COMMITTEE ON CHILDREN AND YOUNG PEOPLE

INQUIRY INTO THE USE OF PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICATIONS IN CHILDREN AND YOUNG PEOPLE

ISSUES PAPER No. 2

ADMINISTRATION OF PRESCRIBED DRUGS AND OVER-THE-COUNTER MEDICATIONS TO CHILDREN AND YOUNG PEOPLE BY NON-PARENTAL CARERS AND SELF-ADMINISTRATION

Submissions and Further Information

The Committee on Children and Young People invites written comment from interested organisations, groups and individuals regarding any of the matters raised in this Issues Paper. Ideally, comments should be forwarded to the Committee on Children and Young People, Parliament House, Macquarie Street, SYDNEY NSW 2000 by Monday 29 July 2002, although the Committee will continue to accept and consider comments after that date. Submissions may also be forwarded by fax on (02) 9230 2928, or email: children@parliament.nsw.gov.au. Further information on the Inquiry or on how to make a submission can be obtained from Mr Ian Faulks, Manager of the Committee, on (02) 9230 2161. Further information about the Committee on Children and Young People can be viewed on the Committee's web site at: www.parliament.nsw.gov.au/gi/commits/children.

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INTRODUCTION

This Issues Paper is divided into two parts examining two related issues in concerning children and young people and the administration of prescription drugs and medication. First, the administration of prescription drugs and medication to children and young people by non-parental carers. And, second, the self-administration of prescription drugs and medication by children and young people. Both were included in the Terms of Reference for the Inquiry.

Issues examined in Part One

Administration of prescription drugs and medication to children and young people by non-parental carers

- Administration by teachers and other staff in schools
- Administration by child care workers in child care services
- Administration by juvenile justice workers in juvenile detention centres
- Administration by carers in community based care
- Issues:
  - Unsatisfactory practices
  - Lack of regulation and guidelines on the responsibilities of non-parental carers in some areas
  - Difficulties accommodating the administration of drugs and medication by non-parental carers
  - Ability of non-parental carers to administer prescription drugs and medication
  - Difficulties experienced by students in taking their medication
  - Resource issues
  - Storage
  - Illnesses arising when a child is in the care of non-parental carers
  - Emergencies
  - Legal liability of non-parental carers

Issues examined in Part Two

The self-administration of prescription drugs and medication by children and young people

- Current practice
- Policy framework:
  - Schools
  - Child care
  - Young people in detention
  - Out of home care
- Issues:
  - Benefits of self-administering
  - Difficulties of self-administering
  - Facilitating self-administration
  - The uncertain role of non-parent carers regarding self-administration
  - Storage
  - Potential for abuse of prescription drugs and medication

The purpose of the Issues Paper is to provide a summary of the information obtained by the Inquiry through submissions and evidence given the Committee to date on these issues. The information is designed to inform debate and encourage further submissions about areas of concern and proposals for change.

For general information about the inquiry, and about the Committee for Children and Young People, see **Issues Paper No. 1**. That paper also contains background and contextual information about the subject matter of the inquiry .

Context

The administration and self-administration issues examined in this paper occur mainly in the school context. School is the main arena, outside the home, where children and young people under 18 years of age spend time and where they may be required to continue their regimen of prescription drugs or medications.

There are, of course, other contexts where children and young people are outside the home and administration by a non-parental carer, or self-administration, of drugs and medication is required. These include child care, juvenile justice centres, and community based care.

Types of prescription drugs and medication involved

The submissions indicated that a variety of drugs are self-administered by children and young people, and administered to them by non-parental carers. Submission referred to prescription drugs such as stimulant medication for Attention Deficit Hyperactivity Disorder ('ADHD'), ventolin for asthma, valium for epilepsy; epipen for bee stings/peanut allergy, and antibiotics. The most common over the counter medication referred to in this context was paracetamol to reduce fever, pain, and headaches.

As can be seen, these are fairly simple forms of medicines that are simply administered, usually orally. The Committee is aware, however, of circumstances where more complicated forms of medicines and more complex methods of administration have been asked of non-parental carers, such as rectally administered valium for epilepsy.

Part One. Administration of prescription drugs and medication to children and young people by non-parental carers

INTRODUCTION

The Committee is interested exploring the issues surrounding the administration of prescription drugs and medication to children and young people by non-parental carers. The administration of prescribed drugs and medication to children and young people by the following non-parental carers will be examined:

- Teachers and other staff in schools;
- Child care workers in child care centres;
- Juvenile justice workers in juvenile justice centres; and
- Carers in community based care services

> Are there any other non-parental carers who may administer prescription drugs and medication to children and young people?

This Issues Paper looks at the current practice of administration by non-parental carers in these settings (the *self*-administration of prescription drugs and medication in these settings is examined in the Part Two). The paper also examines the current regulatory and policy framework in relation to each. Issues of concern, as raised in the submissions to the Inquiry, are then highlighted and questions and possible recommendations for change are noted.

ADMINISTRATION BY TEACHERS AND OTHER STAFF IN SCHOOLS

Incidences

In a submission to the Inquiry, one New South Wales teacher stated that approximately 18% of students at her school have drugs administered to them once or twice a day.[1] Other submissions indicate that, in general, the practice of teachers and other school staff administering prescription drugs and medication to students is growing. However, the extent of the practice is unknown.

> The Committee is interested in establishing the extent of the practice. Are there any statistics which show the number of incidences?

Government schools

There are approximately 2,225 Government schools in New South Wales, with more than three-quarters of a million students.[2] Schools have a responsibility to deliver education within a safe and supportive environment which promotes student's health and well-being. Schools therefore have a role in promoting the safe use of prescription drugs and medication, both at school and out of school.

The Committee has been advised that the current approach to this role is twofold. First, ensuring the safe administration (and self administration) of prescription drugs and medication at school). Second, to educate students about safe and responsible use of prescription drugs and medication. This is achieved through the formal curriculum regarding personal development, health and physical education. It is the first approach that will be examined in this section.

Departmental policy

The Minister for Education and Training and the Manager of Student Welfare, Department of Education and Training, provided the Committee with the following details of departmental policy on the administration of prescription drugs and medication by teachers:[3]

- Primary responsibility for the management of the health of students rests with their parents. However, schools support parents where students require assistance with health conditions at school.

- Parents must inform the principal of their child's school in writing that medication is essential to their child's health at school. This should be done at the time of enrolment or when the health care needs of the child changes.

- Where necessary, a plan for the child's health needs, including taking prescription drugs or medication is developed by the parents and school. In some cases where there is a long-term requirement for medication to be administered, enrolment or continued enrolment may been to be reviewed to make sure the student's needs are being met by that particular school.

- When medication is administered other than by mouth, the principal must ensure that the medical practitioner and parents meet with the staff to explain the method of preparation, application and dosage and the situation when it should be administered.

- In cases involving more complex administration such as injections, a parent or person other than a staff member may be the most appropriate adult to administer. This would be discussed and arranged on an individual basis. It is not the role of school staff to inject intravenous drugs.

- Parents must provide the school with all relevant details regarding dosage, requested time of administration (or supervision), significant side effects and the name of the prescribing medical practitioner. Medication must be supplied in a labelled, pharmacy container.

- Arrangements will then be made to ensure the correct administration of medication by qualified staff. It is not the role of school staff to undertake specific health procedures unless they volunteer to do so and their contribution is part of an agreed plan. The Principal will determine the suitability of the staff member/s to administer medication.

- Following agreement with a member of the School Administrative Support Staff the Principal will nominate the staff member to administer the prescribed drugs or medication. A relief officer is nominated in the absence of the nominated officer.

- Training of School Administrative Support Staff occurs through the Administration of Prescribed Medication and Asthma Course provided by the Department. A St Johns Ambulance of Australia qualification, valid for 5 years, is awarded to staff who satisfactorily complete the course.

- As a general rule, members of staff do not administer medication by injection except in emergency cases where such attention is necessary to prevent the death of the student, for example, in the case of a student who is allergic to bee stings. Only a member of staff whop has had instruction on how to give injections will be able to administer the medication.

- No member of staff is allowed to administer medication to a student unless the nature and dosage of the medication and the identity of the student have been checked by a second person.

- In order to prevent misuse or theft, most drugs and medication is be placed in the care of the nominated staff member until the time of administration.

> *"You just give your medication to the teacher and then they give it to you. I swallow it and that's it."* **Children's focus groups**

- Staff are responsible for supporting a students access to their medication. Where necessary a plan is established for students to receive their medication with consideration to the requested time of administration, the school routine and the privacy of student. This requires some balancing between the absolute individual needs of students and what is possible to administer in the school.

- Medication that is required to be immediately available to students such as *asthma relievers* and *adrenalin auto injectors* for anaphylaxis can be carried by the students.

Non-government schools

The Committee did not receive any submissions regarding policy or guidelines adopted by non-government schools for the administration by teachers or other staff of prescription drugs and medication to students by teachers or other staff.

> What approach is taken to the administration of prescription drugs and medication to students in non-government schools?

ADMINISTRATION BY CHILD CARE WORKERS IN CHILDCARE SERVICES

There are over 3,800 child care services in NSW employing some 21,000 workers. Some are privately owned, some are managed by parent committees as non-profit community based centres and others are operated by local government.[4] There are several different types of child care services, as listed below.

- Early childhood care
- Family day care
- Home based child care
- Mobile child care
- Long day care
- Preschool
- Occasional care
- Vacation care
- Out of school hours care (before/after school care and some vacation care)

The Committee received several submissions relating personal experiences of children being administered medication at child care. Like the school setting, the Committee was advised that anecdotally, the practice of child care workers being required to administer drugs and medication to children in their care is growing.[5]

Regulation and policy

Centre based and mobile children's services

The New South Wales Department of Community Services (**'DoCS'**) licences and monitors 'centre based child care' services and 'mobile child care' services provided for fee, gain or reward, to ensure that they comply with the *Children and Young Persons (Care and Protection) Act 1998*. These services include the services listed above, except out of school hours services, family day care and home based child care services.

Centre based and mobile child care services are required to have a *written policy* concerning the procedures to be followed in relation to the administration of medications to children enrolled at

the service. Services must provide a written statement of their policy when they apply to DoCS for a licence.[6]

Staff of such services must also comply with the *Code of Conduct* (**'the Code'**) set out in the *Centre Based and Mobile Child Care Services Regulation (No 2)* 1996. In relation to medication, the Code states:

> The authorised supervisor of a service must ensure that if medication is administered to a child at the service at the request of a parent or other person responsible for the child, the parent or other responsible person is notified of the following:
> (a) the name of the medication, and
> (b) the date, time and dosage administered, and
> (c) the name and signature of the person who administered the medication and the person who checked the dosage.
>
> The authorised supervisor of a service must ensure that primary contact staff only administer medication to a child from its original packaging. In the case of prescription medication, this must only be administered to the child for whom it has been prescribed, from a container bearing the child's name and with a current use by date.
>
> The authorised supervisor of a service must ensure that medication is only administered to a child for whom the service is being provided with the written permission of a parent or other person responsible for the child or with the approval of a doctor.[7]

Family day care and home based child care services

'Family day care' services provide care for children in the home. They are usually set up by a council or other major sponsor. Registered licensed carers are matched up with the parents. 'Home based child care' services are not part of the family day care. Both types of services must be licensed by DoCS.

NSW legislation provides that family day care services and home based child care that are provided for fee, gain or reward must comply with certain regulations. The *Family Day Care and Home Based Child Care Services Regulation 1996*[8] regulates the recording, storage and administration of medications to children and obtaining consent to emergency medication by a parent. The regulated stipulate that:

> *Authority for emergency treatment*: Service providers must obtain written authorisation for any staff member of the service to seek urgent medical, dental, hospital treatment or ambulance service or urgent assistance if the child has been injured or is ill while in the care of the service.[9]
>
> *First Aid*: A person who holds a current approved first aid qualification must be present at the carers home at all times when children are provided with the service at home the carers home.[10]
>
> *Records*: These services are required to keep up to date records of information on each child including:
>
> - Details of allergies suffered by the child or other relevant medical history and details of the child.
> - Parental permission for emergency medication, hospital and ambulance service.
> - If any medication is to be administered to the child by a carer or staff member, the name of the medication, date and time and dosage administered and the name of the person who checked the dosage and administered the medication and the parents written permission for and any doctors instructions relating to its administration.[11]

Out of school hours care

'Out of schools hours care' includes before school care, after school care and vacation care for school children between the ages of 5-12. These services are generally run by autonomous community groups and local councils.

Out of school hours care services are the only unregulated child care services in New South Wales. There are therefore no regulations or other external guidance on the administration of prescription drugs and medication to children in such centres.

The peak advocacy body for out of school hours care in New South Wales, the *Network of Community Activities*, is currently lobbying for out of school hours care services to be included within a framework of statutory regulations for children's services. [12]

The Network has produced its own guidance material to advise its members on the administration of medication in out of school hours care centres.[13] In this regard, the Network's policy document contains a section on the administration of medication to children in care.[14] The Network has also produced a guideline document that provides information about obtaining parental permission, administration, side effects, reactions and emergencies. A poster setting out a vacation care medication checklist has also been developed.[15]

ADMINISTRATION BY JUVENILE JUSTICE WORKERS IN JUVENILE JUSTICE CENTRES

Nine juvenile justice centres operate in New South Wales. The Department of Juvenile Justice provided the Committee with the following statistics regarding its clients and their use of medication:

- Approximately 307 children and young people are in custody in New South Wales;
- They range in age from 10 (the minimum age of criminal responsibility) to 18 and sometimes older, referred by the court or police;
- Their average age is 16-17;
- Approximately 9% are female;
- Approximately 40% are from Aboriginal and Torres Straight Islander backgrounds;
- Approximately 23 are currently on prescribed medication for mental health type issues; and
- The Department has approximately 2000 community based clients. [16]

Departmental policy

The Minister for Juvenile Justice informed the Committee of the following aspects of departmental policy regarding the administration of medication to clients in juvenile justice centres, as set out in the *Draft Health Services Procedures Manual*: [17]

- All juvenile justice centres have Health Service Clinics staffed 7 days a week by Registered Nurses (**'RN'**).
- The Pharmaceutical Branch of the Department of Health issues a Drug Licence to each centre in the name of the RN in charge. This allows Schedule 8 drugs (addiction producing or potentially addiction producing drugs) to be supplied to clients who require them.
- GPs visit all clinics on a regular basis, from weekly to monthly as required, and prescribe drugs for clients as required. (The clinics are also visited by psychologists and drug and alcohol counsellors.[18])
- Some substances can be administered by a RN without a prescription, such as antacids, analgesics, cough mixtures and anti-fungals.
- Schedule 8 substances can only be administered by an RN. Prescribed drugs and medication are administered by RNs when on shift.
- In centres where nursing staff do not have an afternoon or night shift, prescribed drugs and medication may be administered only by Senior Youth Workers who have completed the 'Health and Safety' module of *Certificate 111 Juvenile Justice (Senior Youth Worker)*. The RN prepares the after-hours medications and instructs the Senior Youth Worker regarding its administration.

The *Draft Health Services Procedures Manual* contains detailed descriptions of the procedures to be followed in administering and storing of various prescription drugs and medications.

Issues

Submissions to the Inquiry contained little comment on the administration of prescription drugs and medications to children and young people in custody by juvenile justice workers. Nor did they highlight any issues of concern.

> The Committee is interested in finding out whether there are any issues arising in relation to children and young people in juvenile detention centres and the administration of prescription drugs and medication?

ADMINISTRATION BY CARERS IN COMMUNITY BASED CARE

'Out of home care'

'Out of home care' refers to the residential care and control of a child or young person who is not living at home with their family of origin. Out of home care services are provided directly by the New South Wales Government, through DoCS, as well as by non-government agencies.[19]

Out-of-home-care placements include foster care and residential care, providing short and long term services, and are an integral part of the system of providing care and protection for children who are unable to remain with their own families for reasons of abuse or neglect.[20]

The Community Services Commission (**'CSC'**) advised the Committee that at 30 June 2000, 8,517 children aged between 0 and 17 years were in care in New South Wales. [21] The CSC also advised the Committee that at September 2001, 310 children and young people were living in disability services in New South Wales.[22]

Departmental policy

The Committee has been advised that the relevant policies of DoCS and the NSW Department of Ageing, Disability and Home Care (**'ADHC'**) state that the administration of medicines must be carried out according to instructions on the container and that records are kept of the use of all medications.[23]

ISSUES

Submissions to the inquiry have revealed several areas of concern in relation to the administration of prescription drugs and medication to children and young people be non-parental carers. Submissions have mainly focused on administration by teachers in schools and carers in child care services. Only a few submissions addressed issues in relation to children and young people in detention or in community based care.

Unsatisfactory practices

The Committee is concerned about the number of submissions it received reporting unsatisfactory practices in relation to the administration of prescription drugs and medication by non-parental carers.

For example, the CSC expressed concerns about poor administration practices in residential care settings for children and young people, including for those for with disabilities such as:

- Medications not being given on time;
- The wrong medication or dosages being given to residents;
- Incidents where residents refused medication and therefore missed out;

- Medications administered in food, with the risk that it will be eaten by someone else;
- Medications being administered prior to any authorisation by a medical practitioner;
- Immunisation medications not kept up to date;
- Using other residents to assist with the administration of medication;
- Poor documentation and record keeping; and
- Medication not stored properly.[24]

The Commission also advised the Committee that family members of children and young people with disabilities in residential care have also expressed concerns about how medication is administered:

> In a survey of parents of one residential service, respondents identified issues associated with the use of medication as their main concern. Issues raised by parents included administration practices, inadequate monitoring of medication, inadequate information to parents about education, and the lack of staff training in medication issues….Family members associated with another residential service for children and adults with disabilities told the Commission that the service failed to administer their relative's medication at the prescribed times. The services response to the family's queries about this was that it was 'convenient' for workers to administer medication to residents all at the same time.[25]

Ability of non-parental carers to administer prescription drugs and medication

Several submissions to the Inquiry expressed concern about the responsibility of carers in child care centres for administering prescription drugs and medication to children.[26] Concern focused on the view that 'unqualified' or 'untrained' persons were required to give medication in schools and child care centres.[27] This is a particular concern where the drug regime is complex. Concern was expressed particularly in relation to students with higher risk medical conditions such as epilepsy.

The complexity of concerns is reflected in this submission from Network of Community Activities:

> At the moment training is not available to staff to cover the administration of medication or staff rights and responsibilities about medication. Staff are not aware of where they stand on their right to be protected and where the rights of the children commence. Many children require medication, particularly during vacation care periods when a high number of casual staff are employed in the services… People have raised concerns about what would happen if medication is missed at the appropriate time and a child has a fit. Services need training in this area. Also, we need legislation to protect services from the issues around medication. We need a lot more guidance and direction on the roles and responsibility of staff in the circumstances….[28]

The Committee shares this concern with the community and child care workers that the health of children may be put at risk unnecessarily, because of lack of training, regulation and guidelines about the administration of medication by non-parental carers. The Committee believes that children in care and particularly children with disabilities may be particularly vulnerable from inappropriate administration of drugs and medications.

Although legislative guidelines about administration of medication to children would prescribe issues of safe storage of medication, supervision and parental consent to taking of medication, they are not trained in the particulars of some medications commonly taken by children, including the side effects and the dangers of inappropriate administration of some prescription medications.

The New South Wales Nurses' Association has proposed that in schools where there are a significant number of students with disabilities such as epilepsy there should be a registered nurse present throughout the school day. The Association argues that in the interests of risk management and for the safety of these children this is the best option.[29]

Possible recommendation

That in schools where there are a significant number of students requiring more complex medication and care, there should be a registered nurse present at all time during school hours.

The Committee seeks advice and comment relating to the number of schools which might be affected by, and the resource implications arising from, this possible recommendation.

Lack of regulation and guidelines on the responsibilities of non-parental carers

As outlined above, some aspects of the administration of prescription drugs and medication by child care workers is regulated in New South Wales. Policy statements and other guidance material have also been developed in some areas.

However, some situations, such as the administration by carers to children in out of school hours care, is completely non-regulated and many areas lack clear guidelines. The Committee is also concerned that this lack of regulation places an undue pressure and responsibilities on non-parental carers, that could have negative industrial relations and occupational health and safety repercussions for workers and the child care industry as a whole.

And, overall, the Committee identified a general lack of regulation, monitoring and consistency in the ways that drugs and medications are administered to children and young people by non-parental carers.

Although key government agencies concerned with care and supervision of children and young people, such as the Department of Education and Training and the Department for Juvenile Justice, have set guidelines to manage the administration of drugs and medications to their clients, other community

agencies and organisations lack in any clear guidelines or training in this area.

Evidence provided to the Committee by child care workers, from various centres and their representatives, demonstrates a strong community and industrial concern about the lack of clear and enforceable policies to assist the administration of medications to children.
Submissions also revealed a lack of knowledge among non-parental carers themselves, employers and parents about relevant policies and regulations. The Committee is concerned that this creates unnecessary fears among non-parental carers and may lead to the inappropriate procedures being followed.

Despite the existence of some legislative regulation and self-regulation relating to the administration of drugs by non-parental carers, the Committee detected many areas and practices within the non-parental care system that need further policy and legislative attention.

Difficulties accommodating the administration of drugs and medication by non-parental carers

The Committee is concerned about reports of are occasions where parents, and schools or child care centres, cannot reach agreement about the administration of prescription drugs and medication to children and young people in their care.

For example, the Centre for Community Child Health at the Royal Children's Hospital, Melbourne stated that it was aware of the odd occasion where parents had to go to school each day to administer prescription drugs and medication to their children.[30] The Committee agrees with the Centre's emphasis on clear communication between parents and schools, and direct contact between paediatrician and schools to resolve reluctance to administer dosages during school hours.

Resource issues

Submissions highlighted that significant resource issues stem from the need for non-parental carers to administer prescription drugs and medication to children in their care.

For example, staff must be trained to administer drugs, particularly more complex regimes, which costs time and money. Also, the time taken for child care staff to administer drugs to children in their care places a strain on resources.

Are there other resources issues to consider?

The Committee was advised that in relation to child care the resource problem was particularly acute during school vacations when more children are in care and for longer hours.[31]

Storage

Concern has been expressed to the Committee about the manner in which prescribed drugs and medications are stored prior to administration by non-parental carers. It was pointed out that prescription drugs that must be kept under lock and key at a pharmacy, are brought to school by students, or by children to child care, without adequate supervision.

The possibility of students gaining access to prescription drugs of medication if they are not securely stored has been raised.[32]

As noted above, the Department of Education and Training requires that a student's parents must supply medication to a school in a labelled pharmacy bottle in the dosage requested. The Department also specifies that in the interests of safety and appropriate storage, the supply of large amounts of medication is to be avoided. Depending on what the medication is, it might be provided daily or it might be per week, but storing medication for longer than a week is not ideal.[33]

The Committee is concerned that the responsibility for the administration of medication often falls upon teachers who are already overburdened with work and should not have to take responsibility for this specialised area.

The NSW Division of the National Industry Association for Disability Services (**'ACROD'**) advised the Committee that all disability services must have clear guidelines about security and storage of medication, as well as emergency access and procedures for each individual.[34]

The Committee recognises that intelectually and physically disabled children and young people are more vulnerable to the physical and psychological effects of medication administration and should receive greater protection from this potential harm.

The regulations governing the administration of drugs and medication in family day care and home based care in New South Wales also covers storage.[35]

Illnesses arising when a child is in the care of non-parental carers and emergencies

> "…at school if you say there's something wrong with you, you go down to the sick bay and the nurse will say – take this – I say what is it? - and she just says take it, it will do you good…"
> **Children's focus group**

Schools

The Committee has been advised that in an emergency teachers aides and teachers are permitted to administer medication (although generally, they are not permitted to do so).[36]

The New South Wales Commissioner for Children and Young People, Ms Gillian Calvert, expressed concern that inadequate information was provided to students when receiving treatment in school sick bays: [37]

Possible recommendation
That studnts receiving treatment in school sick bays should receive clear explanations of any treatment proposed and be offered choices in treatment where appropriate.

Family day care and home based care

As stated above, New South Wales legislation provides that family day care and home based child care service providers must obtain written parental authorisation for any staff member of the service to seek urgent medical, dental, hospital treatment or ambulance service or urgent assistance if the child has been injured or is ill while in the care of the service.[38] Also a person who holds a current approved first aid qualification must be present at the carers home at all times when children are provided with the service at home the carers home.[39]

Legal liability of non-parental carers

Submissions received by the Committee indicated that there was a fair degree of concern about the potential liability of non-parental carers in the context of administering prescription drugs and medication to children and young people.

Concern mainly focused on a non-parental carers liability in negligence if something goes wrong after drugs have been administered to a child, or if the worker forgets to administer them. For example, the Network of Community Activities expressed the opinion that:

> The legal liability of staff for the failure to administer medication is an issue which needs to be clarified. For instance, in the case of a child with epilepsy where anti-convulsant medication fails to be administered, would the staff be held liable if the child had a fit and sustained an injury as a result?[40]

Possible recommendation
That the New South Wales Government clarify the legal liability of non-parental carers in relation to the administration of prescription drugs and medication

Prohibited drugs and criminal liability

Some prescription drugs that children are required to take at school and child care centres are also classed as *prohibited drugs* under New South Wales legislation. For example, barbiturate drugs, benzodiazepines and anabolic steroids are prohibited drugs.[41]

However, specific exemptions have been created so that a carer, such as a child care worker or a teacher, is not regarded as being in unlawful possession of prohibited drugs in the context of the possession and administration of prohibited drugs such as Ritalin.[42]

Insurance

Submissions received by the Committee briefly touched on the issues of insurance revealing that there is confusion over the rights and obligations of non-parental carers and employees in relation to insurance. Some concerns and questions expressed are as follows:

- Are staff covered by public liability or professional indemnity insurance?
- Many non-government disability services are bound by insurance obligations that do not allow non-medically trained staff to administer a range of injection and suppository medications.[43]
- Are indemnity forms used in schools and day care etc? And what is the effect of them if they are used? There is a perception that indemnity forms do not operate to protect people from liability as they are assumed to do.[44]

The Committee would like to explore these issues further

Stigma of taking medication

This issue is also discussed in **Issues Paper No. 5** in relation to taking medical for mental illness, where the stigma appears to be more acute, concomitant with attitudes toward mental illness.

Part Two. Self-administration of prescription drugs and medications by children and young people

INTRODUCTION

The Committee is interested in the ability of children to effectively self-administer prohibited drugs and medication and related issues. This topic is viewed mainly in the context of students self-administering at schools and after school hours care.

CURRENT PRACTICE

The Committee has been informed of many incidences of children self-administering prescribed drugs and medication at school during after hours child care services.[45]

Submissions to the Inquiry indicate that the type of prescription drugs and medication that children may self-administer are generally short acting medications, that must be administered more than once a day.[46] For example, asthma medication (ie through the use of inhalers),[47] stimulant medication such as Ritalin and Dexamphetamine for ADHD and the symptoms of Tourettes syndrome.[48]

Submissions also indicate that self-medicated prohibited drugs and medication is generally stored by the student in his or her bag or locker but may in some case be handed over to a teacher or other carer for storage and dispensation.

There is some indication that both parents and teachers believe that self medication is not the preferred situation, but that it is nonetheless required by the short acting make-up of some medicine.[49]

POLICY FRAMEWORK

Schools

The Minister for Education and Training has advised the Committee of the following aspects of Departmental policy:[50]

- Whenever possible, students are encouraged to take responsibility for managing their own health needs.
- Decisions about the self-administration of medication are made in response to the individual needs of students by schools in consultation with parents.
- The ability of students to self—administer medication is determined by factors including their age, capability and level of experience.
- Generally students who are able to self-administer medication will do so under the supervision of the schools nominated officer. Exceptions relate to the self-administration of medication such as those required for asthma.

The Committee would be interested to learn whether similar policies exist in non-government schools and if so about their effectiveness

Child care

The Committee was advised by the Network of Community Activities that most centres for out of school hours care in New South Wales have policies and procedures related to this issue. In general, centres require children to place all medication in a designated place and the taking of all medication to be under staff supervision.[51]

Juvenile justice centres

The Minister for Juvenile Justice advised the Committee that:

> There are occasions where clients are educated and encouraged to administer medication to themselves. This is part of the clients' education towards taking responsibility for their health care. This is particularly the case for diabetic detainees in regard to their insulin administration, and asthmatic detainees in learning how to manage their asthma.[52]

The Minister further advised that young people in juvenile justice centres may self-administer non-prescription medication, for example, in spray or cream form, under the supervision of nursing staff. Clients also self-administer treatment for hepatitis C and for some other chronic illnesses. [53]

What is the policy in out-of-home care services?

ISSUES

Several submissions received by the Committee pointed out the benefits of self-administration to a child's development and sense of self. However, others expressed general and specific concerns about children self-administering medication, as set out below.[54] Note that some of these are similar to those in relation to administration by non-parental carers (above).

Benefits of self-administering

Self-administration was acknowledged in several submissions as an important aspect of a child or young person learning to manage their own health.[55]

The Committee agrees with this approach, as long as the child or young person is capable of administering the drugs or medication effectively, and that she or he is supported by the school/day care centre.

One submission also stated that the ability of pre-adolescent and adolescent children with ADHD to effectively manage their lunchtime dose of stimulant medication at school had the benefit of eliminating any possible stigmatisation in the school setting.[56]

The ability of a child to self-administer

The Committee is concerned that some children who self-administer prescription drugs or medication may not be competent to do so. For example, a child may get their dosage wrong or forget to take their medication entirely.[57] This could potentially place the child at risk.

The pressure of taking medication at school or child care on some children may lead to mistakes being made. For example, some kids may feel embarrassed about taking their medication in front of other kids and not take it at all or take it incorrectly.

The Centre for Community Child Health at the Royal Children's Hospital, Melbourne, suggests that the ability of children to effectively self-administer prescription drugs and medication needs to be assessed clinically on a case by case basis, taking into account an assessment of the child's developmental status and level of responsibility.[58] This approach is similar to that taken in relation to consent to medical treatment as discussed in **Issues Paper No. 1**.

The Committee is interested in knowing whether doctors recommend that a patient is able to self-medicate a particular drug or medication, or whether it is left to a child's parents to decide?

Facilitating self-administration

The Committee is concerned that children and young people may experience difficulties self-administering prescription medication at school. For example, school priorities and routines may hinder a child's ability to take his or her medication on time and properly. The Commissioner for Children and Young People provided the Committee with the following example of one young person's experience of taking medication at school:

> *I had to change my medication times as I was having a hard time getting out of class. I have to the correct amount of hours apart, so changing the hours can leave me up late at night, so this is frustrating at times. Also, if you get side effects, say you take it at morning tea break and for some reason you get dizzy or tired because of side effects, the teachers send you to the office or the first aid room, or they make you keep going, but they get frustrated that you aren't getting you work done. Then they take it out of you because you're not getting it done.* **Children's focus groups**[59]

Possible recommendation

That schools take a flexible and consultative approach to ensure that the health of students who must self-medicate is not compromised.[1]

The uncertain role of non-parent carers regarding self-administration

Concern was expressed to the Committee about the lack of control of children self-administering prescription drugs at school.[60] The Committee heard that sometimes teachers are unaware that children are bringing prescribed drugs or medication to school for self-medication and that this presents problems.[61] For example, some children who are accustomed to taking their own medicine may keep their medication in their bag and there is a chance that the child may forget to take it.[62] If something goes wrong, teachers and other non-parental carers may have no knowledge of the child's condition, how to deal with it, what medication the child took, how much the child should have taken etc.

The responsibility of supervising children self-administering medication was described as 'onerous' in one submission.[63]

Storage

The issues of storage of prescription drugs and medication was discussed in the context of the administration by non-parental carers in Part One of this paper.

The Committee received submissions expressing concern about the storage of self-administered prohibited drugs and medication.[64] Medication kept in children's school bags or lockers could be forgotten, broken, lost or affected by heat of cold. One submission also expressed concern that medicines kept in students bags could be stolen by other children.

It appears that there are some very good practices being implemented to ensure that medicine is stored and distributed properly.[1] However, this does not seems to be an across-the-board occurrence. How could practices be improved?

Potential for abuse of self-administered prescription drugs and medication

The potential for students to sell, swap or share the prescription drugs or medication they have in their possession for self-administration, with other students, was raised in several submissions. This issues is examined in **Issues Paper No. 3.**

> *"Heaps of my mates sell prescription drugs…"*
> *"Stuff like Ritalin – everyone takes it! There's so many people selling it"*
> **Children's focus groups**

Prescription drugs and illicit drug use

It was suggested to the Committee that the familiarity that children and young people have with prescription drugs and medication, through their need to self-administer, may pave the way for experimenting with using prescription drugs and medication in ways other than prescribed or experimenting with illicit drugs.

The Committee is interested in learning people's views on this suggestion

The Committee notes that the 'language' of drug use seems to be permeating through schools in the context of students using prescription drugs and medication otherwise than as prescribed. For example, one member of the focus groups held by the Commission stated that '*some people* ***deal*** *Ritalin at school* (emphasis added).'[65]

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1 Submission 2, R Barnes.
2 Evidence from Ms Helen Kerr-Roubricek, Manager of Student Welfare, NSW Department of Education and Training, 11 September 2001, p 3.
3 Submission 78, the Hon John Aquilina, Minister for Education and Training; and evidence from Ms Helen Kerr-Roubicek, 11 September 2001, pp 3 - 9. Note that some of this information was also obtained from the general guidelines to be followed for medication at schools, posted on the Departments' web site: www.schools.nsw.edu.au:80/gotoschool/a-z/medication.php
4 Department of Community Services, *Fact Sheet 6 – Childcare*, January 2001.
5 Evidence from Ms Tonia Godard, CEO, SDN Children's Services, 3 July 2001, p 17.
6 *Centre Based and Mobile Child Care Services Regulation (No 2)* 1996, Clause 12(2)(r).
7 *Centre Based and Mobile Child Care Services Regulation (No 2)* 1996, Schedule 2(6).
8 As part of the *Children (Care and Protection) Act 1987*.
9 *Family Day Care and Home Based Child Care Services Regulation 1996,* Reg 18.
10 *Family Day Care and Home Based Child Care Services Regulation 1996,* Reg 23.
11 *Family Day Care and Home Based Child Care Services Regulation 1996,* Reg 27.
12 The Network has over 800 members. See the Network's website at: www.netoosh.org.au/pages/regcase2.html for further information about the lack of regulation and the proposal.
13 Network of Community Activities, *Guidelines for the Administration of medication in Outside School Hours Care Centres* (June 2000).
14 Network of Community Activities, *Policies in Practice for Out of School Hours Care Services* (2001), pp 29-30. See Submission 27.1, Judy Finlason, Co-ordinator, Network of Community Activities.
15 Submission 27.1, Judy Finlason, Co-ordinator, Network of Community Activities.
16 Evidence from Mr Peter Muir, Director of Operations, Department of Juvenile, 3 July 2001, pp 8,10 and 13.
17 Submission 83, the Hon Carmel Tebbutt, Minister for Juvenile Justice. The policy is set out in: Department of Juvenile Justice, *Draft Health Services Procedures Manual* (February 2001).
18 Evidence from Mrs Una Champion, Acting Co-ordinator of Nursing and Health Services, Department of Juvenile Justice, 3 July 2001, p 9.
19 Submission 67.1, Community Services Commission, p 2.
20 Submission 67.1, Community Services Commission, p 2.
21 Submission 67.1, Community Services Commission, p 3.
22 Submission 67.1, Community Services Commission, p 4.
23 Department of Community Services 2000b
24 Submission 67.1, Community Services Commission, pp 12-13.
25 Submission 67.1, Community Services Commission, pp 12-13.
26 Submission 27, Ms Judy Finlason, Co-ordinator, Network of Community Activities and Evidence from Ms Judy Finlason, Co-ordinator, Network of Community Activities, 18 June 2001, p 10.
27 Submission 50, NSW Commission for Children and Young People. See also Submission 9, Mr Stan Stanfield, p 3.
28 Evidence from Robyn Monro-Miller, Network of Community Activities, 18 June 2001, p 11.
29 Submission 76, Ms Sandra Moait, NSW Nurses' Association.
30 Submission 54, Dr Daryl Efron, Centre for Community Child Health, Royal Children's Hospital, Melbourne, p 3.
31 Submission 27, Ms Judy Finlason, Co-ordinator, Network of Community Activities.
32 Submission 34, Mr Michael Woods.
33 Evidence from Ms Helen Kerr-Roubicek, Manager of Student Welfare, NSW Department oaf Education and Training, 11 September 2001, p 5.
34 Submission 62, Mr Graham Catt, Executive Officer, ACROD, NSW Division. Note that ACROD is the national industry association for disability services. The submission was made on behalf of ACROD's NSW Children and Youth Services Subcommittee
35 *Family Day Care and Home Based Child Care Services Regulation 1996* as part of the *Children (Care and Protection) Act 1987*.
36 Submission 76, Ms Sandra Moait, NSW Nurses' Association.
37 Evidence from Ms Gillian Calvert, NSW Commissioner for Children and Young People, 10 September 2001, p 3.
38 *Family Day Care and Home Based Child Care Services Regulation 1996*, Reg 18.
39 *Family Day Care and Home Based Child Care Services Regulation 1996*, Reg 23.
40 Submission 27, Ms Judy Finlason, Co-ordinator, Network of Community Activities,p 2. See also Evidence from Ms Tessa Parsons, Manager of Children's Services, Shellharbour City Council, 11 September 2001, p 23.
41 *Poisons and Therapeutic Goods Act 1966* (NSW) and *Drug Misuse and Trafficking Act 1985* (NSW).
42 *Poisons and Therapeutic Goods Act 1966* (NSW), s 16
43 Submission 62, Mr Graham Catt, Executive Officer, ACROD, NSW Division. See also, evidence from Ms Tessa Parsons, Manager of Children's Services, Shellharbour City Council, 11 September 2001.
44 Evidence from Ms Judy Finlason, Co-ordinator, Network of Community Activities, 18 June 2001, p 16.
45 For example, evidence from Ms Judy Finlason, Co-ordinator, Network of Community Activities, 18 June 2001, p 10.

[46] Evidence from Ms Elizabeth Burns, President, Tourette Syndrome Association of Australian, 3 July 2001, p 41.
[47] Submission 79, the Hon Craig Knowles MP, Minister for Health; and Submission 27, Ms Judy Finlason, Co-ordinator, Network of Community Activities.
[48] Evidence from Ms Elizabeth Burns, President, Tourette Syndrome Association of Australian, 3 July 2001, p 41.
[49] Evidence from Ms Elizabeth Burns, President, Tourette Syndrome Association of Australia, 3 July 2001, p 41.
[50] Submission 78, the Hon John Aquilina MP, Minister for Education and Training.
[51] Submission 27, Ms Judy Finlason, Co-ordinator, Network of Community Activities.
[52] Submission 83, the Hon Carmel Tebbutt, Minister for Juvenile Justice.
[53] Submission 83, the Hon Carmel Tebbutt, Minister for Juvenile Justice.
[54] See for example, evidence from Ms Judy Finlason, Co-ordinator, Network of Community Activities, 18 June 2001, p 10.
[55] Submission 83, the Hon Carmel Tebbutt, Minister for Juvenile Justice, 26, ACROD; and Submission 78, the Hon John Aquilina, Minister fro Education and Training.
[56] Submission 54, Dr Daryl Efron, Centre for Community Child Health, Royal Children's Hospital, Melbourne, p 4.
[57] Evidence from Ms Helen Kerr-Roubicek, Manager, Student Welfare, NSW Department of Education and Training, 11 September 2001, p 6 and Evidence from Ms Tonia Godhard, CEO, SDN Children's Services, 3 July 2001, p 17.
[58] Submission 54, Dr Daryl Efron, Centre for Community Child Health, Royal Children's Hospital, Melbourne, p 4.
[59] Evidence from Ms Gillian Calvert, Commissioner for Children and Young People, 10 September 2001, p 3.
[60] Submission 31, Ms Barbara Collins, Co-ordinator for Reverend George Capsis, Youth and Family Helpline.
[61] Evidence from Ms Tessa Parsons, Manager of Children's Services, Shellharbour City Council, 11 September 2001, pp 26-27.
[62] Submission 27, Ms Judy Finlason, Co-ordinator, Network of Community Activities.
[63] Evidence from Ms Judy Finlason, Co-ordinator, Network of Community Activities, 18 June 2001, p 10.
[64] Evidence from Glenda Van Wootten, Divisional Manager, Interaction Disability Services, 10 September 2001, p 25.
[65] Submission 50, Commission for Children and Young People, para 9.4.