

Medication Management for Children and Young People in Out of Home Care – Guidelines¹

Key Points

- Medication must:
 - remain in its original packaging
 - not be past the expiry date
 - be under the direct control of the carer (or trusted adult) during transportation until safely secured.
- All medications (including those of carers/family members) must be stored in a lockable container or in a lockable cupboard specific for medicines and poisons and be out of reach of children.

Medications must never be left within reach of a child

- Prescription medicine must only be administered to the person for whom the medication is prescribed.
- A medication register must be established and maintained by the carer on each occasion that any type of medication is given (whether prescription or non-prescription).
- Narcotic substances (eg. Schedule 8 drugs such as Ritalin) require a separate register that shows a running balance of how much of the medication has been administered.

After administration of a medication, If a child is unconscious, drowsy or acting in an unusual manner dial 000 immediately and follow their instructions while waiting for an ambulance.

Notify your child protection worker as soon as possible about this incident.

- If a child refuses medication, and you have reason to believe the child will suffer acute symptoms if there is a delay in taking their medication, secure medical assistance immediately and then contact your child protection worker.

If you are concerned about over dosage of a medication or potential interactions with other drugs and/or alcohol, the National Poisons Information Line is available 24 hours per day seven days a week on 13 11 26 and can provide immediate advice about a medication errors.

If you believe the child is at risk following a medication dose, secure medical assistance, or call an ambulance by dialling 000.

¹ Approved by the Secretary DHHS for the purposes of regulation 95E Poisons Regulations 2008

Guidelines – Medication Management for Children and Young People in Out of Home Care¹

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

There are various groups of medications as shown below. The grouping of the medications is dependent on the medication's potency, usage, need for professional guidance in administration, and/or potential for abuse or dependency. The type of medication is written on the medication packaging.

Unscheduled medications: these include medications that are generally available within supermarkets and general stores (eg. small packets of Panadol and Nurofen)

Pharmacy only medications (S2): These medications are available over the counter within pharmacies, and may require advice from a pharmacist regarding their usage (eg. Antihistamines)

Pharmacist only medicine (S3): These medications are only sold within pharmacies and their safe use requires the professional advice of a pharmacist (eg. Nurofen Plus and medications containing Psuedoephdrine)

Prescription medicine (S4): These medications are available from a pharmacist only on a prescription issued by a medical practitioner, dentist or authorised optometrist.

Narcotic substances (S8): These medications are available from a pharmacist only on a prescription issued by a medical practitioner or dentist. Supply of these medications is restricted to reduce abuse, misuse and physical or psychological dependence (eg. Ritalin). You are required to keep a special register if a child is on a narcotic (see page 10).

I. Medication packaging and transportation

Medication must:

- remain in the original packaging as supplied by the pharmacist
- not be past its expiry date
- be under the direct control of the carer except when being delivered or picked up.*

*A trusted adult may collect the medication for the carer but the carer is then responsible to ensure that the medication matches the details of the prescription; and must read any pharmacist's instructions.

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).

¹ The Children, Young Persons and Their Families Act 1997 defines a child as, "a person under 18 years of age" and a "young person" as a child who is 16 or 17 years old.

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

All medications (including those belonging to carers and/or family members) must be stored in a lockable container (stored out of the reach of children) or in a lockable cupboard specific to the storage of medicines and poisons which must be out of the reach of children. Medications which must be stored in the lockable container or cupboard include:

- prescription Poisons List Schedule 8 medications such as Methylphenidate (Ritalin) (8045) and Dexamphetamine (8021) (both ADHD medications) or morphine
- other prescription drugs
- non-prescription drugs
- cream treatments
- vitamins and homeopathic remedies.

Any medications requiring storage in the refrigerator will be stored in a labelled container in the fridge, out of the reach of children.

In addition to the regular medication storage box, there **must be a separate lockable box for narcotics**. Narcotics are Poisons List Schedule 8 medications such as Methylphenidate (Ritalin) (8045) and Dexamphetamine (8021) (both ADHD medications). Your pharmacist can advise you if a medication is Schedule 8.

Medications must never be left within reach of a child or young person in care.*

Young people who are self-medicating*

A young person will be assessed by the child protection worker and the carer as to their capacity to be trusted to manage and administer their own medications. After this process, the young person must store their medication in a lockable container for which the young person has the key.

The container should be kept in the young person's bedroom and out of the reach of any other children. If it is determined that to allow a young person to self-medicate will create an unacceptable risk (i.e. many young children are in the same placement), the medication must be stored and dispensed in the same way as other medications in the home. A young woman taking the contraceptive pill does not need to be monitored in regard to taking the pill, but she must keep the medication out of the reach of any younger children with whom she resides.

Different placement types

Storage requirements may differ depending upon the type of out of home care placement. For example, Family Group Homes are properties under the direct control of the Department of Health and Human Services and may be subject to Departmental site regulations. Foster care and kinship care placements are usually properties owned or rented by the foster or kinship carer.

Family Group Homes

¹ Approved by the Secretary DHHS for the purposes of regulation 95E *Poisons Regulations 2008*

All Family Group Homes must have a lockable container for the specific purpose of medication storage that is secured to a wall or bench out of the reach of children. The key must be under the control of the carer at all times.

Residential Care Placements

All children and young people placed in residential care will have their medications stored in a locked cupboard specific to the storage of medications (positioned out of the reach of children) or in a locked container that will be kept in the locked carers' office out of the reach of children. Because refrigeration may be required for medications such as insulin, a refrigerator must be kept in the locked office. The keys must be under the control of the carer at all times.

Foster Care and Kinship Care Placements

Foster carers and kinship carers are provided with lockable medication storage boxes at the time of their foster care induction. This must be stored out of the reach of children. If they already have their own lockable storage solution for medications, it is assessed to ensure it is adequate. If it is not adequate, a new one will be supplied. The key must be under the control of the carer at all times. If refrigeration is required for medications such as insulin and antibiotics, the medication must be stored out of the reach of young children in the refrigerator.

3. Medication register

In all placement types, a medication register must be established and maintained by the carer to record when medications are given. It should be kept near the medication box or cupboard. The register will be completed on each occasion that any type of medication, prescription or non-prescription, is given and will include:

Child's name:
Date of commencement:
Name of medication:
Medication strength:
Date and time given:
Dose and frequency:
Specific route (oral, cream etc):
Specific instructions regarding the medication (i.e. taken with food):
Cessation or review date of medication:
Carer's name:
Carer's signature:

The above details should be copied into the register (see page 9 for a printable sheet) from the prescription and checked against the medication label, the blister pack or other dispensing unit that has been signed by a pharmacist. The information on the prescription must correspond with the medication. If the information does not correspond, do not give the medication but return it to the pharmacist.

In addition to the medication register on page 9, if Schedule 8 (Narcotic) medications are prescribed (eg Ritalin), a separate register must be kept to clearly show a running balance of the medication as it is brought

into the home and given out to the child. See page 10 for a printable sheet. If you are unsure if a medication is a narcotic, please ask your pharmacist.

All medication register pages must be returned to Child Protection Services for filing when they have been completed.

4. Administering oral or other prescription 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 how the medication is to be given (ie by mouth or by injection etc).
- 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.
- A checklist used by medical staff when giving medication is as follows:

Right person
Right medication
Right dose
Right time
Right route (ie by mouth, or by injection etc)

5. Administering stable, long-term medication

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

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 or a doctor. 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
- 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
- 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, your child protection worker must be contacted and advised. Your child protection worker will obtain instructions from the doctor who prescribed the medication. All instructions from the doctor are to be in writing, signed by the doctor, and must be followed. If the doctor is unavailable (after hours etc), the emergency department of the local hospital or an after-hours medical service must be contacted.

6. Overnight stays

If a child is on an overnight stay, any routine medications must be provided to the adult with whom the child will be staying along with the medication register and a lockable medication box. The carer must give the adult host instructions about the medication and the register. The adult host must store the locked box out of the reach of children.

If the adult host of the overnight stay is not confident about administering the medication, alternative arrangements must be made (ie the child is not able to stay overnight, or a confident, capable adult must be found who can administer the medication at the right time).

If a young person is able to self administer a medication (see Guideline 2), the medication must still be kept in a locked box at the overnight stay to protect other children in the household. (Please note that the locked glovebox of a car is not acceptable as a storage place as cars heat up and may damage the medication.)

If a child is unwell, he or she should not go on an overnight stay unless there are exceptional circumstances which have been approved by the child's worker.

7. Administering non-prescription medication

Some non-prescription medications can only be purchased within a pharmacy. These medications do not require a prescription but may require advice from a pharmacist as to their administration and/or interactions with other medications.

Other non-prescription medications are available "over the counter" and can be purchased more widely at supermarkets and other general stores (eg. Panadol).

Other homeopathic remedies, creams, other medications and vitamins are also readily available over the counter and should always be administered according to the manufacturers' instructions.

Important note: Even though Panadol and other paracetamol medications are sold "over the counter" an overdose of this medication can be life-threatening. This medication must be kept away from the reach of children and supplied in only the recommended dosage.

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

- 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 your child protection worker must be contacted immediately
- “over the counter” medication must be given according to the manufacturer’s instructions
- “pharmacy only” (S2) and “Pharmacist only” (S3) medications must be given taking into account the advice provided by the pharmacist (or other health professional) in addition to the instructions provided by the manufacturer.

If a medication error is made, the National Poisons Information Line is available 24 hours per day seven days a week on 13 11 26.

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 his/her GP to arrange for a medical examination; and notify the relevant child protection worker.

8. 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
- a medication register (as outlined in Guideline 3)
- a copy of these guidelines (even though it will have been provided in carer training).

This information should accompany the Essential Information section of the [Case and Care Plan](#) documentation provided to carers on the placement of the child.

9. Assessment and monitoring of medication management

The assessment of any placement must include the following:

- the provision of the required medication storage facilities
- the confidence and competence of the care-giver to administer long-term medications according to the administration guidelines for that particular medication
- the confidence of the carer-giver’s ability to meet the requirements of these guidelines

- an assessment of the safety of the household into which the child is to be placed, taking into consideration whether or not any other children in the home, are self-administering medications.
- 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:

- child protection workers will check medication storage and administration arrangements when a child is placed (and when additional children are placed with a carer); when any child commences Poisons List Schedule 8 medications; and at a carer’s annual review
- if unsatisfactory medication practices are detected, a follow-up check will be conducted within one week. Any further contravention must be reported in writing to the child protection worker’s supervisor for further action.

10. 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 cause the child to 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.

11. Medication errors or adverse reactions

Overdose and poisoning can occur either 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:

If the child is unconscious, drowsy or acting in an unusual manner, dial 000 immediately and follow their instructions while waiting for an ambulance.

- The National Poisons Information Line is available 24 hours per day, seven days a week on 13 11 26 and can provide immediate advice about a medication error.
- If the child is not in immediate danger, inform the child’s 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 is not in immediate danger, and the child’s doctor can not be contacted, either seek advice from another doctor or your pharmacist.

- The Child Protection Worker must also be contacted as soon as any immediate danger to the child has been taken care of. This should take place even if it is after hours – on 1300 737 639. If you reach the answering machine, leave a message and the person on call will respond to you as soon as they are able. (This phone number can be used by Residential Carers, Kinship Carers and Foster Carers.)

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.

If a carer is concerned regarding possible over-dose or poisoning of a child or young person, they must arrange immediate medical attention for the child and contact Child Protection Services 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 by dialling 000.

Medication Register*

All medication register pages must be returned to Child Protection Services for filing.

To complete the register, details should be copied from the prescription into the table below, and be checked against the medication label, the blister pack or other dispensing unit that has been signed by a pharmacist. The information on the prescription must correspond with the medication. If the information does not correspond, do not give the medication but return it to the pharmacist. NB. If you are giving a child a narcotic, you must also keep a Schedule 8 (Narcotic) Medication Register (p. 10).

*Use a separate register page each child and each medication.

Child's name:			Date of commencement					
			Date of cessation					
Medication name and strength:								
Dose and frequency:								
Specific route (oral, cream etc):								
Specific instructions regarding the medication (i.e. taken with food):								
Date	Time given	Amount given	Date	Time given	Amount given	Date	Time given	Amount given

Carer's name:

Carer's signature:

Schedule 8 (Narcotic) Medication Register*

Every time a narcotic is brought into the home, the amount must be recorded below as outlined. All medication register pages must be returned to Child Protection Services for filing. *Use a separate register page for each child and each medication.

Child's name:				
Medication name and strength:				
Date of commencement				
Date of cessation				
Week	Amount brought into home (ie number of tabs or volume if liquid)	Amount given during the week	Amount remaining in bottle/package	Is any medication missing? If so, record it, and contact your child protection worker immediately.
Week 1 commenced: on / / 2010				
Week 2 commenced: on / / 2010				
Week 3 commenced: on / / 2010				
Week 4 commenced: on / / 2010				
Week 5 commenced: on / / 2010				
Week 6 commenced: on / / 2010				
Week 7 commenced: on / / 2010				
Week 8 commenced: on / / 2010				

Carer's name:

Carer's signature: