

MEDICATION POLICY

At MDNSW Camps and Programs



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MEDICATION POLICY

POLICY STATEMENT

MDNSW is committed to providing a high standard of service delivery for participants attending our programs and services. MDNSW has processes in place to manage medication effectively and safely to ensure that each participant and their family feel confident with their supports.

MDNSW ensures it has comprehensive protocols in place including planning with participant, staff training, assessing and managing risks and managing incidents. MDNSW consults with registered nurses to ensure high support needs and medication management are provided in a safe and accurate manner.

Participants have the right to be informed about their treatment and the medications they receive, maintain their dignity, receive the least intrusive supports and are encouraged to maintain their independence where practicable.

MDNSW must maintain records that clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication.

Scope

This policy applies to MDNSW staff, support workers, volunteers and Camp Registered Nurses (Camp RNs) working with participants who take medications during MDNSW programs and services.

This policy provides a framework for staff, workers, volunteers and Camp RNs to ensure competent and safe medication administration to participants of MDNSW programs and services and outlines the medication management responsibilities of nurses and workers.

Duty of Care

All MDNSW workers (staff, support workers, registered nurses and volunteers) have a legal duty of care when supporting participants, including when assisting with medications. This duty of care applies regardless of whether you are aware of the MDNSW policies and procedures applicable to the support you are delivering.

All workers assisting participants with medications must:

- Act to avoid foreseeable risks associated with the administration of medication
- Stop and ask - if you:
 - have any questions or doubts about administering medications
 - don't understand, or don't feel competent to support participants with medications

All workers are required to review MDNSW medication management policies and procedures and the participant's support and medication plans before supporting or assisting with medication administration.

Medication Management in MDNSW programs

There are two models of medication management operating in MDNSW programs:

1. **The Camp Program** – where Registered Nurses are responsible for the administration and storage of medications to participants who are children

2. **Other programs** and services, like Young Adults Weekends and the Community Access and Recreation Service – where trained workers can assist participants with their medication requirements.

In the Camp Program, participants are aged between 6 and 18 years of age and MDNSW has determined that only Camp Registered Nurses can administer medications to them.

In day programs for participants who are children or adults, MDNSW staff and or support workers with the required medication administration training may support participants with medication administration during the program as required.

RESPONSIBILITIES

MDNSW CEO and Board

The CEO and Board have a responsibility to ensure:

- this policy is up to date and to regulatory and industry standards
- this policy is made available to all workers (staff, support workers, Registered Nurses and volunteers) who are supporting clients taking medication/s and signed off on.
- to review worker's skills and knowledge and address skills gaps, by;
 - providing workers who will be assisting with medication with up-to-date training, as required.

Client Services Manager

The Client Services Manager or Camp Manager has a responsibility to ensure:

- All participants who take medications supply a current My Medication Plan with a list of medications, signed by their GP / Specialist, if receiving support with medication administration during a MDNSW program or service.
- Provide all workers with this policy and procedure and associated documentation.
- All workers receive appropriate training as required.
- Any Accident/Incident or Medication Incident Reports are reviewed within 48 hours of the incident occurring, actioning any follow up that may be required.

Roles of MDNSW workers relating to medications

Camp Registered Nurses (RNs) – as RNs, they have AHPRA (Australian Health Practitioners Regulation Agency) registration and are fully qualified to administer medications. Camp RNs manage all medication storage, administration and documentation for the duration of Camp.

Camp RNs have responsibility to:

- follow infection control procedures
- administer all medications to Camp participants
- respond to any issues relating to medications
- maintain participant medication records and complete medication incident reports if required.
- ensure secure & appropriate storage of medications as per pharmacy/manufacture recommendations
- support and advise Camp Carers who have participants in their care to:
 - know when and for how long they should monitor participants who have been administered medications
 - understand the potential side effects of the medications

Agency Nurses – Registered nurses who provide medication administration at Young Adults Weekend or Community Access and Recreation Services as required and are fully qualified to administer medications.

Trained workers – Client Services staff or support workers who have completed Assist with Medication training (or similar) and can assist participants with their medications.

Camp Carers – if supporting participants who have been administered medications by Camp RNs, will be provided with information to:

- understand potential side effects
- be provided with medication information
- be supervised and supported by a Registered Nurse at camps
- be supervised by a supervisor / manager in other programs
- be informed on who to ask for assistance or raise concerns
- not to proceed if they feel unsure
- immediately report any concerns to the Camp RN or supervisor

Medication Management Responsibilities in MDNSW programs

Program / Service	Role	Responsibilities	Who to report to
Children’s Camps	Camp RN	<ul style="list-style-type: none"> • Review participants’ My Medication Plan • Securely store medications • Administer medications and complete documentation • Maintain medication chart on My Medication Plan • Supervise and advise staff and volunteers on potential side effects of medications • Calls for an ambulance in emergency situations 	RNs: <ul style="list-style-type: none"> • Report to the Camp Manager and Client Services Manager with any concerns. • Informs Camp Manager if an ambulance has been called.
	Staff & Camp Carers	<ul style="list-style-type: none"> • Understand the potential side effects of medication/s on the participant they are supporting • Reports any concerns to Camp RNs • Ask Camp RNs if they have any questions 	Report all questions and concerns to Camp RNs.
Young Adult Weekends / Community Access and Recreation Service	Agency nurses (if required)	When participants require assistance with complex medication/s, an agency nurse will attend and: <ul style="list-style-type: none"> • Review participant medication plan • Access securely stored medications 	Reports to Program Coordinator or Client Services Manager

		<ul style="list-style-type: none"> • Administer or assist with medications and update documentation • Maintain chart on My Medication Plan • Report any concerns to program coordinator • Call for an ambulance if required • Advise staff and volunteers on potential side effects of medications 	
	Trained staff / support workers	<ul style="list-style-type: none"> • Assist with medication for participants who request assistance • Provide support for participants who self-administer medication • Understand the potential side effects of medication/s on the participant they are supporting • Report any concerns to program coordinator • Call for an ambulance if required • Supervise and support volunteer carers 	Program Coordinator
	Volunteer carers	<ul style="list-style-type: none"> • Understand the potential side effects of medication/s on the participant they are supporting • Report any concerns to their supervisor • Ask supervisor if they have any questions 	Reports to Supervisor / Program Coordinator

PROCEDURES

Medication storage

Program / service	Medication Security	Temperature control	Medication packaging
Children's Camps	<ul style="list-style-type: none"> • All medications provided directly to Camp RN by parents/carers at start of camp • Review each My Medication Plan • Medications stored in a locked room. 	<ul style="list-style-type: none"> • Medications stored in a supplied fridge if required. 	<ul style="list-style-type: none"> • Must be supplied in a sealed blister pack (eg. Webster pak), with the participant's name, recent photo, pharmacy instructions, prescribing doctor's

	<ul style="list-style-type: none"> • Temperature sensitive medications stored in a fridge • EpiPens and Ventolin puffers brought on outings • Medications returned to parents/carers at end of camp. 		<p>name and contact details, and expiry date clearly printed.</p> <ul style="list-style-type: none"> • If liquid, in original packaging, with name and pharmacy instructions, prescribing doctor's name and contact details, and expiry date clearly printed on label. • If not correctly packaged, medications cannot be administered.
Young Adult Weekends	<ul style="list-style-type: none"> • Medication stored by participant unless they request it be managed by MDNSW staff, or; • Medication managed by MDNSW if Self-Administration of Medication Assessment requires. 	<ul style="list-style-type: none"> • A fridge will be utilised if temperature sensitive medications prescribed. 	<ul style="list-style-type: none"> • Participants asked to supply medications in sealed blister packs • If blister pack not supplied, document in Medication Incident Report Form. • If not correctly packaged, medications cannot be administered. • As required medications must be in original packaging.
Community Access and Recreation Service	<ul style="list-style-type: none"> • Medication stored by adult participants unless they request it be managed by MDNSW staff / support workers. • Medication stored by MDNSW staff for participants who are children. 	<ul style="list-style-type: none"> • Temperature sensitive medication stored in temperature-controlled container 	<ul style="list-style-type: none"> • Participants asked to supply medications in sealed blister packs • If blister pack not supplied, document in Medication Incident Report Form. • If not correctly packaged, medications cannot be administered. • As required medications must be in original packaging.
<p>Exceptions</p> <ul style="list-style-type: none"> • Medications in liquid form must be supplied in original packaging. • EpiPens are kept with the child or young adult at Camp at all times. • Camp RN and MDNSW staff carry EpiPens in case of emergency. 			

- Preference is for the Camp RN to administer an EpiPen. Where the Camp RN is not immediately available, EpiPens may be administered by staff members who have been trained in First Aid.
- Camp participants at risk of anaphylaxis are identified by a red wrist band for the duration of camp.
- Ventolin inhalers, or equivalent, for participants with asthma are kept with the child/young adult at all times.

MEDICATION INCIDENTS

Participant Safety

If, at any time, a participant is observed exhibiting different behaviours to usual and it is possible that a medication error has occurred, immediately notify the Camp RN or a supervisor in other programs.

The Camp RN / supervisor will assess the situation and seek medical advice as required and/or phone the NSW Poisons Information Centre on 131 126. See also page 14 for other emergency and advice contact numbers.

Missed / Refused Dose of Medication

- Stay calm
- If a dose is missed or refused DO NOT administer medication
- Check with a supervisor, manager or Camp Registered Nurse as soon as possible
- Record what dose was omitted or if refused, make a note in the participant's own words why they refused, and what the time was on:
 - Medical Incident Report form
 - My Medication Plan
- Notify the participant's parents if under 18, for advice/instructions.
- Record the incident in participant notes and Medication Incident Form

Overdose of Medication

- Stay calm
- Camp Nurses or Trained Support Workers will then ring the Poisons Information Line (13 11 26) and explain to the person that you are a carer providing respite for a person with a disability.
- The Poisons Information Centre will then instruct you what to do
- Do not induce vomiting or give the participant anything to eat or drink until you have received professional advice from a Doctor or from Poisons Information
- Poisons Information Centre will let you know if an ambulance is required, and may be able to dispatch one to you immediately, and inform ambulance officers of the participant's condition
- Contact your supervisor who will notify the Client Services Manager as soon as it is practicable
- The Camp RN/Supervisor will contact the family immediately and let them know what has happened and what is going to happen next
- Make sure that you thoroughly document the incident on the Medication Incident Report form and Daily Report (Camps & Weekends) and My Medication Plan.

Medication Incident Reporting and Management

Medication incidents are defined as any deviation from the correct procedures that places the participant or staff at risk. Medication incidents include, but are not limited to:

- Medication dose omitted.
- Wrong medication administered.
- Participant refusal to take medication.
- Wrong medication popped from blister pack.
- Wrong medication dispensed by pharmacist.
- Participant administered two doses of medication.
- Medication not administered at the correct time.
- Reactions to medications.
- Lost, broken or misplaced medications.

Medication Incident Reports

Camp RNs and workers are required to complete a Medication Incident Report form as soon as practical after the incident. The incident form will include:

- Full name of participant.
- Nature of the incident.
- Explanation as to how the incident occurred, if known.
- Which persons were notified.
- What immediate action was taken.
- Signatures from all observing staff.

After each Camp/Retreat, all Medication Incidents are reviewed and discussed in a post-program de-brief. Any preventable incidents will be flagged and processes adjusted to minimise recurrence. All incidents are then entered into the Incident Register and the Medication Incident Report is saved into the Participant Record.

If an incident occurs at a retreat and the participant was self-administering medications, this may impact their ability to self-administer medications at future weekends/day program.

DOCUMENTATION

Medication management documentation includes:

- Program Application Form
- Support Plans
- Participant Risk Plans
- My Medication Plans
- Medication Information
- Medication Incident Report
- Self-Administer Medication Assessment
- Self-Administer Medication Agreement

Support Plans

MDNSW staff work with participants and their families to assess, plan and safely deliver their supports. Health and medication needs are assessed in order to provide the correct supports and identify any risks or concerns.

Participant Risk Plans

Participant risk plans are then developed based on the support plan to summarise the main risks for a participant. Risk plans refer to management plans for protocols to manage medication, health and other risks.

My Medication Plans

- Each participant taking medications when attending camps and other programs will be asked to supply a [My Medication Plan](#) .
- Plans will be updated annually or as medication needs change.
- Plans will be sent back to participants to review for any changes / updates if attending multiple MDNSW services throughout the year.
- The My Medication Plan contains a chart to be used to record the dosage, time, etc., when administering medications.
- Up to date My Medication Plans are signed by the participant's doctor/qualified health professional stating: participant's name, date of birth, allergies, medication/s name, time required, dosage, route and the reason for use (see also Chemical Restraints).
- A recent photograph of the participant must be attached to the My Medication Plan to assist with identification of the participant.

Completing the My Medication Plan chart

All medications provided by participants, or their parents/carers must be documented on the My Medication Plan (see Camp RN Responsibilities, Page 4). All entries on the chart must be made in black or blue pen; errors must be crossed through with a single line and initialled. Liquid paper must not be used.

Camp RNs (at Camps) or trained MDNSW staff/support workers (day/weekend programs) must sign the My Medication Plan after administering medication/s. Camp RNs/staff are not to sign the My Medication Plan for any medications they have not administered to a participant.

Any deviations including participant refusal, dose omissions or a medication incident, are documented on the chart on the participant's My Medication Plan and a Medication Incident Report Form is then completed. After camp/other programs, the Medication Incident Report is added to the Participant Record (see below by MDNSW coordinators).

Medication information

Consumer Medication Information for participants who are being supported with medication/s must be included in the Participant record to be available on outings.

They can be obtained online at:

- https://www.tga.gov.au/consumer-medicines-information-cmi_or
- <https://www.nps.org.au/consumers/finding-good-information-about-medicines#learn-about-your-medicine-from-the-cmi> for pharmacist-only and prescription medications.

Self-Administration of medications

In day and adult programs, adult participants (18 years and older) responsible for their own medication management may be supported to self-administer their own medications. See Appendix 2 for the process around self-administration of medications.

Storage of medical information

All medication records must be stored in a private file in a secure place by the Camp RN or MDNSW staff for the duration of the camp/retreat.

After camp, medication records including medication incidents, are saved on the participant's secure electronic file and hard copies disposed of securely.

Any medication incidents are recorded in the Incident Register after the camp/retreat and actions followed up accordingly.

Infection Control

All authorised workers (staff, Registered Nurses, support workers) administering or assisting participants with medication must follow infection control procedures including:

1. Thoroughly washing hands before and after assisting with/administering medications
2. Donning gloves before assisting with/administering medications
3. Placing the correct dose of tablets/pills or capsules in a disposable paper cup (supplied)
4. Carefully disposing of all waste afterwards.

Staff, support workers and volunteers must also complete [Covid-19 Infection Control Training](#) and review MDNSW's [Infection Control Guidelines](#).

Management of Waste

In the MDNSW Camp program, Registered Nurses (RNs) will administer any subcutaneous injections and dispose of them accordingly in a sharps receptacle which will be provided.

At other weekends and programs, a sharps receptacle will be provided, if required.

Registered Nurses, staff and volunteers must always follow personal hygiene and infection control procedures when handling waste including sharps. Medical waste such as cotton swabs, etc. should be placed in a bag then in a bin.

Any incidents involving waste must be:

1. reported to the Camp Manager or a supervisor, and;
2. recorded on the [Accident / Incident Report](#) or [Hazard Identification Report](#) as appropriate, and;
3. entered into the **Incident Register** by MDNSW staff after the service.

Camp Carers' Personal Medications

Camp Carers will be provided with a lock box to securely store their personal medications for the duration of camp.

Schedule 8 and Schedule 4 medications

If participants have been prescribed S8 or S4 medications, they will only be administered by the Registered Nurse in the presence of a witness. The witness should be someone who is fully familiar with the procedure and understands the legal responsibilities of their role as witness.

If another RN is not available, then the witness maybe an enrolled nurse or support worker with appropriate training and knowledge. All S8 and S4 medications will be stored in a lockbox with restricted access, only granted to the RN.

- The **S8 Register** is a bound book with consecutively numbered pages. Any corrections must be crossed out and initialled with a black or blue pen. Do not use white out or a pencil.

- Maintain a separate page for each participant and their corresponding medication.
- Record the time:
 - the medication was received
 - each time the medication was administered (this is in addition to updating the My Medication Plan)
- Medication records in the S8 Register must be updated by the worker in charge of storing the medication. Where possible this should be witnessed by another worker.
- The balance of any remaining medication at the end of the service must reconcile with the medication amounts administered. Any discrepancies must be reported to a supervisor or manager as soon as possible.

More information on medication handling here:

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_043.pdf

Medications associated with swallowing problems

- Choking is a major cause of preventable deaths for people with disability.
- These deaths can be prevented by reducing a person's exposure to factors that may increase their risk of choking.
- Certain medicines administered to people with disability can increase the risk of choking in two ways: by causing swallowing problems (dysphagia) and, to a lesser extent, by causing drowsiness (sedation).
- These types of medicines are commonly given to people with disability.
- You also need to be aware of how to prevent choking risks associated with the use of these medicines. If a person's swallowing problems persist while continuing to take these medicines, speak to the prescribing medical practitioner to get a medical review.
- More information in this NDIS Practice Alert:
<https://www.ndiscommission.gov.au/sites/default/files/documents/2020-11/practice-alert-medicines-associated-swallowing-problems.pdf>

Polypharmacy

Polypharmacy is the concurrent use of multiple medications to treat one condition or multiple concurrent conditions. It includes the use of all prescription medicines, over-the-counter medicines, and complementary medicines.

- Polypharmacy is often defined as the use of five or more medications, or two or more psychotropic medications, at the same time.
- Polypharmacy increases the risk of medication-related adverse effects and poorer health outcomes.
- Participants taking multiple medications should have these reviewed every 3 to 6 months by a medical practitioner or pharmacist.
- MDNSW asks participants who are on medications to supply a Medication Management Plan. Medication Management Plans are updated annually at a minimum. If a participant attends another MDNSW service, they will be asked to review their plan for any change.
- More information in this NDIS Practice alert:
<https://www.ndiscommission.gov.au/sites/default/files/documents/2020-11/practice-alert-polypharmacy.pdf>

Chemical Restraints

The use of Chemical Restraints is considered under the NDIS to be a Restrictive Practice. Chemical restraint is the use of medication or chemical substances for the primary purpose

of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

The unauthorised use of Restrictive Practices is a Reportable Incident to the NDIS (see also Incident Management System). MDNSW Program Application forms include a question about what type of medication/s the participant uses and its purpose.

If we become aware of *unauthorised* use of chemical restraints, MDNSW has a responsibility to report this to the NDIS Quality and Safeguards Commission using the NDIS Reportable Incident form.

If we find the participant has an *authorised* restrictive practice as part of a behaviour management plan, MDNSW will review whether we are able to provide appropriate support for that participant within the Camp/Retreat program.

TRAINING

Camp volunteers

Camp volunteers will be provided with Participant Risk Plans, My Medication Plans, and other forms. Camp RNs will update Camp volunteers on any potential reaction to medication/s taken by participants.

Workers trained to Assist with Medications in MDNSW programs

All staff and support workers must have completed Assist with Medication Administration [Our Courses – Training Alliance](#) (or equivalent, eg. HLTHPS006 Assist clients with medication <https://training.gov.au/training/details/HLTHPS006>) at a minimum before they can assist with medication administration for children or adult participants in MDNSW programs and services. This includes an online and practical training element.

Workers have a responsibility to:

- follow infection control procedures when assisting participants with medications
- ensure secure & appropriate storage of medications as per pharmacy/manufacture recommendations (eg. lock box/cold bag)
- maintain participant medication records
- not to proceed if they are uncertain about the procedure
- report any concerns to a supervisor or medical professional
- All workers responsible for administering medication understand the effects and side effects of the medication and the steps to take in the event of an incident involving medication.

Legislative framework

The legislation and industry guidelines that impact medication supports are:

- Therapeutic Goods Act (Cth)
- Disability Services Act (Cth)
- Poisons and Therapeutic Goods Act (NSW)
- [NDIS Practice Standards](#)

Related MDNSW Policies and Forms:

- Accident/Incident Report form
- Daily Camp Report

- Incident Management System
- Infection Control Guidelines
- Medication Incident Report form
- My Medication Plan (with chart)
- NDIS Reportable Incident form
- Self-Administration of Medication Agreement Form
- Self- Administration of Medication Assessment
- Subcutaneous Injection Policy & Procedures

Emergency and Advice contact numbers

- Adverse Medicine Events Line (9-5, M – F) 1300 134 237
- Medicines Line (9-5, M – F) 1300 888 763
- Poisons Information Line (24/7) 13 11 26
- Health Direct (24hr health advice line) 1800 022 222

APPENDIX 1

MEDICATION ADMINISTRATION PROCEDURES - CAMP PROGRAM

Prior to Camp

Application forms, health management plans and My Medication Plans are provided to the Camp RN to review prior to camp. After reviewing the participants' individual My Medication Plans, the Camp RN will flag any concerns about drugs that may be used as chemical restraints by comparing the medication with its intended purpose and will report any concerns to the Camp Manager.

Packaging and Dispensing of Medications

Regular medications administered by the Camp RN must be dispensed by a pharmacy into a sealed blister pack, (e.g. Webster Pak), with the participant's name, recent photo (if possible), pharmacy instructions, prescribing doctor's name and contact details, and expiry date clearly printed.

Medications not packaged correctly

The Camp RNs or trained Support Workers will not administer any regular medication that is not in a blister pack or original packaging, labelled with participant's name, dosage, doctor prescribing, instructions for use, and expiry date. If in doubt about anything regarding medications and administration, do not administer and seek assistance from the Camp Manager.

At the beginning of Camp

- On arrival, parents/carers accompanying campers check in with the Camp RN to hand in medications and discuss procedures.
- Medication that cannot be pre-packed, (e.g. creams or liquids), should be in its original packaging and labelled with the participant's name, doctor prescribing and contact details, dosage, instructions for use and expiry date.
- Regular, short-term medications must be included in the blister pack. Note: antibiotics are considered regular medication. These can be packed in a separate blister pack or included with the rest of the participant's regular medication.
- The Camp RN must check all medications dispensed by the pharmacy to ensure that the medications are what the doctor has prescribed. The back of blister packs should contain a description of each medication and possibly a photo.
- Any blister pack or medication in original packaging that has been changed, damaged or labelled incorrectly is not to be administered.

Check My Medication Plan charts for:

- Participant's full name, photo and allergies.
- Medication name, strength, route, dose, time due (for each medication to be administered).
- Doctor's signature, date and contact number.
- That the medication has not been given already.

Check blister packs for:

- Participant's full name on front or back and photo.
- Medication name, dose and time in table on top back of pack, with description of medication, expiry date of medications.

Check original packaging for:

- Participant's name.
- Medication name, strength, dose, route and time.
- Expiry date.
- Pharmacy label with instructions (if available). Follow the doctor/manufacture's instructions for administration and do not exceed the recommended dose.

Procedure for Administering Medications

Safe and accurate medication administration requires the '7 Rights' of Medication Administration:

1. Right person

- Check the name & photo on the My Medication Plan and webster pack.
- Ideally, use 2 or more identifiers and ask patient to identify.

2. Right medication

- Check the name of the medication
- Check the expiry date.

3. Right dose

- Check the My Medication Plan and the doctor's instructions before administering medications

4. Right route

- Again, check the order and appropriateness of the route prescribed.
(for example, PEG, Oral)
- Confirm that the patient can take or receive the medication by the ordered route.

5. Right method (are there special instructions for medication administration i.e. to be taken with food, before or after meals)

6. Right time and frequency

- Check the frequency of the prescribed medication.
- Double-check that you are giving the prescribed dose at the correct time.
- Confirm when the last dose was given.

7. Right documentation

- Ensure you have signed for the My Medication Plan AFTER it has been administered.
- Ensure the medication is prescribed correctly with a start and end date, if appropriate.
- Keep My Medication Plans up to date.
- Make entry into the Schedule 8 Register of Medications, if appropriate, witnessed by another RN or Supervisor with Medication Administration training.

NOTE: Participants have the right to refuse medications, even children. If a scheduled dose of medication is refused, a Medication Incident Report must be completed.

If the medication refused might impact the health and safety of a participant, The Camp RN or Supervisor should contact the participant's parents or emergency contacts for advice.

Infection Control:

Always follow infection control guidelines and wash/sanitise hands and apply gloves prior to administering medications.

- Collect medication pack, chart on My Medication Plan, instruments required for medication administration and assemble with participant.
- Ensure participant is in good position sitting upright for medication administration, and after, ensure medication has been swallowed.
- The Camp RN will document/sign that the medication has been administered on the chart on My Medication Plan.
- Return medication pack and charts to correct storage facilities.
- Wash hands and monitor participant – especially if the medication has been recently introduced.

APPENDIX 2

SELF-ADMINISTRATION OF MEDICATIONS PROCEDURE

Guidelines for Self-Administering Medications in MDNSW programs

- Participants must be 18 years or older to self-administer medications.
- They must have successfully completed the Self-Administration of Medication Assessment.
- When a participant self-administers medication, the responsibility for taking the correct medication as ordered, remains with the participant.
- MDNSW staff / workers must liaise with the participant and Supervisor if there are any concerns raised about the participant's capacity to self-administer medications. In this case, the participant may require more active supervision of their medication administration for a temporary period.

Assessing participants who wish to self-administer medications

The program application form will outline if the participant intends to self-administer their own medications during a MDNSW day or weekend program.

The Participant Support Plan is completed in discussion with the participant and/or their parent/carer and a Participant Risk Plan will outline any identified risks and control measures.

- If any risks are raised regarding medications, the [Self-Administration of Medication Assessment](#) checklist will be completed.
- Each participant's particular skills and circumstances must be considered in the assessment.
- The process is documented in the participant's file prior to the day program / weekend.
- Participants then sign the [Self-Administration of Medication Agreement](#) stating that they take responsibility for their medication administration, supply and storage.
- The [Self-Administration of Medication Assessment](#) checklist should be reviewed annually.

Reference

[https://www1.health.gov.au/internet/main/publishing.nsf/650f3eec0dfb990fca25692100069854/3b48796d9e2ddd8aca257bf00021ddb8/\\$FILE/Guiding-principles-for-medication-management-in-the-community.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/650f3eec0dfb990fca25692100069854/3b48796d9e2ddd8aca257bf00021ddb8/$FILE/Guiding-principles-for-medication-management-in-the-community.pdf)

Worker Agreement

- I have read and understood this Medication Policy and procedures and I understand my role and responsibilities.
- I understand if I feel unsure, I must check with a supervisor.
- I understand my duty of care regarding support and monitoring of risk for the participants I am supporting.

Worker

name:

Signature:

Date:

*RN

name:

Signature:

Date:

*Registered Nurses