe a duty of care to those children to ensure that reasonable care is taken. The duty is to ensure, in the absence of the parent/legal guardian, that the child is given the correct dosage of the correct medication at the correct time, according to prescribed instructions.

The following guidelines will support a service in meeting both the requirements of the Tasmanian Poisons Regulations 2008 and the Education and Care Services National Regulations.

The Poisons Regulations 2008 include requirements for the authorisation and administration of medication, and appropriate storage and disposal methods. They allow for guidelines to be written that address these issues provided that the guidelines are not contrary to the regulations made under the Education and Care Services National Law (Tasmania):

This Guidelines document should therefore be read in conjunction with the requirements of the National Law and the Education and Care Services National Regulations.

An extract from the Poisons Regulations is provided on pages 3 and 4 of these Guidelines.

Authorisation and administration of medication

The Education and Care Services National Regulations specifies the requirements for the administration of medication, how that administration is to be authorised and the medication record to be maintained in regard to that authorisation and administration.

The Poisons Regulations 2008 specify that the educator administering the medication must do so in accordance with the authority of the nominated supervisor. This means that there must be a process in place where the nominated supervisor authorises administration of medication by educators who have demonstrated that they can manage the responsibility of administering the medication. Providing the authority does not necessarily mean that the nominated supervisor has to provide direct oversight of each administration of medication, although it may be a service policy to require this.

The educator must also have the necessary knowledge to administer the medication in whatever form it is required to be administered, e.g. orally, subcutaneously (i.e. injection), rectally, or by any other means.

The service may also wish to consider issues such as the use/non-use of 'general-sale' (unscheduled) medicines and other related matters that the service considers important. This may reflect medical/ legal advice that the service has obtained.

Where a child self-administers medicine there must be written instructions from a medical practitioner, including the expected level of supervision. The service must also have included in the policy that allows for self-administration of medication, clear information to parents regarding expectations of children who self-administer medication,
including the need to surrender the medication to staff members of the service upon arrival.

**General principles regarding storage of medication**

Children’s safety is the prime consideration, and it is recommended that the service have policies and procedures in place to ensure that medications, including medication for self-administration, are kept out of the reach of children, e.g. not stored in their bags.

Medication must be stored in the original, labelled containers at the temperature stated on the container. Emergency medication needs to be accessible to staff, whilst inaccessible to children.

First aid kits must also be inaccessible to children or locked. First aid kits, specially prepared for children’s services, are available through suppliers such as St John’s or Red Cross, and others.

**Storage of narcotics**

Increasingly education and care services are being involved in the administration of stimulant medications to children during school hours. Stimulant medications are ‘Schedule 8’ drugs that require particular care in administration and security.

Narcotic substances must be stored apart from other goods in an enclosure (e.g. a cupboard) that is securely locked and the key must be retained by a person entitled to administer the substance. All other medications must be securely stored away from narcotics. For a list of narcotic medications see Schedule 8 of the Standard for the Uniform Scheduling of Medicines and Poisons. This can be found by browsing on [http://www.tga.gov.au/industry/scheduling-poisons-standard.htm](http://www.tga.gov.au/industry/scheduling-poisons-standard.htm).

**Storage of Adrenaline auto-injecting devices, e.g. Epipens/Ana-pens.**

Adrenaline injections should be stored in an unlocked, easily accessible place, away from direct heat. They should NOT be stored in the refrigerator or freezer.

All staff should know where the adrenaline injections are located. The adrenaline injection should be signed in and out when taken from its usual place, such as for excursions.

Adrenaline injections should be clearly labelled with the child’s name.

Each child’s adrenaline injection should be distinguishable from other adrenaline injections and medications of other children.

A copy of the child’s ASCIA (Australasian Society of Clinical Immunology and Allergy Inc.) Action Plan for Anaphylaxis should be kept with the adrenaline injection.

Depending upon the speed of a child’s past reactions it may be appropriate to have the adrenaline injection in the room or in a bum-bag in the outside play area.

It is important that ‘trainer’ adrenaline injections (which do not contain adrenaline) are kept in a separate location from children’s adrenaline injections.

It is important for the service to consider the manner in which the best endeavours can be made to ensure parents are aware of the need to keep the adrenaline injections current, i.e. not expired.

**Medication and excursions**

The service must ensure that individual children’s medical requirements, such as asthma/anaphylaxis/allergy medication, are taken on excursions.

Children with asthma, severe allergic reaction or anaphylaxis should have an Action Plan which, together with their emergency medication, is easily accessible for staff at all times.

**Emergency Medication**

Salbutamol used for emergencies should be controlled by the persons who are authorised to administer it.

If access to the first aid kit is only to those that hold the certification, the salbutamol may be stored in the first aid kit, otherwise it should be stored in the manner required for emergency medication, that is, it must be accessible to staff, whilst inaccessible to children.

**Disposal of medication (including narcotics)**

Education and care services are not to destroy or dispose of medications (e.g. in circumstances where a child may leave care, and the child’s medication, for instance a narcotic substance, is left at the centre).

Narcotics must be returned to a pharmacy for disposal. It is recommended that a pharmacist’s advice is sought on the disposal of all other medication. The following website may also be helpful [www.returnmed.com.au](http://www.returnmed.com.au)
Foot note:

Medicinal Poisons are Schedule 2 substances and are labelled ‘Pharmacy only medicine’.

Potent substances are Schedule 3 substances and are labelled ‘Pharmacist only medicine’.

Restricted Substances are Schedule 4 substances and are ‘Prescription only medicine’.

Narcotic substances are Schedule 8 substances and are controlled substances.

*Persons authorised to administer Salbutamol are detailed in the Tasmanian Poisons Regulations 2008 54 (4).

Extracts from the Tasmanian Poisons Regulations (2008)

95D. Administration of certain substances by child carers, &c.

(1) In this regulation –

approved provider has the same meaning as in the Education and Care Services National Law (Tasmania);

child means a child who has not attained the age of 13 years and who is being provided with child care;

child care has the same meaning as in the Child Care Act 2001;

child carer has the same meaning as in the Child Care Act 2001;

child care service has the same meaning as in the Child Care Act 2001;

education and care service has the same meaning as in the Education and Care Services National Law (Tasmania);

guidelines means guidelines issued under sub regulation (6);

nominated supervisor has the same meaning as in the Education and Care Services National Law (Tasmania);

parent includes a guardian or other person having the care or control of a child;

person-in-charge has the same meaning as in the Child Care Act 2001;

Regulatory Authority has the same meaning as in the Education and Care Services National Law (Tasmania).

(4) A person may administer, or make available for self-administration, to a child attending an education and care service a medicinal poison, potent substance, restricted substance or narcotic substance if –

(a) the person administering or making available the poison or substance –

(i) is an approved provider; and

(ii) is acting with the authority of the nominated supervisor given either specifically to the approved provider or by the application of the general written policies of the education and care service; and

(iii) is acting in accordance with the regulations made under the Education and Care Services National Law (Tasmania) and the guidelines; and

(b) the child is incapable of safely administering the poison or substance to himself or herself or needs assistance with self-administration; and

(c) in the case of a medicinal poison, the poison has been lawfully supplied and the administration is in accordance with the manufacturer’s instructions; and

(d) in the case of a potent substance, the substance has been lawfully supplied and the administration is in accordance with the instructions of a medical practitioner, dentist, pharmaceutical chemist, authorised nurse practitioner or optometrist; and

(e) in the case of a restricted substance, the substance has been lawfully prescribed and supplied for the child to whom it is being administered or made available and the administration is in accordance with the directions of a medical practitioner, dentist, authorised optometrist or authorised nurse practitioner; and

(f) in the case of a narcotic substance, the substance has been lawfully prescribed and supplied for the child to whom it is being administered or made available and the administration is in accordance with the directions of a medical practitioner, dentist or authorised nurse practitioner; and

(g) in the case of a narcotic substance, the storage and recording of the substance is in accordance with the regulations made under the Education and Care Services National Law (Tasmania) and the guidelines.
The requirements of sub regulation (4) apply in relation to a child attending an education and care service in addition to any requirements relating to the administration, or the making available for administration, of medication specified in the *Education and Care Services National Law (Tasmania).*

The Regulatory Authority may issue guidelines for the purposes of sub regulation (4) that are not contrary to the regulations made under the *Education and Care Services National Law (Tasmania).*

The Regulatory Authority must include in the guidelines the following, unless to do so would cause the guidelines to be contrary to the regulations made under the *Education and Care Services National Law (Tasmania):*

(a) the form or method of authorisation that is to be given by a parent, medical practitioner, dentist, authorised optometrist, optometrist or authorised nurse practitioner;

(b) storage and recording requirements for a medicinal poison, potent substance, restricted substance or narcotic substance;

(c) protocols for the administration orally, subcutaneously or by any other means of a medicinal poison, potent substance, restricted substance or narcotic substance;

(d) protocols for dealing with narcotic substances specified in Schedule 8 to the Poisons List;

(e) information on the appropriate disposal of an unused medicinal poison, potent substance, restricted substance or narcotic substance.