



MEDICATION MANAGEMENT POLICY and PRACTICE GUIDELINES

Description: Policy and guidelines to ensure the safe management of medication for children in out of home care

Audience: All employees in Children and Family Services Business Unit

Approved By: Director Children and Family Services

Custodian: Human Services Group, Children and Family Services

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Background

A number of children and young people who are in out of home care have significant medical, behavioural and psychological needs requiring the long-term use of medication to assist with symptoms. There are also occasions when medication will be required to treat minor or serious complaints and illnesses.

Foster carers, family group home carers, kinship carers and rostered carers have a number of responsibilities in respect of safe use of medicines including;

- administering medication to children and young people in their care;
- over-sighting self-administered medication;
- the day-to-day responsibility for the safe and secure storage and management of medication to ensure that children and young people in their care do not have access to medication in a manner that can cause harm;
- Ensuring medication, both prescription and non-prescription, is taken appropriately and in accordance with the written direction; and
- Understanding that misuse of all types of medication and the combination of illicit drugs, alcohol and medication is particularly dangerous to children and young people.

Scope

This policy and practice guidelines covers all children in out of home care in Care and Protection Services to enable the safe management of medication to be followed and to guard against deliberate misuse of medications, accidental poisoning of children and young people. The practice guidelines guide the storage, administration and transport of medication, information sharing between care-givers, and responses to medication errors.

Policy Statement

All children in out of home care have the right to safe care including the safe management of medications in their environment.

Children and Family Services have a duty of care to provide all staff and carers with guidelines to enable safe medication management.

Principles underpinning safe use of medications

1. Children and young people who are in out of home care on legal orders have the right to safe care.
2. Those responsible for the care of children and young people must act reasonably to avoid foreseeable risk of injury or harm to children and young people.
3. Child Protection Workers and carers share responsibility for the provision of the best care possible for children and young people under legal orders.
4. Some young people who have long-term illnesses, such as asthma or diabetes, should be provided with the skills and education to self-medicate where it is possible to do so safely, particularly when they have self-medicated prior to entering out of home care.
5. Carers should not be required to administer medication to children and young people if they do not feel competent and confident to do so. Assistance may be required from a medical practitioner, community health nurse, pharmacist or health professional to support carers with the education and skills to administer medication. Alternative arrangements for administering medication may need to be made.
6. Carers must be provided with information relating to a child's medication requirements prior to the child entering the care setting.
7. Children and young people must always be supervised when taking medication – prescription and non-prescription. One exception may be the use of asthma inhalers if a judgement is made that the young person can self-administer appropriately.
8. If there is suspicion that alcohol or other drugs have been consumed advice from a medical professional is required prior to administering medication in this case.
9. Where there is uncertainty for any reason on behalf of the carer with the responsibility for administering medication, the child's medical practitioner or another health professional must be contacted prior to administering medication.

Practice Guidelines

Guidelines for the safe administration of medication are the same across all placement types and apply to all carer types. The storage of medications will vary slightly according to the type of out of home care provided to a child.

1. Medication packaging and transportation

Medication must

- (1) remain in the original packaging as supplied by the pharmacist
- (2) be under the direct control of the carer during transportation until it is safely secured

Prescription medication must only be administered to the person for whom the medication is prescribed.

Medication must never be administered without the original prescription doses on the correct packaging. (There are a number of medications that will also have the prescribed dose on the bottle or container, as well as on the box or outer packaging).

If the original packaging is lost or destroyed, the medication must not be administered. An appointment with a doctor is required to re-prescribe the medication or confirm dosage.

2. Secure storage

Storage requirements differ depending upon the type of placement. For example, Family Group Homes are properties under the direct control of the Department of Health and Human Services. Foster care placements are usually properties owned or rented by the foster carer.

Despite the placement type, all medications (including the carers and/or family members) will be stored in a lockable container or in a lockable cupboard specific to the storage of medicines and poisons. This will include:

- (1) prescription drugs
- (2) non-prescription drugs
- (3) topical treatments
- (4) vitamins and homeopathic remedies

All medications requiring storage in the refrigerator will be stored in a locked and labelled container in the fridge.

Young people who are self-medicating must store their medication in a lockable container for which the young person has the key. The container should be kept in a drawer or cupboard in the young person's bedroom. Where it is judged that to allow a young person to self-medicate creates unacceptable risk (i.e. a large number of young children in the placement), the medication should also be stored and dispensed in the same way as other medications in the home.

Family Group Homes

All Family Group Homes must have a lockable container for the specific purpose of medication storage that is secured to a wall or bench (perhaps in the pantry or a cupboard). The key must be under the control of the carer at all times.

Rostered Care Placements

All rostered care placements will store medications in a locked cupboard specific to the storage of medications or in a locked container that will be kept in the locked carer bedroom. The keys must be under the control of the carer at all times.

Foster Care Placements

All foster care placements will store medications in a locked cupboard specific to the storage of medications or in a locked container. The key must be under the control of the carer at all times.

Kinship Care Placements

The home assessment that is completed prior to the placement of a child or young person with kin must include the provision of a locked cupboard specific to the storage of medications or a locked container. The key must be under the control of the carer at all times.

3. Medication register

In all placement types, a medication register must be established and maintained. It should be stored in the locked cupboard or container that stores the medication. The register will be completed on each occasion that any type of medication, prescription or non-prescription, is administered and will include:

Child's name:

Date:

Time the medication was administered:

Type and strength of medication to be given:

Dose to be administered:

Specific route (oral, topical etc):

Specific instructions regarding the medication (i.e. taken with food):

Commencement date of medication:

Cessation or review date of medication:

Carer's name:

Carer's signature:

The above list should be checked against the medication label, the blister pack or other dispensing unit that has been signed by a pharmacist. The information must correspond. If the information does not correspond, do not give the medication but return it to the pharmacist.

4. Administering oral or topical medication

Prescription medication must only be administered to the child or young person for whom it has been prescribed by a doctor and according to instructions.

- Check that the correct child's name is on the packaging
- Check the expiry date of the medication on the label of the container
- Place the medication in the appropriate administering container – tablets should not be handled and a graduated measure must be used for liquids
- Re-check the medication in the dispensing container against the medication record before administering

5. Administering stable, long-term medication

It is recommended that a blister pack or other secure dispensing unit is used for administering long-term medication. This will minimise potential errors in dispensing medication. Administration must be from pharmacy-dispensed packaging only.

There are specific conditions that apply to the use of blister packs and other secure dispensing units:

- the blister pack or other secure dispensing unit must only be filled by a pharmacist. The person who collects the medication from the pharmacy must check the contents with the pharmacist against the doctor's written instructions prior to leaving the pharmacy. The blister pack must be signed and dated by the pharmacist
- each blister pack or secure dispensing unit must be clearly labelled with the child's name and date of birth
- the dosage, frequency and time of administration of the medication must be recorded by the pharmacist and signed off on the blister pack or other dispensing unit
- only pharmacists or doctors are to fill blister packs or other secure dispensing units. Any changes must only be carried out by the pharmacist or doctor. A registered nurse can make alterations to the contents only on the specific instructions of a doctor
- if medication is spilled from the dispensing unit, it must be returned to a pharmacist for refilling together with the medication administration record to indicate what medication has already been administered
- if the pharmacist is not available to refill the unit and the child is, therefore, not able to take the next dose of medication, another pharmacist should be contacted to obtain an emergency supply of medication. In this case, the Child Protection Worker must be contacted and advised. The Child Protection Worker must obtain instructions from the doctor who prescribed the medication. All

instructions from the doctor must be in writing, signed by the doctor, and must be followed. If the doctor is unavailable, the emergency department of the local hospital or an after-hours medical service must be contacted (if after-hours)

6. Administering non-prescription medication

Non-prescription medications are available “over the counter” without a doctor’s prescription. Many are available at supermarkets and other general stores. Non-prescription medications include Panadol, homeopathic remedies, cough syrup, topical medications and vitamins.

There are specific requirements that apply to the administration of non-prescription medications:

- if the child is already taking either prescribed or non-prescribed medications, or is involved with alternative therapies, the pharmacist or the doctor must be contacted to determine if the new treatments to be administered are compatible with medications already being taken. It is important to provide advice to the doctor or pharmacist regarding the child’s medication schedule and any allergies or sensitivities
- if the pharmacist and doctor are unavailable, contact must be made with the emergency department of the local hospital, the after-hours medical service, or the Drug Information Service (**1800 811994**).
- when instruction or advice allows for the administration of new/additional non-prescribed medication, the correct dosage as stated on the original packaging can be administered according to age and weight guidelines. If advice or instruction is that the new treatment must not be given, and the child is unwell, medical assistance should be sought from the emergency department of the local hospital and the Child Protection Worker must be contacted immediately

If symptoms (i.e. pain from toothache or a headache) that are being treated with an ‘over the counter’ medication persist beyond a 24 hour period, the carer must contact a Child Protection Worker to arrange for a medical examination.

7. Information sharing between child protection workers and carers

Prior to entering a placement, the following information must be provided to the carer by the Child Protection Worker:

- detail about the child’s medication
- nature of illness for which the medication is being used
- allergies, including allergies to any medication
- sensitivities that the child experiences

- name and contact details of the child's general practitioner, pharmacist, local after-hours medical service, and the emergency department of the local hospital
- Medication Register
- The requirements of this policy and guidelines (even though it will have been provided in carer training)

8. Assessment and monitoring of medication management

The assessment of any placement must include the following:

- provision of the required medication storage facilities
- confidence and competence of the care-giver to administer long-term medications according to the administration guidelines for that particular medication
- confidence of the carer-giver's ability to meet the requirements of this policy
- an assessment of the safety of the household if the child to be placed or another child in the home is self-administering medication

The placement must not be made unless and until the above requirements are satisfied. The Child Protection Worker has the responsibility to assist the carer meet the requirements of this policy.

Monitoring of medication management in out of home care placements includes the following:

- on each occasion that a Child Protection Worker or an Out of Home Care Worker visits a placement, a "spot-check" will be conducted to ensure that medication administration requirements are being followed. A "spot-check" must occur no less frequently than once every six weeks
- a discussion with the carer about medication practices in the home and an update of the medication requirements of the children placed
- sighting the medication storage facilities
- auditing the medication register to ensure the following:
 - that it is up-to-date
 - that all entries are fully completed and signed
 - that medication use-by-dates have not expired
 - that the information on medication packaging/blister packs etc is consistent with the register information
 - that all medication packaging is original and correct, and undamaged

A file note should be made that a check has been done with the status of that check also recorded.

Any practice or issue that undermines safe medication management must be rectified immediately.

Unsatisfactory medication practices that are detected and rectified will require a follow-up "spot-check" within one week. Any further contravention must be reported in writing to the Child Protection Worker's supervisor for further action.

9. Refusal to take medication

If a child refuses to take medication, the carer should:

- talk with the child about the reasons for refusal
- talk with the child about the reason why he or she needs the medication
- wait 15 minutes and offer the medication again. If the child still refuses the medication, contact the Child Protection Worker without delay. **If there is reason to believe that any delay in medicating the child will suffer acute symptoms unless the medication is taken, secure medical assistance immediately, and then contact the Child Protection Worker.**

The Child Protection Worker will inform the child's doctor of the child's refusal to take the medication and follow advice/ instructions given by the doctor. A file note should be made detailing the doctor's advice and the actions taken.

10. Medication errors or adverse reactions

Overdose and poisoning can occur accidentally or as a deliberate attempt to self-harm. Vigilance regarding the storage and administration of all medications is necessary to minimise the risk of harm to children and young people.

If the carer makes a mistake in administering the medication or notices a mistake in self-medication (i.e. dosage error), the following instructions must be followed:

- inform the doctor immediately and follow the doctor's instructions. Where the doctor's instructions involve a change to the original medication schedule, the instructions from the doctor must be in writing
- if the child's doctor can not be contacted, another doctor, the emergency department of the local hospital, or an after-hours medical service must be contacted
- the pharmacist or the Drug Information Hotline (1800 811 994) are alternative contacts
- the Child Protection Worker must also be contacted without delay

Children must always be observed for a short time after taking medication for any adverse effects of medication. If any adverse reactions are observed, these should be carefully noted and reported to the medical service or doctor who attends to the child.

The Child Protection Worker is responsible for completing and submitting an incident report for every medication management incident or reaction that results in any adverse health effects for the child.

Medication and alcohol/other drugs

If there is suspicion that a young person has consumed alcohol or other medication/drugs, do not administer any medication prior to receiving written advice or instruction from a doctor, an after-hours medical service, or the emergency department of the local hospital.

Any concern regarding possible over-dose or poisoning of a child or young person must receive immediate medical attention and the Child Protection Service must be contacted immediately.

Call an ambulance if the child is in distress or showing signs described by the doctor as requiring hospitalisation. **If in doubt, call an ambulance immediately.**

Related Legislation

Children, Young People and their Families Act 1997

Personal Information Protection Act 2004

Poisons Act 1971

Poisons Regulations 1975