



## MEDICATION POLICY

### 1. **Policy**

- 1.1 Close cooperation between Reach4Reality staff, parents and health professionals is crucial in order to provide for the health care needs of the young people who use Reach4Reality's services to enable them to participate fully in our activities.
- 1.2 A health form will be completed and signed prior to any young person and volunteer taking part in any Reach4Reality activity.
- 1.3 Parents, guardians or Social Workers are responsible for disclosing sufficient information regarding a young person's health and/or medical condition to the staff of Reach4Reality.
- 1.4 Reach4Reality cannot take responsibility for any medical condition or matter of health arising out any activity undertaken during a Reach4Reality event by the young person, which has arisen from a previously undisclosed condition.

### 2. **Key Principles**

- 2.1 The term "medication" applies to medicines prescribed by a registered healthcare professional, usually employed or contracted by NHS Highland, and who is a recognised independent or supplementary prescriber. This may include doctors, dentists, nurses, pharmacists and allied healthcare professionals (e.g. physiotherapist, podiatrists). Routes of administration approved for administration are oral, rectal, topical (applied externally), autoinjector e.g. epipen or PEG feed.
- 2.2 Non-prescribed medicines (eg for symptomatic relief) will only be administered if parents have provided the necessary agreement beforehand, provided the medication and the potential use of these medicines are identified in the young person's health form. Examples of symptomatic relief include:
  - Pain (paracetamol, ibuprofen)
  - Mild Fever (paracetamol, ibuprofen)
  - Allergy (chlorphenamine)
  - Motion Sickness (hyoscine hydrobromide)See Appendix 2 for list of non prescribed medication for symptomatic relief
- 2.3 **All** medications will not be administered by members of staff or volunteers unless a parent or guardian has agreed and signed the young person's health form and agreed on the staff or volunteer's role in helping with a young person's medical needs, as identified in that form. Under no circumstances will an oral instruction be accepted from a parent or guardian.

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- 2.4 The health form will take into account the individual needs of the young person(see Appendix 3 for sample health form) and should include:
- details of a young person's condition
  - special requirements e.g. dietary needs
  - medication and any side effects
  - what to do, and who to contact in an emergency
  - storage of medication
  - the roles which Reach4Reality staff and volunteers, young person, parents and other relevant parties agree to undertake.
- 2.5 A reminder about medication will be included in the pre-camp correspondence with parents (See Appendix 4).
- 2.6 Only staff or volunteers who have received training through the Administration of medication course (or equivalent) will be able to administer medication.
- 2.7 When medication is administered in an urgent or emergency situation, parents will be notified by Reach4Reality staff.
- 2.8 All medication will be handed over to the identified staff at the start of each camp. All medication must be delivered complete with the original pharmacy or dispensed label identifying:
- young person's name
  - date of dispensing
  - name of the medication and strength
  - dosage and the frequency
  - expiry date
  - quantity
  - method of administration and a functional means of administering the medication
  - additional instructions (including patient information leaflet)
- (See Appendix 5)
- 2.9 On receipt of medication from parents, the identified staff will check that all these are in place, and with the parents complete and sign a check list (See Appendix 6)
- 2.10 A young person with asthma may be allowed to self-medicate and carry inhalers etc with them. This must be disclosed on the appropriate health form. The inhalers should be clearly marked with the young person's name and the frequency of use. Volunteers will be informed where the inhalers are and advised about their role.
- 2.11 Medications will be administered by the identified staff at the times agreed, using the camp medications record form for each young person (See Appendix 1). A second adult will check that the correct dosage is given to minimize the risk of human error, except in exceptional circumstances (which must be recorded).
- 2.12 Medications will be kept in supplier-provided, clearly marked containers and administered in accordance with the prescription or written instructions. They will be kept in a locked container appropriate to the requirements. (See Appendix 8)
- 2.13 Young people are not allowed to carry painkillers or any undisclosed medication around with them. Any such drugs found on a young person will be confiscated until contact has been made with carer regarding these.

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- 2.14 If a young person is sick during their time on a Reach4Reality activity and no information has been given, the Staff or Team Leader will contact the parent, guardian or social worker to inform them.
- 2.15 First Aid will only be carried out by a qualified first aider. In the case of an emergency the young person will be taken to an A & E Department, by ambulance if deemed necessary. The parent, or guardian is required to sign on the health form that consent for emergency treatment can be carried out if necessary.
- 2.16 If a child requires to be sent home due to an accident or medical condition, it will be the responsibility of the parent, guardian or social worker to make such arrangements in consultation with Staff or Team Leader. It is the responsibility of the young person's carer to leave a contact number so that they can be contacted easily
- 2.17 Insect repellent/sunscreen cream: parents/carers should be encouraged, where appropriate, to ensure that their young person brings his or her own sunscreen and insect repellent. Staff may also carry a supply of sunscreen, insect repellent, but these can only be offered to young people where the parents have given prior written permission for use of the specific brand/variety of product.
- 2.18 It is good practice to allow young people with identified conditions to manage their own medication from a relatively early age and Reach4Reality encourages this. Young people will be expected to comply with the arrangements agreed with the parents and Reach4Reality for taking their medication.
- 2.19 If young people refuse to take medication, Reach4Reality staff should not force them to do so. They should inform the young person's parents as a matter of urgency especially if the young person is below the age of legal capacity, generally agreed as under 16 years. If circumstances require it, the staff should call the emergency services for an ambulance.
- 2.20 Any member of staff giving medicine to a young person should check:
- the young person's name
  - written instructions provided by parents or doctor
  - prescribed dose
  - dose frequency
  - previous doses taken within 24 hours if possible
  - expiry date
  - any additional or cautionary labels.
- If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action.
- 2.21 Reach4Reality staff are not able to give the first dose of any medication: parents are asked to declare on the health form that the young person has already had the first dose of any medication.
- 2.22 Should it come to the attention of staff that the incorrect dosage has been given, the appropriate member of staff should:
- contact NHS 24 (Tel: 111) at the earliest opportunity to seek their advice, unless the situation is urgent or critical when

emergency medical treatment is required (Tel: 99 and ask for an ambulance)

- contact parents to notify them and keep them informed
- follow the advice given by NHS 24
- Complete an Incident form

2.23 If a young person requires medical attention from a GP/Doctor, we are legally required to notify the Care Inspectorate within 24 hours, through their online eforms/notification process:

<https://eforms.careinspectorate.com/>

Our username and Password will be available on camp in our Medication file.

APPENDIX 1	Camp Medications Record
APPENDIX 2	List of non-prescribed medication
APPENDIX 3	Health form
APPENDIX 4	Pre-camp medication letter
APPENDIX 5	Specific health issues, additional instructions
APPENDIX 6	Pre-camp check
APPENDIX 7	Privacy, confidentiality and support
APPENDIX 8	Secure storage and handling of medication



**RECORD OF DETAILS OF MEDICATION/ADMINISTERED TO INDIVIDUAL YOUNG PEOPLE**

Young Person's name: \_\_\_\_\_

Date of camp: \_\_\_\_\_ Camp Code: \_\_\_\_\_

Name of medication	Strength	Original Stock balance	When taken	Method of administration

**N.B. Check date of dispensing is within 3 months and medication not expired. If in doubt please contact dispensing source for further advice (see label)**

Date	Medication	Dose	Time	Check date of dispensing/expiry is valid- please tick	Comments eg medication refused/dropped, condition, any reaction	Signature of member of staff	Signature of 2 <sup>nd</sup> adult	Stock balance

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Date	Medication	Dose	Time	Check date of dispensing/expiry is valid- please tick	Comments eg medication refused/dropped, condition, any reaction	Signature of member of staff	Signature of 2 <sup>nd</sup> adult	Stock balance

Returned to parent:

Balance received by:	Print name:	Signature:	Date:
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**N.B. This record to be retained in the young person's file for a minimum of five years after the young person's involvement with Reach4Reality has ceased.**

**APPENDIX 2**

**List of non-prescribed symptomatic relief medicines**

Below is a list of non-prescribed/over the counter medicines a young person may bring with them on camp. They are only to be given for symptomatic relief, if the prior permission of a parent has been given on the Reach4Reality health form and are provided by the parents.



Name of medication	Dose	Frequency	Indications	Special precautions/contraindications
Paracetamol	See policy and packaging	4-6 hourly. No more than 4 doses daily	Pain fever	Ensure young person is not taking another medication containing paracetamol
Chlorphenamine (piriton)	See policy and packaging	See packaging	Allergy	See packaging
Ibuprofen	See policy and packaging	8 hourly	Joint/muscle pain	Ensure young person is not taking another medication containing ibuprofen. Asthma.
Hyoscine Hydrobromide	See policy and packaging	20 minutes before travel	Prevention of motion sickness	Ensure pupil does not have glaucoma

**Appendix 3: Health forms**

The main purpose of an individual health form for our young people is to identify the level and type of support that is needed on a Reach4Reality activity break. This written agreement clarifies for parents, young people and staff the help that Reach4Reality can provide and receive.

Reach4Reality's response has to be tailored individually to each young person's needs as young people vary in their ability to cope with poor health or a particular medical condition.

Health forms should be reviewed annually unless circumstances dictate otherwise.

The form should take into account the needs of the young person and a proforma is available (see attached document), but as a minimum should include:

- details of a young person's condition
- what to do and who to contact in an emergency
- causative factors
- indications for treatment
- medication including details of dose and method of administration
- members of staff trained to administer medication

Additional information about the young person's individual needs such as dietary requirements, routines etc is gained using the Young person's care and support form.



Appendix 4: Pre-camp medication letter

Reach4Reality, Hilton Lighthouse, 4 Tomatin Road, Inverness IV2 4UA



**ADMINISTRATION OF MEDICATION**

March 2018

According to our records \_\_\_\_\_ (name of young person) needs our help in administering the following medication:

Name of medication	Dosage	When taken	Means of administration

If this is incorrect, **please notify us immediately**, so that we can let you have a new Health form to complete for \_\_\_\_\_ (name of young person), thus ensuring we have your written consent for administering the medication.

Please make sure \_\_\_\_\_'s medication is brought to camp:

- in the original packaging,
- with the original pharmacy label
- with a copy of the Patient Information Leaflet
- with a functional means of administering the medication (i.e. syringe, medicine spoon or cup with dosage markings clearly visible)

Please also make sure that the **expiry date** is still in date.

**Failure to do so will mean that we are unable to administer the medication.**

When we meet for camp, **please give \_\_\_\_\_'s medication to \_\_\_\_\_** who will be responsible for administering medication on camp.

**Before we leave for camp \_\_\_\_\_ will check with you that all the above are in place: if they are not, it is your responsibility to supply them to us so that we can administer \_\_\_\_\_'s medication safely and correctly.**

## APPENDIX 5 Specific health issues, additional instructions

### **Attention Deficit Hyper Activity Disorder (Hyperkinetic Disorder)**

ADHD occurs in up to 5% of children. It is characterised by inattention, over-activity and impulsiveness and is usually present from early childhood. Education is often disrupted, family life stressful and peer relationships may suffer. In the majority of cases ADHD will persist into teenage.

Stimulant medication is often prescribed for sufferers, usually methylphenidate. This is available under several brand names, the most common examples are Ritalin or Equasym. A single dose is usually effective for just 4 hours. Commonly it is prescribed to be taken in the morning, and with lunch. Modified release preparations lasting 8 to 12 hours (Concerta XL), Equasym XL) allow young people who are stabilised on treatment to avoid taking medication during the day.

A health care plan should be drawn up for each young person with ADHD who requires to take medication. Training for Reach4Reality staff will include storage of medication and record keeping as the active ingredient in the medication named above is a class A drug. Such medication will be kept in double locked containers.

### **Asthma**

Asthma is sufficiently common that all staff/volunteers should have a basic awareness of the condition. One in seven school children has asthma but there is nothing to stop the vast majority of young people with asthma leading a full and active life.

Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. Asthma symptoms include coughing, wheezing, a tight chest, and getting short of breath - but not every child will get all of these symptoms. The airways can react badly when someone with asthma has a cold or other viral infection or comes into contact with an asthma trigger.

Triggers include: colds, viral infections, pollen, cigarette smoke, exercise, air pollution, pet hair and stress. Everybody's asthma is different and everyone will have his or her own triggers. Consequently some young people require to take their reliever medication (blue inhaler) prior to PE and playtime especially in the cold winter months and/or during the hayfever season.

When a young person develops asthma symptoms (cough, wheeze, a tight chest, and shortness of breath), this is called an asthma attack. It's at this point that the young person will need to take a dose of their reliever medication (blue inhaler). Asthma varies in severity. Young people will experience an occasional cough or wheeze whereas for others, the symptoms will be much more severe. Avoiding known triggers where appropriate and taking the correct medication can usually control asthma effectively.

#### **Reliever inhalers**

Relievers are usually blue e.g. salbutamol (Ventolin), terbutaline (Bricanyl). This is the inhaler that young people need to take immediately when asthma symptoms appear. Relievers work quickly to relax the muscles around the airways. As these muscles relax, the airways open wider and it gets easier to breathe again.

#### **Preventer inhalers**

Preventers are usually brown, orange, or red e.g. beclometasone, budesonide (Pulmicort), and fluticasone (Flixotide). These usually contain a small dose of steroid for inhalation into the lungs. They should be taken every day (usually first thing in the morning and last thing at night), even when asthma seems well controlled. Preventer inhalers should NOT normally be needed by young people at other times.

#### **Spacers and nebulisers**

Spacers make metered dose inhalers (spray inhalers) easier to use and more effective. They allow more of the medication to be breathed straight down into the lungs.

A health care plan should be drawn up for each young person with unstable asthma e.g. greater than one admission to hospital in past 12 months and/or requiring multi-dosing during the day on a regular basis. Training in the recognition and treatment of an asthma attack will be provided for staff where a young person with unstable asthma has been identified.

### **Diabetes**

Insulin dependent diabetes mellitus (IDDM) is a disorder that develops when a person does not produce enough of the hormone insulin. Insulin helps the sugar from the food we have eaten to move from the bloodstream into body cells where it can be used to produce energy.

People who develop IDDM in childhood usually require insulin by injection. This helps to lower the blood glucose and is balanced by a diet of known carbohydrate content. Carbohydrates are divided into 2 groups:

- fast acting sugars e.g. sweet biscuits, chocolate
- starchy carbohydrates e.g. bread, cereals, pasta and rice.

Young people with diabetes require regular meals containing approximately the same amount of starchy food each day, and will need small amounts of starchy carbohydrates between meals - at the usual morning break and during the afternoon. Young people with diabetes commonly require injections of insulin with their midday meal.

A young person with diabetes should not be in any way different from other young people in potential achievement. There is no need to avoid any activity provided that some extra carbohydrate food in the form of a sport drink or mini Mars bar is taken before and/or during exercise.

**Hypoglycaemia** a 'hypo', occurs when the blood sugar falls too low, usually after extra physical activity or if a meal is delayed. Hypo symptoms include: hunger, stomach pains, pins and needles, headache, faintness, drowsiness, pale, inattentive, sweaty, slurred speech, bad temper.

If symptoms and signs are ignored increasing drowsiness, coma or fits may follow.

**The young person should not be left to lie down unattended.**

Even if the leader is doubtful it is best to give some carbohydrate because a 'hypo' is easily treated and even if carbohydrate is given when the blood sugar is normal or high the extra glucose will not cause harm. The young person will respond rapidly if hypoglycaemia is responsible. If treated promptly recovery is usually rapid and the young person may return to normal activities.

**Hyperglycaemia** or ketosis occurs when the sugar in the blood reaches high levels following, for example: Missing an injection, poor diabetic control, an infection, over-eating. Symptoms include: thirst (it is important that sugar free diet drinks are given at this time), frequency of passing urine. If symptoms are ignored the young person may become flushed, drowsy and may vomit. Hyperglycaemia does not develop rapidly and usually takes several hours. If the young person has been vomiting and is becoming drowsy, emergency services or the young person's GP should be contacted.

A health care plan will be drawn up for each young person with diabetes in collaboration with the young person's Consultant, Diabetes Specialist Nurse and Child health team. This will include written information on the management of hypoglycaemia.

### **Epilepsy**

Epilepsy is the most common serious neurological condition. A young person with epilepsy has recurrent seizures, unless the seizures are controlled by medicine. A seizure occurs when the nerve cells in the brain, which affect the way we think and behave, stop working in harmony. When this happens the brain's messages become

temporarily halted or mixed up. Epilepsy can be caused by damage to the brain through a head injury or by an infection. However, in most cases, it has no identifiable cause.

### **Seizures**

A seizure can either affect part of or the whole brain. There are around 40 different types of seizures, some of which are more common in childhood. Depending on whether a seizure affects the whole or part of the brain it is called either a generalised or partial seizure. Generalised seizures affect the whole, or a large part, of the brain and result in a loss of consciousness. Partial seizures only affect part of the brain and only partially affect consciousness.

The most common types of seizure staff will encounter include:

#### **Tonic-clonic**

Young people who experience tonic-clonic seizures (formerly known as grand-mal seizures) lose consciousness. Their body goes stiff and their limbs jerk. When the seizure finishes the young person slowly regains consciousness. The young person will be confused at first and it is important to stay with the young person and reassure them. Emergency medication may be necessary for prolonged tonic-clonic seizures.

#### **Absence**

During an absence seizure (formerly known as petit-mal seizure) a young person will momentarily lose consciousness. It will appear as if they are daydreaming or distracted. These seizures can happen frequently causing a young person to “tune in and out” of what is going on around them. This can be very confusing for the young person. Absence seizures are most common in children between the ages of six and twelve years of age. There is no first aid needed for absence seizures, but they must not be mistaken for daydreaming or inattentiveness.

#### **Complex partial**

A young person experiencing a complex partial seizure will only be partially conscious. They will not fall to the ground as in tonic-clonic seizure but they will not be aware of or remember what happened during, and even in the moments before, the seizure. During the seizure the young person may display repeated actions like swallowing, scratching or looking for something. This should not be mistaken for bad behaviour.

Although there is no real first aid required for complex partial seizures, it is important not to restrain the young person unless they are in immediate danger. For example, if the young person is walking towards a busy road, staff should try and guide them to safety. When the seizure ends the young person is likely to be confused so it is vital to stay with them to reassure them.

#### **Triggers**

A trigger is anything that causes a seizure to occur. There are many different triggers. These include excitement, anxiety, tiredness or stress. Contrary to popular belief only a small proportion of young people with epilepsy have their seizures triggered by flickering light (known as photosensitive epilepsy). Less than 5 per cent of all people with epilepsy are photosensitive.

#### **Additional support**

The majority of young people with epilepsy take medicine to control their seizures. This medicine is usually taken twice daily. The only time medicine may be urgently required by a young person with epilepsy is when their seizures fail to stop after the usual time or the young person goes into “status epilepticus”. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. In this situation, the emergency administration of sedative is indicated. The sedative is usually a drug called Midazolam that is administered in the cheek or nose. If a young person with epilepsy is likely to require emergency medicine to stop a seizure, it is vital that the parents notify Reach4Reality. An additional health care plan will be written where there may be a need to administration in an emergency.

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The child health team will provide appropriate training for staff volunteering to administer medication.

Reviewed May 2019

**APPENDIX 6: Pre-camp medication check:**

**ADMINISTRATION OF MEDICATION PRE-CAMP CHECK:**



Name of young person:

On receipt of medication and in parent's presence, please check we have the following:

Name of medication	Consent	Original packaging	Pharmacy Label	Patient Information Leaflet	Expiry date	Functional means of administering

**Date:**

**Signed:** (R4R)

**Signed:** (Parent)

If these are not provided, please indicate the measures the parents will take to rectify this:

## **Appendix 7: Privacy, confidentiality and support:**

### **Privacy**

It is good practice to enable responsible young people to manage their own medication from quite a young age. Some young people may require to take or administer medication for themselves during the camp. Examples of this would be use of inhalers for asthma and injecting insulin for diabetes.

Every effort should be made to support young people in their independence and ability to manage their own medication. Appropriate facilities should be provided to allow the young person to do this in private.

It is important to remember that a young person has the right to privacy in the ongoing management of his/her medication in keeping with the right to confidentiality.

### **Confidentiality**

Reach4Reality has a general duty of care for their young people. Reach4Reality staff and volunteers must treat young people's medical information confidentially.

Confidential and sensitive information about a young person should be made available only to those who need to know such as staff or volunteers who are specifically involved with a young person. Others should only be told what is necessary for them to know to keep the young person safe.

A young person in Scotland below the age of 16 does not have the capacity to consent to his or her own treatment subject to the test that he or she understands the implications otherwise the parent would take that responsibility. The age of capacity is generally agreed to be from 12 years of age although there may be occasions when a young person having attained the age of 12 would not have sufficient maturity or understanding to give informed consent to treatment. Where a child or young person refuses to take medication on camp staff should not force him or her to do so. The staff should inform the parents promptly of the decision made by the young person. If necessary Reach4Reality should call the emergency services.

### **Support**

A young person's health form may show the need for identified staff to have specific information about health care procedures or specific training in administering a particular type of medication or in dealing with emergencies appropriately.

Reach4Reality staff involved in supporting a young person with his or her health needs should be given appropriate training from health professionals.

## Appendix 8: Secure storage and handling of medication

### General

Where the administration of medication is required during a Reach4Reality camp, this must be undertaken in accordance with safe and secure storage and administration of medicines as described in this policy.

Medication requiring special storage conditions such as refrigeration must comply with secure storage requirements.

### Delivery of Medication

Once the health form has been completed, the parent must deliver the medication to the designated member of Reach4Reality staff at the start of a camp.

All medication must be delivered intact with the original pharmacy or dispensed container and not re-packaged to another container. Containers should be clearly labelled with all the relevant information:

- young person's name
- date of dispensing
- name of the medication and strength
- dosage and frequency
- expiry date
- quantity
- method of administration
- additional instructions (eg patient information leaflet)

### Storage, Receipt and Security of Medication

In general terms, all medication accepted by the designated member of Reach4Reality staff for administration to young people shall be stored in a locked and safe place with access restricted to those staff members who also have responsibility for the administration of the medication. All medication received must be recorded on the appropriate medication administration form. The effectiveness of storage arrangements should be regularly evaluated.

Young people must have access to their medication when required. Named key holders of medication will be identified to all staff member/volunteers.

For young people requiring Epipen for anaphylaxis, the Epipen should be kept out of young people's reach but readily available.

Depending on age or ability, young people should be encouraged to carry their own inhaler or epipen. If young people are unable to carry their inhaler devices (for example during an activity), it is acceptable for an accompanying adult to carry the medication as inhalers may need to be needed quickly especially prior to and during periods of exercise.

Young people who carry their own medication for self-management purposes are required to keep that medication on their personal possession at all times. This must be arranged and agreed beforehand and identified within the young person's health form.

### Controlled Medication:

Controlled medication, such as Ritalin, Equasym or Concerta (all for ADHD), will be kept in double locked containers.

### Refrigeration

The number of medications requiring refrigeration is low and most will not be required on a routine basis on camps. In the unlikely event that medication requires storage in a refrigerator, a local resolution should be found if possible for short-term storage to comply with guidelines. In the first instance the pharmacist or prescriber should be contacted to confirm if refrigerated storage is necessary and if administration is required during the duration of the camp.



If refrigeration is required to store young people's medication e.g. insulin, a sealed container may be used to store medication and must be placed in the main body of the fridge not on the door compartments or vegetable drawers. Don't place insulin in, or close to, the freezer compartment. Insulin should not be used if it has been frozen. Refrigerators for storage of medication should be kept locked or kept in a locked room with restricted access. The temperature of the refrigerator should be monitored daily when storing medication and recordings of maximum and minimum temperature kept to validate the recommended normal limit range between 2 to 8 degrees centigrade. Where the temperature of the fridge is noted to be outwith the required range of 2 to 8 degrees centigrade, the public health team or Pharmacy Medicines Information Department should be contacted for advice.

**Administration and Recording of Medication**

Except where it has been formally agreed that young people are responsible for carrying and administering their own medication, a record must be maintained of ALL medication administered or supervised by staff on an individual young person record sheet . To avoid the risk of over-dosage of medication a second adult will check the correct dosage is being given and to facilitate audit, it is essential that a young person record sheet is filled in promptly after each administration.

If the young person requires urgent or emergency administration of medication, the young person's parent or guardian must be promptly advised of any medication administered, including dose and frequency.

Only staff who have undergone the Administration of Medication training (or equivalent), can handle, administer and record medication.

**Audit**

The Project Coordinator should plan and undertake a regular audit of the storage and administration arrangements agreed for implementation. It is recommended that there is a checklist to evaluate compliance with the policy as follows:

- all medication stored must be prescribed for young people on Reach4Reality camps
- storage – appropriate locked container and key holders identified
- labelling of medication complies with policy
- check regularity and accuracy of completion of administration forms
- staff training has been implemented as requested
- refrigerator temperatures are maintained and recorded.