

# *Information for health professionals*

## Prescribing medication to be given in education and/or care settings

### Policy Background

Education and childcare staff only store and supervise/administer medication that has been prescribed by a doctor or other authorised prescriber for the individual child for the period of time specified. This ensures the medication is medically warranted. Analgesics and other medications which can be prescribed over the counter without a prescription should also be prescribed if staff members are to be asked to administer the medication or supervise its use. This particularly applies to long term medication. Some sites will accept written authorisation from a parent/carer for medication that is to be administered for less than 5 days over a monthly period. In all instances a medication authority from a health professional is the preferred option.

### Who can complete medication authorities?

Only authorised health professionals (under the Controlled Substances Act) can order medications and sign the medication authority according to their specific professional regulations. Professionals who may prescribe are limited to:

- medical practitioners (GPs and/or specialists)
- dentists
- optometrists
- nurse practitioners
- pharmacists

### How do doctors/other prescribers access the medication authority forms?

Prescribers can use the DECD form or write a letter – **as long as all the required information is provided**. Worksites can liaise with local doctors to make this process easier for all parties.

There are three types of medication forms available:

- single medication authority (for regular, PRN and short term medications)
- multiple medication authority for use when four or more medications are prescribed for an individual child/student
- multiple PRN medication authority for use when four or more PRN medications are prescribed for an individual child/student

DECD forms are available on:

<http://www.decd.sa.gov.au/speced2/pages/health/Medication/>

### What prescribed and over-the-counter products do education and care sites need medication authorities for?

The DECD medication management guidelines encompass all medications: prescribed, over the counter and alternative therapies, vitamins, minerals and supplements. This includes (but is not limited to) pain killers, antibiotics, mild laxatives, eye drops and cough medicine. For example: students taking over the counter mild pain relief or cold and flu tablets are required to provide a written medication authority.

### Important information regarding completion of medication forms.

- Complete all sections of the form or medication may not be administered
- Please **do not** use medical abbreviations
- Schedule medication outside care/school hours wherever possible. For example: Medication that has to be taken three times per day should, where clinically possible and safe to do so, be taken **before and after school**, and **before bedtime**, and not come to school at all.
- Be specific: **As needed** is **not** sufficient direction for staff members—they need to know exactly when medication is required. For example: to be taken 4 hourly for shortness of breath
- Nominate the simplest method. For example: Oral or 'puffer' medication is much easier to arrange than a nebuliser
- Forms are to be updated annually or when there is a change in medication instructions. Forms are not to be annotated. If there is a change in the prescription, a new form needs to be completed.

### Please note that education and child/care and community services workers:

- accept only medication which has been ordered by a doctor/authorised prescriber and is provided in a single dose in a fully labelled pharmacy container
- do not monitor the effects of medication as they have no training to do this
- are instructed to seek emergency medical assistance if concerned about a person's wellbeing following medication administration.



# Medication authority

for education, childcare and community support services\*

## CONFIDENTIAL

To be completed by the AUTHORISED PRESCRIBER and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.  
This information is confidential and will be available only to relevant staff and emergency medical personnel.

Name of child/student/client  
Family name (please print) First name (please print) Date of birth \_

MedicAlert Number (if relevant) Date for next review \_

Allergies \_

**Note:** Medication authorities can be endorsed by the following: medical practitioners (GPs and/or specialists), dentists, ophthalmologists, nurse practitioners, pharmacists

### Please:

- Complete all sections of this form. **This is a single-medication sheet.** Please use a separate form for each medication.
- This medication form is appropriate for both **long term and short term** medication e.g. Antibiotics
- Schedule medication outside care/school hours wherever possible
- Be specific: **As needed** is **not** sufficient direction for staff — they need to know exactly when medication is required
- Nominate the simplest method. **For example: Oral or 'puffer' medication is easier to arrange than a nebuliser.**

### Please note that education and child/care and community services workers:

- accept only medication which has been ordered by an authorised prescriber and is provided in a fully labeled pharmacy container
- do not monitor the effects of medication as they have no training to do this
- are instructed to seek emergency medical assistance if concerned about a person's behavior following medication.

MEDICATION INSTRUCTIONS (please print clearly)		TIME (please tick administration time(s))
Medication name (include generic name)		<input type="checkbox"/> 07 – 08.30 am
Form (eg liquid, tablet, capsule, cream)	Route (eg oral, inhaled, topical)	<input type="checkbox"/> 09 – 10.30 am
Strength	Dose	<input type="checkbox"/> 11 – 12.30 am
Other instructions for administration		<input type="checkbox"/> 01 – 02.30 pm
Start/finish date (if appropriate) _ from _ to _		<input type="checkbox"/> 03 – 04.30 pm
		<input type="checkbox"/> 05 – 06.30 pm
		<input type="checkbox"/> 07 – 08.30 pm
		<input type="checkbox"/> Overnight
		<input type="checkbox"/> Other (if medically necessary)
		Please specify:

### Please note:

- Young children (eg junior primary age) are generally supervised when they take their oral/puffer medication
- Wherever possible, safe self-management is encouraged.

Please advise if this person's condition creates any difficulties with self-management; for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment (eg puffer and spacer).

### This plan has been developed for the following services/settings: \*

- |  |  |
|--|--|
| <input type="checkbox"/> School/education      | <input type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care            | <input type="checkbox"/> Work                            |
| <input type="checkbox"/> Respite/accommodation | <input type="checkbox"/> Home                            |
| <input type="checkbox"/> Transport             | <input type="checkbox"/> Other (please specify)          |

### AUTHORISATION AND RELEASE

Authorised prescriber Professional role \_

Address \_

-

Telephone \_

Signature

Date \_

**I have read, understood and agreed with this plan and any attachments indicated above.  
I approve the release of this information to supervising staff and emergency medical personnel.**

Parent/guardian  
or adult student/client

Family name (please print)

First name (please print)

Signature

Date \_