



Carrying and/or self-administration of medication

A decision making tool for education and care

Approval to self-administer medications in an education or care setting must **never** be given for Schedule 8 (controlled) medications (i.e. Ritalin, Dexamphetamine).

Refer to *Medication management in education and care* procedure for specific requirements for Schedule 8 medications in education and care.

Contemporary management of chronic health conditions encourages children and young people to recognise symptoms of their condition and administer their own medication.

An education or care service has a duty of care to all children and young people to take reasonable steps to ensure that carrying, self-administration and disposal of medication and equipment is carried out safely.

The Principal or Director (or nominated delegate) will determine if a child or young person is capable of assuming the responsibilities of carrying, self-administered and/or disposal of nominated medication(s); and will determine if notification, supervision and documentation of the medication administration is required.

No child or young person should be expected to be fully responsible for self-administration of emergency medication (i.e. adrenaline autoinjector in the event of anaphylaxis) as their symptoms may compromise their ability to administer the medication effectively.

Where a child or young person has elected to carry and self-administer medication the following should be in place:

- ☐ An appropriate action or health care plan that has been completed by the treating health professional (if relevant and available)
- ☐ Health Support Agreement that has been completed by the education or care service in consultation with parent or legal guardian (where required)
- ☐ Medication Agreement that has been completed by an approved delegate i.e. treating health professional and/or pharmacist
 - A separate 'Medication Agreement' is not required if the Action Plan clearly states the name, dose and administration method of any medication required, and is signed by the treating health professional
 - Where the medication is altered prior to administration (i.e. crushing tablets, opening capsules, mixing with a liquid) the Medication Agreement must describe the specific administration technique
- ☐ Carrying and/or Self-administration of Medication form that has been completed by the education or care service in consultation with the child or young person and endorsed by the parent or legal guardian.

It is the responsibility of the parent or legal guardian to ensure medication(s) are in date, and an original pharmacy container with a pharmacy label that includes name, dose and administration instructions.

The following form must be completed for all children and young people where the parent or legal guardian has requested they carry their own medication and/or self-administer their own medication.



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| | | | |
|-----------------------------------|--------------|--|--|
| Education or care service: | | | Carrying Medication Approved? YES / NO |
| Name of child or young person: | | | |
| Name of parent or legal guardian: | | | |
| Assessment completed by: | Name: | | Self-Administration Approved? YES / NO |
| | Designation: | | |
| Date assessment completed: | | | |

| MEDICATION DETAILS | | | |
|--------------------|------|-----------------------|---|
| Name of medication | Dose | Administration method | Storage requirements (i.e. carry on self, or specify location) |
| | | | |
| | | | |
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| ASSESSMENT | | | | |
|------------|---|--------------------------|--------------------------|--|
| | | YES | NO | Comments |
| 1. | Is there a Medication Agreement (or Action Plan) that is completed by a treating health professional or pharmacist for the child or young person? | <input type="checkbox"/> | <input type="checkbox"/> | If 'NO' self-administration cannot be approved |
| 2. | Does the Medication Agreement clearly state: | | | If 'NO' the Medication Agreement must be returned to the treating health professional and/or pharmacist for completion |
| | a. The name of the medication | <input type="checkbox"/> | <input type="checkbox"/> | |
| | b. The dosage | <input type="checkbox"/> | <input type="checkbox"/> | |
| | c. The administration method | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Is the medication required to be altered prior to administration (i.e. crushing tablets, opening capsules, mixing with a liquid) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | a. Does the Medication Agreement describe the specific administration technique? | <input type="checkbox"/> | <input type="checkbox"/> | If 'NO' the Medication Agreement must be returned to the treating health professional and/or pharmacist for completion |



| | | | | |
|-----|---|--------------------------|--------------------------|--|
| 4. | Can the parent or legal guardian confirm the child or young person routinely carries their own medication outside of the education or care service? | <input type="checkbox"/> | <input type="checkbox"/> | If 'NO' consider the appropriateness and safety of the child or young person (and others) to carry/self-administer in an education or care environment for the first time. |
| 5. | Can the parent or legal guardian confirm the child or young person has self-administered their own medication outside of the education or care service? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | Does the child or young person know what medication they are taking, including dose, frequency and timing? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | Does the child or young person understand the reason for the medication? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | Does the child or young person understand the side effects of the medication? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | If the medication is prescribed 'PRN' (as needed) does the child or young person understand early symptoms to self-administer appropriately? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. | If the medication is required to be administered within a timetable (required at particular times) does the child or young person understand when to self-administer? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. | Does the child or young person understand any specific requirements to taking the medication? (i.e. before food, after food, with food) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. | Can the child or young person describe/demonstrate practices of secure storage for the medication including: | | | |
| | a. Stored within requirements of the specific medication to maintain integrity (i.e. within a temperature range, kept refrigerated) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | b. Ensuring accessibility if medication required in an emergency (i.e. kept in the agreed location) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | c. Not accessible to other children or young people | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. | Can the child or young person describe/demonstrate safe disposal of any medication equipment (if required)? | <input type="checkbox"/> | <input type="checkbox"/> | |



ACKNOWLEDGEMENT AND ENDORSEMENT

Child or Young Person

- ☐ I am confident to carry and/or self-administer the medication(s) as listed above.
- ☐ I will not provide access to my medication(s) to other children or young people.
- ☐ I agree to keep my medication(s) in a safe place.
- ☐ I agree to dispose of any medication or medication administration equipment safely (if required).

Name of child or young person

Date

Signature

Parent or legal guardian

- ☐ I understand that all times the medication(s) provided to the education or care service must be in date, and an original pharmacy container with a pharmacy label that includes name, dose and administration instructions.

I confirm that <name of child or young person>

(tick all that apply)

- ☐ routinely carries their own medication .
- ☐ routinely self-administers their own medication.
- ☐ has been instructed in the procedure of self-administration (if has not been required to self-administer previously, i.e. adrenaline autoinjector).
- ☐ can assume responsibility to carry and/or self-administer the medication(s) listed above safely and securely.

Name of parent or legal guardian

Date

Signature

Education or care service

I confirm that <name of child or young person> is/is not capable of assuming the responsibility of carrying and/or self-administering medication.

- ☐ All associated risks have been considered when making this determination.
- ☐ Where the child or young person is approved to carry/self-administer education and care staff are:
- o aware this child or young person is carrying their own medication
 - o aware this child or young person is able to self-administer their own medication
 - o familiar with warning signs and trained to administer the medication in an emergency situation

Name of Principal or Director (or nominated delegate)

Date

Signature