

Substance Management Plan



PLAN

1. Purpose

1.1 The purpose of this plan is to assist Holy Cross School to manage known and foreseeable risks when buying, possessing, administering, storing and disposing of medications – including emergency first aid medications retained in the school’s first aid kits and medications authorised by prescribing health practitioners for specific students.

1.2 This plan also satisfies the schools’ legislative obligations under the Medicines and Poisons Act 2019 (Qld) and Medicines and Poisons (Medicines) Regulation 2021 (Qld).

2. Application

This plan applies to all staff who administer or supervise administration of medications of students, have access to locked storage locations*, and any staff trained in administering emergency first-aid medication such as adrenaline auto-injectors and asthma relievers at Holy Cross School.

Date of SMP commencement	<ul style="list-style-type: none">8 October 2024
Location	<ul style="list-style-type: none">40 Morris St, Woolloowin
Dealings	<ul style="list-style-type: none">Possession of medicationAdministration of medicationDisposal of medication
Schedule of Substances	<ul style="list-style-type: none">Schedule 2,3,4,8 as determined by the Poisons Standard (the SUSMP)
Responsible Person – <i>Staff member that is responsible for overseeing the school's management of regulated medicines and poisons.</i>	<ul style="list-style-type: none">[Simon Mahaffy]
Health Support Staff - <i>staff member/s who undertake the administration of medications that do not require specialised training from qualified health practitioners or may support procedures where medication is administered or stored.</i>	<ul style="list-style-type: none">[Alison Strong, Billie McKee, Sharee Langguth, Leanne Warfield, Michelle McClafferty, Amanda Pennell]<i>Note please consider administration of medication on camps and excursions and if therefore all staff need to be trained.</i>
First Aiders- <i>staff who are trained to administer the school's emergency first aid medication</i>	<ul style="list-style-type: none">All staff

3. Requirements

3.1 Purchase (Section 3 SUSMP Standard)

3.1.1 The school will only purchase medication that has been identified via the first aid risk assessment as needed for emergency first aid medication in first aid kits. Authorisation to purchase adrenaline autoinjectors and asthma relievers for emergency first aid is provided by Queensland [Medicines and Poisons Act 2019](#).

- Emergency first aid medication must only be purchased by designated First Aid Officer, with authority from the Principal or School Leadership.
- Medicines purchased must be relevant to the medical requirements of the school and indicated on the first aid risk assessment. They must be
 - required for the management of illness/injury in students/staff;
 - necessary for first aid response/facilities;
 - used for the initial treatment of injuries due to school related incidents;
 - required for response to potential emergency situations.
- The amount of medication purchased must be detailed in the first aid risk assessment and ensure consideration is given to:
 - Emergency medication is sufficient for school activities;
 - Emergency medication is available at sites where there is an identified risk;
 - Current holdings and expiry dates are checked prior to approving additional purchases;
 - Purchases of medications are made directly with licenced pharmacies.

3.1.2 Stock Receival

For medications purchased by the school the stock must be checked for fitness for purpose. The following items must be checked by the First Aid Officer:

- The packaging is undamaged. Medications in damaged packaging must not be used and returned to supplier for replacement.
- The medication is not expired or has less than expected shelf life for the medication. Medication is to be returned to supplier for replacement.
- The medication is labelled with the school's name, storage requirements and instructions for emergency administration.

3.1.3 Incidents or Breaches with Medication Purchase

Medication holdings and purchases will be subject to requirements in the [First Aid Procedure](#) and checking via

- Annual Infection Control and First Aid Inspection
- Quarterly First Aid Inspection Checklists
- Annual First Aid risk assessment and review
- Annual Student Medication and Health Care Plans checks

All incidents or breaches will be reported, reviewed, investigated and corrective actions taken in accordance with the [Incident Management and Investigation Procedure](#).

managed in accordance with the [Incident Management and Investigation Procedure](#).

3.2 Possess (Section 4 of the SUSMP)

Medications possessed by the school are stored to maintain security, access to only approved staff and traceability. Accessibility to medications is managed by:

- Staff interacting with medication at any stage in the process are approved by the Principal in accordance with the [Medication to Students Procedure](#).
- Authorised staff are named in this plan.
- Authorised staff complete relevant training, including refreshers, in accordance with the [Medication to Students Procedure](#).

3.2.1 Storage

The school has developed storage procedures to ensure the security and viability of all medications. All medications are kept in accordance with the manufacturer's labelling in a secure place, inaccessible to unauthorised staff, students and the public. General storage principles are outlined in the BCE Medication to Students Guideline. At Holy Cross School medication storage consists of:

- All medication is stored in the compactus room, which is locked. The S8 medication is also stored in a locked metal box, kept in the compactus room. The key for the box is stored in the top drawer of the school's front office desk. EPI-PENs are kept in the sick bay drawers on top of the cupboard where the sink is.
- Marked, unlocked cabinet in first aid room for emergency medications. Access to first aid room restricted and is facilitated by first aid staff.
- Medication not received in original packaging or pharmacy provided webster pack are not accepted.
- Expired or medication no longer needed is returned directly to the students' parent/carer.
- All medication is returned to the parent/carer at the end of the academic year to prevent potential unauthorised access when the school is unattended for extended periods.
- Uncollected medications are returned to licenced Pharmacy by First Aid Officer.

3.2.2 Traceability and Record Keeping

Parents of a student with an identified medication need shall receive direct electronic communication from the school to provide the required consents. Enrolment forms, activity permission slips, and forms on the school website are also in place to ensure parents are aware of medication requirements. Directions for recording receipt, administration and disposal are detailed in the [Medication to Students Procedure](#). Forms utilised to record receipt and administration of medications include:

- [Medication Administration Request Form.docx \(sharepoint.com\)](#)
 - Signed authority from parents indicating medication required, time frame and dosing instruction
- [Individual Health Care Plan Form.docx \(sharepoint.com\)](#)
 - Signed authority with instruction from medical practitioner indicating medication required and additional supporting information.
- [Medication Register Form.docx \(sharepoint.com\)](#)
 - The amount of medication received

- Medication that has been damaged or contaminated and has been disposed of.
- Administration of dose/s.
- Emergency Action plans
 - Emergency medication names, dosage instruction.

All forms are paper based forms and held in the first aid room for point of use.

Completed forms are to be stored locally.

- Completed hardcopy forms are stored in the students' file.
- School portal for medication registers

3.2.3 Incident or Breach of Possession Requirement

Staff will immediately notify the principal/delegate if any medication has been lost or stolen.

The principal/delegate will notify the Chief Executive, Queensland Health [in the approved form](#) and the Queensland Police Service, if they reasonably suspect that any quantity of S8 medication has been lost or stolen. This notification must be made immediately, but no later than one (1) business day from the time the reasonable suspicion is formed.

The principal/delegate will contact their HSW Partner/Officer and the BCE Legal and Insurance teams as soon as possible following suspected lost or stolen S8 medication.

All incidents regarding breach of possession of incorrect storage conditions will be reported, reviewed, investigated and corrective actions taken in accordance with the [Incident Management and Investigation Procedure](#).

3.3 Administration (Section 8 of the SUSMP)

All medications will only be administered by authorised persons with the training and competencies as required in the [Medication to Students Procedure](#).

- A record of authorised and competent persons is maintained in this plan.
- All medication will only be administered if the medication forms are completed, signed and within date.
- All medication will be administered in accordance with the advice of the student's prescribing health practitioner as documented on the health care plan or as an emergency response in line with first aid training and emergency action plans.
- No medication will be administered outside of the instructions on the documented plans. i.e. no varied doses, change in timing, or change in route from swallowed whole to crushed etc
- Staff administering medication are trained in first aid.
- A minimum of two staff members supervise medication administration.
- As needed medication is only administered after confirmation has been received of the previous dose.
- Medications administered off campus at excursions and camps, follow the same medication processes and is detailed in the Medication to Students Guideline.
- School specific administration process is documented in Appendix A.

3.3.1 Records for Administration

Responsible staff and health support staff involved in medication administration are responsible to complete an accurate record of administration of medication. Record is:

- Hard copy and stored in a labelled folder the first aid room;
- Completed by both staff members at the time the dose is administered;
- Completed in pen to prevent erasure;
- Indicate medication refusal;
- Indicate medication dispensed for off campus administration.

3.3.2 Incidents Involving Administration of Medication

Staff will immediately enact emergency protocols as outlined in the notify the [Medication to Students Procedure](#).

The Principal will be immediately notified and follow relevant Student Safeguarding requirements.

All incidents regarding breach of possession of incorrect storage conditions will be reported, reviewed, investigated and corrective actions taken in accordance with the [Incident Management and Investigation Procedure](#).

3.4 Disposal (Section 9 of SUSMP)

Medicine waste is disposed of appropriately by appropriate persons by the following processes:

- Parents/carers are advised to collect unused medication from the office when no longer required or expired.
- S8 medication returned to parents are to be recorded on the [Medication Register Form.docx \(sharepoint.com\)](#) and signed by a staff member and the parent to indicate the quantity returned.
- Medication disposal requirements are detailed in the Medication to Students Guideline and associated training module.
- Uncollected S2 and S3 (over the counter) and S4 medication can be disposed of into general waste if small quantities. For large quantity or if general waste disposal poses a risk to students, members of the public or the environment it will be returned to the nearest licenced pharmacy.
- Uncollected S8 medication is returned to nearest licenced pharmacy by the First Aid Officer.
- S8 medication returned to pharmacies are to be recorded on the [Medication Register Form.docx \(sharepoint.com\)](#) and signed by two staff members to indicate the quantity disposed of.

4. Communication

The Substance Management Plan is published on the school website and communicated to staff (annually) via email.

5. Review

This SMP will be reviewed as frequently as necessary to maintain currency and effectiveness. At a minimum, this plan will be reviewed 5 years after its date of commencement, or sooner following a review incident.

6. Document Control

Version	Rationale	Published date	Review date	Owner
01	Substance Management Plan Established	09/06/2023	09/06/2025	Manager - Health, Safety and Wellbeing