

Medication Policy

Receiving Medication:

When on camps and group-based activities, staff must follow the below procedure when receiving medication for an individual in their care.

- 1. Staff must check that the medication provided by the parent/guardian is the same as what is recorded on the Medication Sheet;
- 2. Staff must ensure the parent/guardian has the opportunity to read the Medication Sheet, and sign the sheet to confirm that the information is correct; this includes PRN medication;
- 3. Staff must check that there is a sufficient quantity of medication, especially for medication that cannot be stored in a Webster-Pak or Dosette Box (for example, Ventolin);
- 4. Medication is transferred from the parent/guardian to the staff member who stores it in a locked back; being aware that some medications require refrigeration or transportation in an insulated cooler to maintain the required temperature.
- 5. Parent/guardians are required to 'sign in' the medication on the 'sign in/sign out' register also.

If the medication in tablet/capsule form is presented to staff in original packaging, this cannot be accepted, and the parent/guardian must transfer this into a Dosette Box before giving it to the staff member. Dosette Boxes are available for families to <u>borrow</u> for the duration of the camp, and are stored in the equipment container.

When on 1:1 shifts, staff must follow the above procedure for Steps 1-4. IOE acknowledges that storage of medication is more difficult on 1:1 shifts; it is therefore the staff member's responsibility to ensure that during their time on shift, that the medication is stored in a safe manner., locked if possible. If a locked bag is not available, this can be discussed with the family and coordinator.

If a parent/guardian presents medication that is not on the Medication Chart, the staff member needs to discuss this with the parent/guardian and understand what the medication is, it's purpose and all other necessary details (the 6 R's). If the staff member has any concerns, they are to call the Emergency Pager to discuss and seek further clarification.

Administration of Medication:

The procedure below applies to all staff members administering medication, on both camps/activities and on 1:1 shifts.

Staff members must:

- 1. Understand the basic purpose of giving medication;
- 2. Remain focused and attentive to the administration of medication, and not attend to any other task at the same time;
- 3. Read the Medication Chart and collect any equipment that may be required (for example, a medicine cup, syringe, cup of water);

- 4. Wash their hands and ensure the work area and any equipment to be used is clean; gloves must be worn when applying ointments, creams and/or lotions;
- 5. Ensure the medication is not contaminated or damaged;
- 6. Follow all instructions for the administration of the medication. These instructions should be found on the Medication Chart, although may also be on the label of the original container or the Webster-Pak/Dosette Box. For example, a medication instruction may be 'to be taken with food'.
- 7. Be familiar with the instructions contained in Emergency Management Plans and Behavior Support Plans (see 'Administration of PRN Medication', below);
- 8. Check any instructions regarding how to best administer the medication (for example, crushed in jam);
- 9. Check the 6 R's of Administration against the individual's Medication Chart:
 - Right person;
 - Right medication;
 - Right dose;
 - Right time;
 - Right route;
 - Right day;
- 10. Ensure that the mediation is administered as close as possible to the scheduled time. If the medication is given orally, the staff member administering the medication must remain with the individual until satisfied that the dose has been swallowed;
- 11. Sign for all medication given to the individual on the Medication Chart; if a second staff member is available, they should witness the preparation and administration; this can be noted with the witness' signature;
- 12. Observe the individual for any adverse reactions to medication; if any reaction occurs, report these promptly to the parent/guardian and IOE (via the Emergency Pager if out of office hours).

Administration of medication overseas:

When organising a camp overseas, coordinators must receive the following paperwork from each individual's general practitioner/prescribing doctor:

- A letter stating that medications are ok to be administered as staff see fit i.e. if the medication is usually administered at 7am in Eastern Standard Time, then staff can administer it when it is 7am overseas or;
- A letter stating the procedure on how staff are to alter the medications times/adjust medication administration times over the travel period.

While this is particularly important for any individual who is on medications for seizures, behaviour modification or mental health, this must be done for every individual for whom staff will be responsible for administering their medication.

Administration of Pro Re Nata (PRN) Medication:

PRN medication is medication to be administered as required. Some individuals require PRN medication for specific conditions (for example, anti-convulsant medication for epilepsy) whilst others require PRN medication for general conditions (for example, paracetamol for a temperature/pain). Further, some individuals are prescribed medication to alter their behaviour (for example, if they are causing harm to themselves, others or property); this is classed as a chemical restraint, and is a restrictive intervention (for

example, anti-psychotic to calm an individual or an anti-convulsant medication to assist sleeping).

The procedure for administration of PRN medication is identical to the administration procedure (above), in conjunction to the Medication Sheet, any Emergency Management Plan, and/or a Behaviour Support Plan is required.

When commencing a camp/activity or in-home/recreational shift, staff must ensure that there are clear written directions for the administration of PRN medication, and of the exact circumstances when PRN medication is required. This information can be found on the Medication Sheet; the Behaviour Support Plan and or the Emergency Management Plan.

The information should include:

- 1. Circumstances under which a dose should be administered;
- 2. Safe interval times between doses, should a further dose be required;
- 3. Aspects of the individual's condition that staff must be aware of;
- 4. How to best administer the PRN medication to the individual;
- 5. Any major side effects or adverse reactions that may occur;
- 6. When to contact a doctor/paramedics if required (for example, when a maximum number of doses have been administered within a given time period);
- 7. Procedures to follow if the medication does not have the desired effect;
- 8. If approval is needed prior to administering PRN medication, and who is contacted first parent and/or coordinator;
- 9. If and when to contact a coordinator or the Emergency Pager;
- 10. If an Incident Report is required.

Approval to administer PRN medication is required in certain circumstances. For PRN medication for specific conditions (anti-convulsant medication for epilepsy) with an Emergency Management Plan, the plan will detail whether approval from a coordinator or parent/guardian is needed. For PRN medication for general conditions (paracetamol for a temperature/pain), no approval is needed, provided that the parent/guardian has confirmed the medication and signed the medication chart prior to the activity/shift commencing. Be sure to check the individual's support information and plan prior to administering any medication.

For circumstances involving PRN medication that is classed as a chemical restraint, approval may be required from a coordinator or parent/guardian; this will be detailed specifically in the Behaviour Support Plan. If approval is required, this must be done prior to administration of restrictive PRN medication, if safe to do so. If approval is not required, staff may administer the restrictive PRN medication. An Incident Report must be completed if a PRN medication is used specifically to alter someone's behaviour. The only exception is when the individual's Emergency Management Plan or Behaviour Support Plan identifies specific situations where this is not necessary. An Incident Report must also be completed should the medication be considered a chemical restraint and no Behaviour Support Plan is in place.

Any administration PRN medication for specific conditions (for example, epilepsy) and medication to modify behaviour (chemical restraint) must be reported to coordinators and parents/guardians at the end of the camp/activity or shift, even if the PRN medication does not require approval, or communication has not occurred earlier. Administration of PRN medication of general conditions (for example, paracetamol) must be reported to parent/guardians at the end of the camp/activity or shift.

Event	Definition	What to Do		
Missed Dose	A prescribed amount of medication is not administered at all.	 Note 'missed dose' on the medication chart; Contact the Emergency Pager on 0439 883 667 and the individual's family regarding further instructions; Complete an Incident Report. 		
Late Dose	A prescribed amount of medication is administered later than the required time; this may mean the medication has less or no effect. Late is generally determined as within 60 minutes of the prescribed administration time.	 If administered within 60 minutes, note 'late dose' on the medication chart. If administered over 60 minutes, call the Emergency Pager on 0439 883 667; Contact the individual's family if needed; Call Nurse On Call – 1300 60 60 24; Administer the dose if directed by the Pager staff/family; discuss any further dosages in the next 24 hours to ensure the individual is not overdosed; Note 'late dose, >60 minutes' on the medication chart; Complete an Incident Report. 		
Incorrect Dose	An incorrect amount or type of medication is administered to an individual; or a medication is administered to an individual who has not been prescribed that medication.	 Note 'incorrect dose' on the medication chart; Contact the Emergency Pager on 0439 883 667; Contact Poisons Information Line – 13 11 26; Contact the individual's family Seek medical advice if required; Complete an Incident Report. 		
Overdose	Too much medication is administered to an individual; this may include an incorrect and increased amount of medication administered, or too many doses are administered within a specific time period.	 Note 'overdose' on the medication chart; Observe the individual for potential changes to breathing, presentation; Contact Poisons Information Line – 13 11 26; Call 000 if necessary; Call the Emergency Pager on 0439 883 667; Contact the individual's family; Seek medical attention as required; Complete an Incident Report. 		
	Administering the correct	- Note 'incorrect day, correct tablets' on the		
Incorrect Day	medication at the right time, route and dosage, on the wrong day.	medication chart; - Call the Emergency Pager on 0439 883 667 and the family; - Call Nurse on call 1300 60 60 24; - Contact the individual's family; - Seek medical advice as required; - Complete an Incident Report.		
Incorrect Time	Administering the prescribed medication at the wrong time of day.	 Note 'incorrect time' on the medication chart; Call Nurse on Call 1300 60 60 24; Call the Emergency Pager on 0439 883 667 for further directions; 		

When the medication has been prepared as prescribed, however is compromised by being spat out, vomited up or ejected from the body, making it impossible to determine how much medication has been ingested. This includes medication put in food (for example, weetbis) that is unfinished. If medication in a Webster-Pak or Dosette Box is missing.			
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Medication Chart	different to the medication	-	Contact the Emergency Pager on 0439 883 667 or
and Medication	provided, or vice versa.		family to resolve the differences;
Provided		-	Inform a coordinator regarding any changes made.