

GRAHAM RECREATION AND PARKS

Participant Medication Policy

1.0 Purpose

To provide procedures for the variety of situations and methods involving administration of medicines that may be necessary for a minor participant's well-being to function in a Recreation and Parks setting and cannot be scheduled outside the program.

2.0 Definitions

- 2.1 Self-administration: Participant controls access, dosage and administration.
- 2.2 Assisted self-administration: Staff controls access, dosage and participant self-administers medication
- 2.3 External administration: Staff controls access, dosage and administers medication when the participant is either physically or mentally incapable of doing so.
- 2.4 Prescription medication: Medicine prescribed by a doctor post examination to treat a specific illness or medical condition that includes recommended dosage and intake schedule. Medicines that are filled by a pharmacist.
- 2.5 Non-prescription medication: Medicine one can purchase at a variety of stores to treat general symptoms that do not require medical exams and physician's prescription.
- 2.6 Diastat: This medication is used to treat episodes of increased seizures (e.g., acute repetitive seizures, breakthrough seizures) in people who are already taking medications to control their seizures. This product is only recommended for short-term treatment of seizure attacks. Be aware of the generic drug name as *Diazepam*.
- 2.7 Epinephrine (EPI): Epinephrine is a chemical that narrows blood vessels and opens airways in the lungs. Epinephrine injection is commonly used to treat severe allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs, and other allergens.
- 2.8 Inhaler: An asthma inhaler is a handheld device that delivers asthma medication straight into the airways.
- 2.9 Severe allergic reaction: Allergic reaction that is restricting or preventing breathing.
- 2.10 Invasive treatment: Treatment that must be administered through the skin, such as injections or suppositories.
- 2.11 Insulin pump: An insulin pump is a small, computerized medical device (cell phone size) that allows a continuous flow of insulin to be released into the body. Pumps are worn on an individual's body, usually on the belt or in a pocket, with a tube that is inserted under the skin of the abdomen to deliver the insulin. The pump is programmed to a unique plan for each wearer and the dosage can be changed by the user.

3.0 Recreation division responsibilities

- 3.1 Program staff may administer non-invasive medication to participants with authorization. Participants may need to take medication during the program day; if necessary, they may do so and have the medication administered as indicated on the current pharmacist's label. The pharmacist's label and *Assisted Administration of Medication Form*, signed by a legal guardian, will authorize the program staff to administer prescription medications.
- 3.2 Program staff such as the program supervisor shall be responsible for receiving the request and for monitoring the administration and maintenance of medication. The following conditions apply when medication is to be controlled and distributed by program staff.

3.2.1 In the case of long-term medications, medication requests must be updated at the beginning

of a program and any time there is a change in the prescribed dosage.

- 3.2.2 Only specific program staff (i.e. full-time staff, program/camp director or designee) will be responsible for overseeing the security and distribution of medications.
- 3.2.3 Program staff cannot be required to administer medication. However, each site must have at least one designated staff on site during program hours that will administer medication as indicated on *Assisted Administration of Medication Form*.
- 3.2.4 Program staff will not dispense medication unless it is in a current container dispensed by a pharmacy or commercial manufacturer. The medication label must match the name and dose of medication listed on *Assisted Administration of Medication Form*.

3.3 Sunscreen and Insect Repellent

- 3.3.1 All legal guardians are encouraged to administer sunscreen and/or insect repellent to their participants prior to attending a Recreation and Parks sponsored program. Program staff will not apply sunscreen/insect repellent to participants. Exceptions may be made for participants with special needs that require additional assistance for sunscreen/insect repellent application. In these instances, program staff applying sunscreen/insect repellent should be of the same sex as the participant. Application should be done in a public area.
- 3.3.2 Program staff will provide frequent opportunities for participants to apply sunscreen and/or insect repellent as needed throughout the course of the program. Program staff will also provide supervision and verbal direction to participants during reapplication of sunscreen and/or insect repellent.
- 3.3.3 Participant may transport and keep sunscreen and/or insect repellent with their personal belongings while participating in a Parks and Recreation program. Sunscreen and insect repellent should not be kept at the program location overnight or on weekends.

4.0 General guidelines

4.1 Medication storage

- 4.1.1 Medications, even those requiring refrigeration, must be kept LOCKED or SECURED. The term “secured” can mean a closed backpack under the direct supervision of a designated program staff. Medication containers must be kept separated by a zip-lock bag that is labeled appropriately with the participant’s name. The perforated section of the *Assisted Administration of Medication Form* should be copied and placed in the zip lock bag. The original should remain with the participant’s registration form.

4.2 Assisted self-administration of medications

- 4.2.1 Program staff will assist with self-administration of prescription medications. Specific processes for administering and monitoring of participant medications are listed in 6.0 and 8.0 of this policy.

4.3 Documentation and record retention

- 4.3.1 Program staff responsible for distributing medication will keep a written record of dates and times of administration on the *Medication Monitoring Form*.
- 4.3.2 Medication monitoring forms should be kept in one location such as a program medication binder.
- 4.3.3 Records and monitoring forms will be kept secure and private.

4.4 Medication disposal

- 4.4.1 Medication dosage should not extend past the end of the program in which the participant is registered. Program staff should encourage legal guardians to use the physician

prescription to calculate dosage provided to program staff so no extra medication remains at the end of the program. Program staff will remind guardians of the disposal guidelines.

- 4.4.2 A legal guardian shall pick up the medication directly from the program site on the last program day the participant attends. Unclaimed medication will be turned into the designated full-time staff member.
- 4.4.3 Program staff will contact the participant's legal guardians until direct contact is made. Once contact is made, program staff will confirm the remaining time frame for medication disposal or pick up. Documentation of attempted contact with legal guardians as well as conversations with the guardians will be recorded on the *Contact and Disposal of Medication Form*.
- 4.4.4 If a legal guardian does not retrieve any remaining medication at the end of the program, they will have 14 business days to claim medication. After 14 business days, the designated full-time staff member will document and transfer all medication to an approved Operation Medicine Drop site that collects all unused or expired medication.

5.0 Non-prescription medications

- 5.1 Non-prescription medications will be controlled by program staff supervising minors. When questions arise concerning whether any medication should be administered to a participant, program staff may decline to administer that medication without signed, written dosage instructions from a licensed physician or authorized health professional.
- 5.2 An *Assisted Administration of Medication Form* must be completed and returned by a legal guardian.
- 5.3 Program staff will not dispense non-prescription medication unless it is in its original container. The medication must match medication listed on the *Assisted Administration of Medication Form*.
- 5.4 All non-prescription medications received by the program will be recorded on the registration/medical information form including the name and dose of the medication and the person receiving the medication and circumstances under which the participant should receive the medication.
- 5.5 It is the responsibility of the legal guardians to bring medication to the program and transfer possession to the appropriate program staff. Legal guardians are also responsible for collecting medication for their participant at the end of a program.
- 5.6 Assisted administration of non-prescription medication
 - 5.6.1 Staff should insure medication is given in the correct dosage according to the medication monitoring form.
 - 5.6.1.1 Ask participant to state his or her name and check against form;
 - 5.6.1.2 Check container and verify that medication has not exceeded the expiration date;
 - 5.6.1.3 Recheck dosage instruction then give the medication.
 - 5.6.2 Avoid touching the medication. Pour tablets onto lid.
 - 5.6.3 Observe the participant taking the medication.
 - 5.6.4 Document and immediately sign that medication was given on *Medication Monitoring Form*.

5.7 Liquid medication

- 5.7.1 Legal guardians must supply a method of measurement for liquid medication. Program staff is not responsible for supplying liquid medication measurement devices.
- 5.7.2 Liquid medication will follow all the guidelines listed above. All liquid medication dosage measurements will be double checked by a second program staff prior to distributing

medication to the participant.

5.8 Documentation and record retention

- 5.8.1 *Medication Monitoring Form* should be kept in a single notebook, alphabetized by participants' last name.
- 5.8.2 A weekly updated list of participants on medications should be kept at the front of the medication notebook for the purpose of identifying participants and making sure they receive medication if it is to be given at specified times. This will give program staff quick review on a daily basis.
- 5.8.3 Records are to be kept confidential and are to be accessible only to authorized program staff.
- 5.8.4 If a participant fails to come to the designated person to receive the medication if required to be given at a specified time, program staff will verify and document the participant's absence.

6.0 Prescription medications

6.1 Prescription medications will be controlled by program staff supervising minors.

- 6.1.1 Participants, middle school age and higher, may self-medicate with prescribed medication including but not limited to inhalers and EPI pens with proper documentation. Should there be a concern or question about the appropriateness of self-administered medication, program staff should consult with the participant's legal guardian.

6.2 Program staff will not dispense prescription medication unless it is in a current container dispensed by a pharmacy with participant's name, name of medication, name of doctor, date the prescription was filled and directions clearly marked. The medication label must match the name and dose of medication listed on *Assisted Administration of Medication Form*.

Note: Inhalers outside the original package must be accompanied by a copy of the original package label noting the above information.

6.3 All prescription medications received by the program will be recorded on the registration/medical information form including the name and dose of the medication, person receiving the medication, the doctor's name and time of administration.

6.4 It is the responsibility of legal guardians to bring medication to programs and transfer possession to the appropriate program staff. Legal guardians are also responsible for collecting medication for their participant at the end of a program.

6.5 Assisted administration of prescription medication

- 6.5.1 Staff should insure medication is given at the right time and in the correct dosage according to medication monitoring form and pharmacist's label.
 - 6.5.1.1 Ask each participant to state his or her name and check medication
 - 6.5.1.2 Check container prescription label with medication monitoring form and verify the medication has not exceeded the expiration date.
 - 6.5.1.3 Recheck the label a 3rd time then give the medicine.
- 6.5.2 Avoid touching the medication. Pour tablets onto lid.
- 6.5.3 Observe the participant taking the medication.
- 6.4.4 Document and immediately sign that medication was given on *Medication Monitoring Form*.

6.6 Liquid medication

- 6.6.1 Legal guardians must supply a method of measurement for liquid medication. Program staff is not responsible for supplying liquid medication measurement devices.
- 6.6.2 Liquid medication will follow all the guidelines for prescription medication listed above. All liquid medication dosage measurements will be double checked by a second program staff prior to distributing medication to the participant.

6.7 Documentation and record retention

- 6.7.1 *Medication Monitoring Form* should be kept in a single notebook, alphabetized by participants' last name.
- 6.7.2 A weekly updated list of participants on medications should be kept at the front of the medication notebook for the purpose of identifying participants and making sure they receive medication daily as prescribed. This will give program staff quick review on a daily basis.
- 6.7.3 Records are to be kept confidential and are to be accessible only to authorized program staff.
- 6.7.4 If a participant fails to come to the designated person to receive the medication, program staff will verify and document the participant's absence.

7.0 Inhalers and EPI pens

- 7.1 All essential program staff will complete Epinephrine Administration (EPI) Training. Each program/facility will have an EPI trained staff. Assisted administration and administration of Epinephrine will comply with the required training.
 - 7.1.1 Program staff may administer Epinephrine when:
 - 7.1.1.1 The participant has a history of allergies or allergic reactions.
 - 7.1.1.2 The participant is having a severe allergic reaction.
 - 7.1.1.3 The participant asks for assistance in administering their epinephrine or is otherwise incapable of self-administration.
 - 7.1.1.4 The participant provides you with an auto-injector prescribed in their name.
- 7.2 Auto Injection EPI (Ana-pen, Ana-aid) pens are the only form of Epinephrine allowed at City of Graham sponsored programs. Epinephrine that requires program staff to draw medication from a vial is not permitted as program staff is not trained for that type of injection.
- 7.3 All EPI pens require a completed *Assisted Administration of Medication Form* kept with the medication.
- 7.4 Both inhalers and EPI Pens will be kept by program staff if the *Assisted Administration Form* has been completed by a participant's legal guardian. Participants middle school age or older, may keep their personal inhaler or EPI Pen if the Participant *Self Administration of Medication Form* is completed by the participant's legal guardian and on file with program staff. More than one EPI pen or inhaler is recommended to better equip both participants and program staff in case of an emergency.
- 7.5 If Inhalers/EPI Pens are kept with program staff rather than with the participant, the program staff must store these as they would any medication.
- 7.6 EPI Pens are not to be left in vehicles during field trips. Excessive heat will spoil/ruin EPI medication.
- 7.7 Use of EPI and Inhalers will be documented by program staff on the *Prescription Medication Monitoring Form*. 911 must be called in the event that epinephrine is administered.

8.0 Invasive Treatment

- 8.1 Except for prescription and authorized non-prescription medications, all other medications will be administered pursuant to the Medical Emergency Action Plan.
- 8.2 A Medical Emergency Action Plan will be developed for any participant that, due to a medical condition, requires invasive treatment to be kept on site. This plan will be developed between the program supervisors and the participant's parent or guardian. It will detail the participant's history as relates to their medical condition, warning signs or symptoms, and treatment that will be required upon onset of those signs and symptoms. The plan will also detail steps that program staff are authorized to take (i.e. observe participant, call 911, provide EMT with medication, contact parents). It will be signed by both parents and program staff. A template will be provided (see Appendix).
- 8.3 Once a Medical Emergency Action Plan has been developed for a participant, it will be forwarded as soon as possible to the full-time program supervisor, who will then forward it to the Director for review. This process should be completed within five (5) business days. The original document will be stored with the participant's registration form on site; a digital copy will be stored on the City's network.
- 8.4 In the event the need to administer invasive treatment to a participant arises, program staff will follow the Medical Emergency Action Plan for that participant. Once the event is over, staff will need to complete an Accident Report for documentation and debrief the incident with the immediate Supervisor, Director and other appropriate City of Graham personnel.
- 8.5 Participants needing to self-administer invasive treatment on site (i.e. glucose testing or insulin) will be required to have all necessary paperwork (*Self Administration of Medication Form* and *Specific Medication Administration Instructions*) on file.
- 8.6 Participants will take full responsibility for self-administration.
- 8.7 Staff will monitor and document through use of the *Prescription Medication Monitoring Form*. In the event a disposable needle is used, the needle will be disposed of in a red Sharps container kept in each site's first aid kit.
- 8.8 If the participant cannot self-administer necessary invasive treatment on site, a Medical Emergency Action Plan will be developed and followed.