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Service Stream	Families and Young People Services	Category	Residential Care and Transition Services
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Purpose

- The safety, welfare and best interests of the young people residing in our residential care programs are paramount.
- The provision of care for young people in the program will focus on their strengths and provide them with opportunities to heal and grow in identity, intimacy, and independence.
- Young people in care are active partners in planning their future. They need to have the opportunity to be involved in decision-making processes, have choices, and can exercise these options.

The purpose of this procedure is to inform Mercy Community (MC) workers how to manage the health and medication of the people we support within the MC Residential Care and Transition Services (RCaTS) programs.

Scope

This procedure applies to all employees, volunteers and contractors engaged within the RCaTS programs across MC Families and Young People Services (FYPS).

Procedure

1. Responsibilities of MC workers

- 1.1. MC has a significant responsibility in assisting the people we support to manage their health including medication appropriately. This includes:
 - Assisting people we support to seek health assistance and advice when required;
 - Ensuring any treatment plans and medication instructions are complied with (by the people we support and care workers);
 - Facilitating the person we support's immunisation, providing confirmation to their Child Safety Officer (CSO), and updating their Child Health Passport;
 - Ensuring that people we support are aware of instructions around medication, which may include explaining instructions in an age-appropriate manner or in a way that meets their cultural needs;
 - Ensuring that people we support and care workers are aware of potential risks of medication mismanagement; and
 - Ensuring that people we support and care workers are aware of emergency responses when it is suspected that medication mismanagement has occurred.
- 1.2. In supporting MC to exercise these responsibilities, the Department of Child Safety, Seniors, and Disability Services (the Department) should provide the person we support's Child Health Passport when a child or young person enters a MC RCaTS program. If the Child Health Passport does not exist, MC will work with the Department to support the development of one. The Child Health Passport should include:
 - Child Information Form which records relevant health and wellbeing information;
 - Health alerts;

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- Medicare and Health Care Card (HCC) details (if the person we support does not have an HCC, MC will be required to make application for one by filling out a claim form and providing Centrelink with copies of the Authority to Care and proof of identity);
- Immunisation schedule;
- Current General Practitioner (GP) details;
- Health Appraisal or Summary Letter;
- Details of specific health needs; and
- Medication details.

1.3. All MC workers who care for people we support are responsible for documenting all health observations and actions, and medication use, as per this Procedure.

1.4. All workers will be aware that medication errors can have a significant detrimental effect on the health of people we support and may result in a finding that the legislated Standards of Care were not met. As such, any errors may be investigated internally by MC or the Department and may be responded to internally through human resource processes (see *FS PROC RCaTS Employee Standards of Care Matters*).

2. Medical appointments and advice

2.1. Upon entry to a MC RCaTS program, an Initial Health Assessment/check-up will be arranged to provide baseline health information (supplementary to the Child Health Passport) and initiate health care strategies such as non-prescription medications. This Initial Health Assessment is to be recorded in a *CTARS Activity Log*.

2.2. Ideally, all people we support should have Annual Health Assessment/check-ups with their GP. The Annual Health Assessment is to be recorded in a *CTARS Activity Log*.

2.3. Where a person we support raises a concern with their health, an appointment with their GP or specialist should be made as soon as practicable.

2.4. MC workers will accompany the people we support to these appointments wherever possible to ensure that all relevant information regarding the management of a health issue is obtained and a management plan can be developed. MC workers will ensure that the people we support are involved in these discussions and have any concerns addressed by the doctor.

2.5. As well as receiving medical advice about the presenting issue and seeking prescriptions for medication, MC workers will ensure they discuss with the person we support:

- Potential side effects of the medication; and
- Potential consequences of medication misuse, error, or refusal.

2.6. Where a long-term medication has been prescribed, the MC worker will seek advice from the prescribing doctor regarding timeframes for review appointments.

2.7. Where a new person we support has a pre-existing relationship with a doctor, workers will assist the person we support to continue this relationship as much as practicable. If this is not possible, the MC worker will negotiate with the doctor to transfer the files to a suitable health service.

3. Medication labels, packaging, and transportation

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- 3.1. Where possible, services will access medication via pharmacy accounts and dispensed in the form of Webster Packs or Roll Packs for regular medications.
- 3.2. Medication is only to be collected from the pharmacy where a prescription has been given by a doctor. This will then be recorded within the CTARS Unit Handover Checklist. At the time a prescription is first filled, Care Team Leader (CTL) will make a note of the date the prescription expires and ensure this is recorded on the *CTARS Medication Chart*. The CTL will book review appointments in advance to seek another, current prescription.
- 3.3. When collecting medication from the pharmacy, MC workers must check to ensure that the medication provided matches the medication on the medication label.
- 3.4. The label/s must be checked to ensure it includes the following correct information:
 - The person we support's name and date of birth;
 - The dosage and frequency of the medication and time it is to be taken;
 - Expiry date of medications; and
 - Instructions consistent with those given by the prescribing doctor.
- 3.5. MC workers collecting medication will seek an information sheet about the medication, including any potential side effects, from the pharmacist.
- 3.6. Where a person we support is prescribed a short-term course of medication (e.g., antibiotics), the following must be abided by:
 - In the first instance, where people we support are prescribed other medications, MC workers will enquire with the pharmacist whether the medication can be included in the regular Webster Pack or Roll Pack;
 - Medication must remain in the original packaging as supplied by the pharmacist;
 - Medication must be under the direct control of the carer during transportation until it is safely secured; and
 - If the original packaging (normal packaging or Webster Pack/Roll Pack) is lost or destroyed, the medication must not be administered. The medication will be returned to the prescribing pharmacy for a label to be produced or an appointment with a doctor is required to re-prescribe the medication. If required MC workers are to complete the *FS FORM RCaTS Unused Medication Return* (see Section 12. Unused/Discontinued Medication).
- 3.7. Where a person we support is prescribed a long-term course of medication, regular reviews must be held to ensure that the prescription is still appropriate.

4. Medication records

- 4.1. All medication taken by the people we support in MC RCaTS programs will be recorded in the *CTARS Medication Module Medicine* database. Medications are also reported by MC workers within the *CTARS Handover Checklist* and *CTARS AM/PM Shift Logs*.
- 4.2. In some circumstances medications may require an alternate method of recording medication management and administration. In this situation a manual record of medication will be implemented. In the case of this occurring information is to be uploaded to the CTARS Documents Health folder on a weekly basis by CTL or Senior Residential Care Worker (SRCW).
- 4.3. Whenever a person we support requires medication, a *CTARS Medication Chart* must be completed by the CTL. This information must be taken directly from the prescription/Webster Pack. If the medication is not currently recorded within the

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- CTARS Medication Module Medicine* database, details will be entered as a new “Medicine” so that the *CTARS Medication Chart* can be completed.
- 4.4. When new medication is prescribed after hours, the MC worker is to contact First Level On-Call to seek support and provide the relevant information to set up a *CTARS Medication Chart*.
 - 4.5. Details recorded within the *CTARS Medication Module Medicine* database include:
 - Medicine Name (**note:** medication name is the drug name not the brand name (e.g., Paracetamol – a.k.a., Panadol; Dymadon; Tylenol, etc.);
 - Side Effects (to be copied from the linked Information Sheet);
 - Dose Form;
 - Unit and Measure of Concentration;
 - Timing; and
 - Route of Administration.
 - 4.6. *CTARS Medication Charts* are only to contain information about a single medication. Where there are multiple medications in a single Webster Pack, a *CTARS Medication Chart* must be completed for each separate medication.
 - 4.7. The *CTARS Medication Chart* must document:
 - The details of the person we support who has been prescribed the medication;
 - The date the medication chart is to be commenced and will finish/be reviewed; and
 - The name of the medication, including any names “also known as”.

Refer to *FS PP RCaTS CTARS Therapeutic Programming Guide* for further information about documenting medication.

This will then pre-populate the following information from the *CTARS Medication Module Medicine* database:

 - The dosage of the medication;
 - The route, timing, and frequency of administration; and
 - The name of the prescribing doctor.
 - 4.8. A new *CTARS Medication Chart* must be completed every three (3) months or when a medication review occurs. The exception to this is for PRN (see section 7 of this Procedure) or antibiotics which will run the course of the prescription. For example, for antibiotics that have been provided in a box of 20 tablets, the Medication Chart will run for the length of time it takes to empty the box. In this situation, PRN medication will be purchased in the smallest amount possible (e.g., 12 pack instead of 96 pack).
 - 4.9. When completing a *CTARS Medication Chart*, the CTL must review the Webster Pack and/or prescription to confirm medication details and upload a copy into the person we support’s document files in the ‘Health’ section.
 - 4.10. Medication must be reviewed daily by the CTL via the Medication Tab or by running a Summary Report on CTARS.
 - 4.11. Medications must be checked by the SRCW on a weekly basis to ensure they have not reached their expiry dates. This should include ensuring the medication placed in the safe aligns with the *CTARS Medication Chart*.
 - 4.12. Medications that have expired, were missed, contaminated, or are no longer required (and are prescription medications) will be returned to the pharmacy for disposal. The person returning the medication is required to complete *FS FORM*

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RCaTS Unused Medication Return (see Section 12 Unused/Discontinued Medication) and ensure this is signed by the pharmacist at the time of handing the medication over. Where this has occurred, a note is to be made in the *CTARS Unit Handover Checklist*. The completed *FS FORM RCaTS Unused Medication Return* is to be saved in the CTARS Health Document/Unused Medication Folder.

- 4.13. Regular Medication Audits will occur as outlined below and in accordance with the *FS DOC FYPS Assurance Schedule – Service Delivery*.

4.13.1. The Business Support Team are responsible for conducting weekly audits, whereby any outstanding *CTARS Medication Chart* records are identified and sent to the relevant CTL to amend.

4.13.2. SRCWs are responsible for conducting a fortnightly on-site Medication Audits for all medication prescribed and non-prescribed. The SRCW will ensure that the medication in the safe aligns with the *CTARS Medication Chart*. CTARS 'Adhoc Reports' from the *CTARS Handover Checklist* and *CTARS AM/PM Shift Logs* can be used to support this process.

4.13.3. Area Coordinators (ACs) are responsible for conducting a fortnightly on-site Medication Audit for all medication prescribed and non-prescribed. The AC will ensure that the medication in the safe aligns with the *CTARS Medication Charts*. CTARS Adhoc Reports from the *CTARS Handover Checklist* and *CTARS AM/PM Shift Logs* can be used to support this process.

5. Supporting people we support to take their medication

- 5.1. Each residential care house has a locked safe to store all medication types, including prescription and non-prescription drugs, topical treatments and vitamins or natural/alternative remedies. All medications must be stored in this safe, except for refrigerated medications that are to be stored in a labelled container in the office fridge. In some situations, there may be additional security measures required and these will be outlined in the *FS FORM RCaTS Positive Behaviour Support Plan* and *FS FORM RCaTS Safety Plan*. Some exceptions to this apply; see sections 5.5 and 5.8.
- 5.2. When people we support require their prescribed medication, MC workers must check that the medications being provided match the medications listed on the back of the Webster Pack/Roll Pack and are being administered at the correct time on the correct date. They will then take only the required amount of medication (as per the directions on the label) out of the storage area and provide this to the person we support to take.
- 5.3. People we support are only to be provided the medication for the day and time it is listed on the Webster Pack. Any missed medications must remain in the Webster Pack until this is returned to the pharmacy for disposal.
- 5.4. MC workers must observe the person we support taking the medication and record this in the Daily Medication section of the person we support's CTARS Client Profile; and the relevant *CTARS AM/PM Shift Logs*.
- 5.5. CTARS Multifactor Authentication requires a code from a personal device to access CTARS to log medication. Workers will be required to take their personal phones with them when out of placement to support medication administration record keeping.
- 5.6. There may be circumstances when the person we support is made responsible for managing their own medication. Where it has been assessed by a MC CTL/Team Manager (TM), the Department and the prescribing doctor that the person we support is able to safely self-manage their medication (e.g., contraceptive pills), this

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- will be recorded in their CTARS Client Profile within the Critical Medical Information section. Correspondence, consent, and planning in relation to self-administration must also be saved in the person we support's CTARS Health Documents Folder and recorded in the *FS FORM RCaTS Positive Behaviour Support Plan*.
- 5.7. Where a person we support is spending time away from the residential and not being supported by RCWs (e.g., school, family contact, sleeping over a friend's house) and requires medication during this time, the CTL will complete the *CTARS On-Leave Medication Plan* for all planned leave. The care team will contact on-call to complete a *CTARS On-Leave Medication Plan* for unplanned leave.
- 5.7.1. A *CTARS On-Leave Medication Plan* includes:
- Information pertaining to the type of medication, administration instructions, and dose;
 - Contact details for the placement;
 - Details around notifying of medication administration or refusal;
 - MC will request to be notified within a 60-minute timeframe; and
 - If MC have not been notified of refused or missed medication within 60 minutes, it will then be recorded as administered in their *CTARS Medication Log*.
- 5.7.2. The *CTARS On-Leave Medication Plan* must be provided to the adult responsible for supporting administration when on leave.
- 5.7.3. Medication must be provided in the correctly labelled packaging (e.g., Webster Pack). **Medication is not to be dispensed into alternative container for administration.** If leave is occurring frequently, the option to Webster Pack this medication separately may explored with the pharmacy. Alternatively, the relevant section of the Webster Pack should be removed and provided for administration.
- 5.7.4. Request any unused medication be returned to the MC worker when the person we support returns to placement.
- 5.7.5. Where a person we support has spent time away from the residential, this will be recorded on their *CTARS Medication Chart* (for planned absences) or in the *CTARS Daily Medication Record* (for unplanned absences).
- 5.7.6. The *CTARS On-Leave Medication Plan* will be endorsed by the CTL during business hours and First Level On-Call after hours.
- 5.8. The people we support who are diagnosed with asthma will have an Asthma Action Plan from a GP. The person we support may keep Ventolin puffers or other relevant asthma medication, as prescribed, on their person or in their school bags, only if this is confirmed with the GP, the Department and CTL. MC workers will liaise with the school and any other frequent contacts with the person we support regarding this. SRCWs will check puffers on a fortnightly basis to ensure they are not being used beyond the expiry date.
- 5.9. Case-by-case risk management plans will be developed for other specialist emergency medications (e.g., insulin, epi-pens) and recorded in the person we support's CTARS Client Profile within the Critical Medical Information section.
- 5.10. People we support in Supported Independent Living Program (SILP) placements are generally supported to self-administer their own medications. The Transition Services Team Manager (TM)/Program Coordinator (PC)/Senior Program Manager (SPM) assesses the medication needs of the person we support during the referral stage and the person we support's capacity to self-manage administration of their medication. People we support who do take medication and self-manage in SILPs,

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will be provided a key lockable safe to store their medication in their bedroom. The person we support will have a key and the spare key will be provided to the worker, which will be stored in the office local to the placement. The people we support's bedroom should remain locked when they are not in their room. This supports safe storage but also supports their preparedness for independence in terms of normalising keeping and taking their own medications. **Note well:** where safes are available to people we support, this point is relevant; where safes are not available, people we support will store their medication in their room and keep their bedroom locked when not in use.

- 5.11. People we support in SILP will have their safe for medication storage checked weekly by their SILP Support Worker/Caseworker when engaging in their weekly visits. This medication check will be recorded in the CTARS SILP Contact Log.
- 5.12. If a person we support is deemed unable to safely self-manage medication, strategies for supporting administration and working towards independence will be explored in collaboration with the Department and other key supports (such as medical professionals). Plans for medication support need to be documented in the person we support's *FS FORM RCaTS Positive Behaviour Support Plan* and *FS FORM RCaTS Safety Plan*, if required.

6. Psychotropic medications

- 6.1. Psychotropic medications are medications prescribed to alter mood, anxiety levels, or behaviour. The people we support who have exhibited trauma or suffer from ongoing mental health issues may be prescribed these medications.
- 6.2. The use of, or changes to, psychotropic or other medications prescribed for behavioural or mental health conditions requires guardianship consent. For people we support who are subject to Child Protection Custody Orders, this would require parental consent and for people we support who are subject to Child Protection Guardianship Orders, this would require consent provided by the Child Safety Service Centre (CSSC) Manager.
- 6.3. Where psychotropic medications are being considered or changes prescribed, the CTL must notify the Department of this who will seek consent from the person we support's guardian prior to the prescription being fulfilled. This may be requested using the *Department's Consent for Psychotropic Medication Form*, ensuring it has been approved by the appropriate delegate. MC workers will not fill these prescriptions until the Department advises that consent has been confirmed. When consent is confirmed, MC will save the written correspondence and approval to the person we support's CTARS Document File in the Health section. Where psychotropic medication is being considered, MC workers must accurately advise the doctor of any current medications or conditions the person we support has.
- 6.4. If a doctor does prescribe a psychotropic medication, the MC worker accompanying the person we support will seek advice regarding when the medication should be reviewed. The date that psychotropic medication is prescribed will be noted in the person we support's CTARS Client Profile, along with the recommended date for its review.
- 6.5. When a person we support enters the service and is taking prescribed psychotropic medication, the CTL will ask the Child Safety Officer (CSO) when this medication was originally prescribed and when the next review is booked. If this information is unavailable, the CTL will organise for a medical review of the medication within the first three (3) months of placement, in consultation with the CSO, to confirm that the medication is still appropriate and regularly reviewed.

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7. PRN medication

- 7.1. PRN is the abbreviation for "pro re nata" which means, as the occasion arises; when necessary.
- 7.2. As per Sections 4 and 5 of this Procedure, a medication label must be obtained for all medications the person we support is taking, and a *CTARS Medication Chart* must be completed for all medication use.
- 7.3. PRN use will be recorded within the *CTARS Handover Checklist*, *CTARS AM/PM Shift Logs*, and *CTARS Incident Logs*, where required.
- 7.4. PRN will be purchased in the smallest packaging possible; for example, a 12 pack of Nurofen rather than a 24 pack.

For PRN medication – non-prescription:

- 7.5. Medications which are available over the counter such as Panadol, Nurofen, cough syrups, Ventolin, creams and ointments and vitamins are considered PRN medication, unless prescribed as a routine medication by a health professional.
- 7.6. Where a person we support is on other medications or has allergies/anaphylaxis or other health conditions; advice should be sought from the prescribing doctor regarding the use of non-prescription medications prior to the medication being given. Where the prescribing doctor is unavailable, or this is not practical, medical advice must still be sought. The first preference would be another GP or, alternatively, pharmacist advice or 13HEALTH is contacted.
- 7.7. Where symptoms that are being treated with a non-prescription medication persist beyond the pharmacist's advice, a GP appointment will be made.

For PRN medication – prescription:

- 7.8. Additionally, PRN may refer to prescription medication which is used when needed to respond to a behavioural need such as anxiety medication or anti-psychotics.
- 7.9. As per Section 6 of this Procedure, the use of, or changes to, these medications require guardianship consent.
- 7.10. Instruction on the use of prescribed PRN medication must be contained within the person we support's Client Profile, Therapeutic Assessment Report (TAR), *FS FORM RCaTS Positive Behaviour Support Plan*, and *FS FORM RCaTS Safety Plan*.
- 7.11. The decision to administer a prescribed PRN must be approved by a SPM or, if after-hours, the On-call Manager.

8. Medication refusal

- 8.1. At the time a medication is prescribed, the MC worker accompanying the person we support to the medical appointment should ensure that the person we support is willing to take the medication. If they are not, this must be raised with the GP during the appointment and a management strategy developed and documented by the CTL.
- 8.2. If a person we support has been prescribed medication and refuses to take their medication at the instructed time:
 - 8.2.1. The MC worker will continue to offer the medication to the person we support for the next hour.
 - 8.2.2. If, after an hour, the person we support is still refusing to take the medication, the worker will contact 13HEALTH (13 43 25 84) for advice on how to manage the immediate situation and what the potential consequences of the refusal may be.

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- 8.2.3. If required, the MC employee will consult with the SRCW or CTL or, if after hours, the On-call Worker, about how the medication refusal will be immediately managed and whether immediate medical attention or intervention should occur.
- 8.2.4. A *CTARS Low Risk Behaviour Form* or *CTARS Incident Log* will be recorded by the MC worker, as per *GOV SOP Incident Management* and *FS IP RCaTS Incident Category Definitions*.
- 8.2.5. If the person we support continues to refuse medication, the SRCW, in consultation with the CTL, may arrange for an appointment with the prescribing doctor. If the prescribing doctor is unavailable (e.g., regular psychiatrist or paediatrician), an appointment with a GP is to be made (where possible, a GP who has seen the person we support before).
- 8.3. If the person we support refuses to participate in a review appointment, the CTL will contact the doctor or GP and seek advice on how to manage the situation. The CTL will liaise with the Department regarding the management strategy.
- 8.4. If the person we support is regularly refusing their medication and medical advice has been received that indicates that this isn't a significant risk to their health, the CTL will develop a management plan and document this in their Client Profile.
- 8.5. If a person we support is not present in the residential when they are due to take their medication (i.e., unplanned absence such as absent from placement), MC workers will note this in the *CTARS Daily Medication Log* and seek medical advice from 13HEALTH, as per section 8.2 of this procedure. A *CTARS Low Risk Behaviour Form* or *CTARS Incident Log* is required as per the advice given regarding potential risks or consequences for the person we support.

9. Errors and emergencies

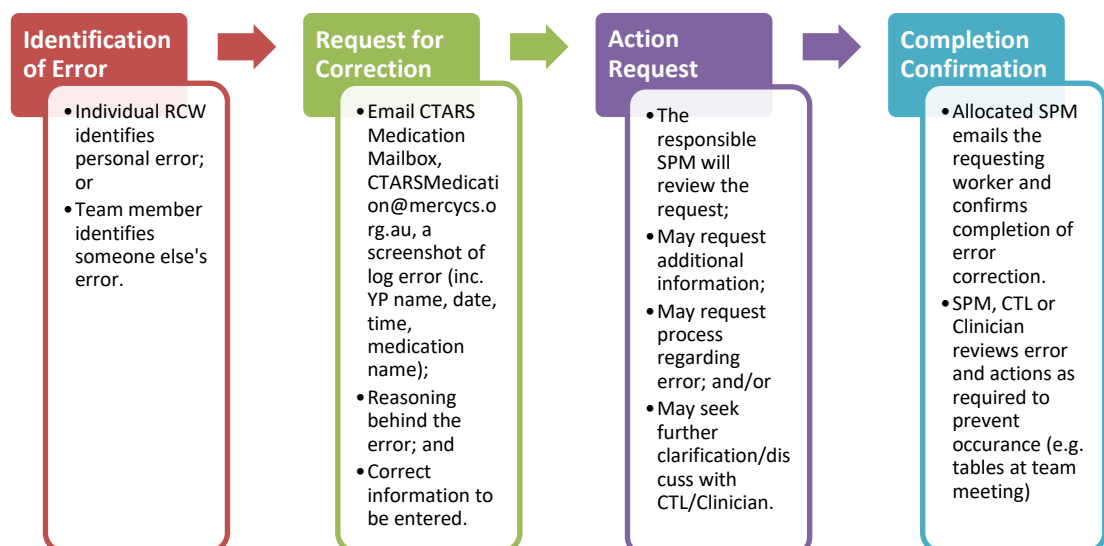
- 9.1. Where an error relating to medication support is noticed:
 - 9.1.1. The MC worker will clarify the error with the person we support (if appropriate).
 - 9.1.2. The MC worker will monitor the person we support.
 - 9.1.3. The prescribing doctor, an alternate doctor or, if unavailable, 13HEALTH must be contacted for advice.
 - 9.1.4. The MC worker will undertake a risk assessment to determine the level of risk of the error and any reporting requirements.
 - 9.1.5. Appropriate medical attention is to be sought.
 - 9.1.6. If level of risk assessed requires further reporting; the SRCW/CTL or, if after hours, the On-call Worker, is to be notified who will, in turn, notify the person we support's CSO or the Child Safety After Hours Service Centre (CSAHSC);
 - 9.1.7. A *CTARS Incident Log* is to be completed as soon as practicable.
- 9.2. Where it is suspected that a person we support is under the influence of alcohol or another illicit substance, they are not to be given their medication until advice has been sought from the prescribing doctor, an alternate doctor or, if unavailable, 13HEALTH.
- 9.3. In the case of an emergency, an ambulance is to be called for the person we support and the CTL or, if after-hours, On-call, notified.
- 9.4. If medication is contaminated; for example, seal of package open or medication dropped on the floor; the medication should not be administered and the below actions to occur:

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- New medication is to be provided to the person we support;
 - Contact made with pharmacy to arrange repacking of Webster pack and replacement medication;
 - The medication will be returned to the pharmacy for disposal. The person returning the medication is required to complete *FS FORM RCaTS Unused Medication Return* and ensure this is signed by the pharmacist at the time of handing the medication over;
 - Webster packs should also be provided to the chemist at the time to be repacked, including the replacement medication;
 - Where this has occurred, a note is to be made in the *CTARS Unit Handover Checklist*; and
 - In situations where replacement medication cannot occur immediately, CTL is to consult with the pharmacist as soon as possible the following business day to support replacement of medication and repackaging webster packs.
- 9.5. RCWs will be aware of the person we support's custody or guardianship status and ensure the treating health professionals are made aware of this.
- 9.6. All emergencies should be recorded as an incident, as per *GOV SOP Incident Management* and *FS IP RCaTS Incident Category Definitions*.
- 9.7. Any surplus medication, due to refusal or error, must be accounted for within the person we support's Medication Module and returned to the pharmacy as soon as possible for disposal (ensure completion of *FS FORM RCaTS Unused Medication Return*, as per point 12.1). This could likely be at the same time as collection of new medication Webster Packs.
- 9.8. If medication is logged incorrectly, the process to be followed is outlined in the workflow below. For further information regarding this process, refer to the 'Medication Errors' section of the *FS PP RCaTS CTARS Therapeutic Programming Guide*.



10. Medication support for a child or young person not in MC care

- 10.1. There may be times when support is provided to a child or young person for whom MC does not have Authority to Care. For example, a sibling attending planned family

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contact where an MC worker may be required to support them to take their medication.

- 10.2. Permission must first be sought to assist with this. The relevant CTL will be required to obtain written Guardian Consent. This will be recorded on the *Guardian Consent Form* and uploaded to CTARS.

11. Specialist medical support

- 11.1. When a person we support requires additional medical support (e.g., asthma management plans, epilepsy, etc.), the CTL will seek a written plan from the treating doctor/specialist as to how best to meet the person we support's needs (including resources, training, etc.).
- 11.2. For people we support with an epilepsy diagnosis, the *FS FORM RCaTS Epilepsy Management Plan* must be completed by the relevant medical professionals (e.g., neurologist, specialist doctor, or epilepsy nurse) and saved to the person we support's Client Profile.

12. Unused/discontinued medication

- 12.1. Any unused medication for children and young people will be returned to the issuing pharmacy and confirmation of this will be recorded on the *FS FORM RCaTS Unused Medication Return* and saved to their Client Profile within the Client Documents 'Health' folder under 'Returned Medication'.
- 12.2. Where the treating doctor or specialist has recommended discontinuation of medication/s, the CTL will inform the guardian of the discontinuation and seek approval.

13. Transferring medication

- 13.1. When a person we support exits the service and transitions to another placement internally within MC, a new service provider, or other placement type, a *FS FORM RCaTS Transfer of Medication to New Placement* is to be completed. The form will be signed by the person handing the medication over and the person receiving the medication. The completed form is to be saved to the person we support's CTARS Client Documents tab.

14. Record management

- 14.1. All medication must be recorded within the *CTARS Medication Module* within each person we support's Client Profile, unless by exception as per 4.2 of this Procedure.
- 14.2. CTARS Multifactor Authentication requires a code from a personal device to access CTARS to log medication. Workers will be required to take their personal phones with them when out of placement to support medication administration record keeping.
- 14.3. Any supporting documentation must be uploaded and attached to the person we support's CTARS Client Profile within the Health Documents Folder.
- 14.4. Any *CTARS Incident Logs* completed regarding medication issues will be recorded within the *CTARS Incident Register*.
- 14.5. When a person we support exits from a program, the active *CTARS Medication Charts* must be deactivated before the person we support's CTARS Client Profile is deactivated. This prevents ongoing medication alerts and/or prevents a build-up of past medication logs if the Client Profile is re-activated later.

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Definitions

Care Team Leader/Transition Services Team Manager

Employee tasked with client care planning and care management oversight within the MC-FYPS Residential Care and Transition Services Programs.

Child Safety Officer (CSO)

An employee of the Department and delegate of the Chief Executive tasked with the statutory case management of children and young people subject to a Child Protection Order.

On-Call

On-call is an after-hours telephone support service implemented to respond to several different needs, including:

- Crisis support for Residential Care Workers (RCWs);
- Advice regarding emergency needs of the people we support;
- Line management support, including reporting, after business hours; and
- Emergency rostering matters (for MC RCWs only) including emergency house inductions; and
- Client management system (CTARS) issues.

Senior Program Manager (SPM)

Employee tasked with day-to-day oversight of MC programs. The Senior Program Manager reports to the Regional Director.

Senior Residential Care Worker (Senior RCW)

Employee tasked with the day-to-day support and coaching of workers and running of an MC-RCaTS program site.

SILP Caseworker

Employees allocated case management or responsibility for clients in the program.

SILP Support Workers

Employees who have regular contact with people we support in the program but are not necessarily responsible for case management.

Worker

Employee tasked with providing daily care for the people we support in MC RCaTS programs.

References

Child Protection Act 1999 (Qld)
 CTARS Incident Register
 CTARS Medication Module Medicine database
 Department's Child Safety Practice Manual (CSPM) (available online at <http://www.communities.qld.gov.au/childsafety/child-safety-practice-manual>)
 Department's Consent for Psychotropic Medication Form
 FS DOC FYPS Assurance Schedule – Service Delivery
 FS DOC RCaTS Program Overview
 FS IP RCaTS Incident Category Definitions
 FS PP RCaTS CTARS Therapeutic Programming Guide
 FS PROC FKC RCaTS Employee Standards of Care Matters
 GOV SOP Incident Management

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Related Documents

CTARS Documents:

CTARS Activity Log
CTARS Handover Checklist
CTARS Incident Log
CTARS Low Risk Behaviour Form
CTARS Medication Chart
CTARS Medication Chart
CTARS On-Leave Medication Plan
CTARS Shift AM Log
CTARS Shift PM Log

MercyNet Documents:

FS FORM RCaTS Epilepsy Management Plan
FS FORM RCaTS Positive Behaviour Support Plan
FS FORM RCaTS Safety Plan
FS FORM RCaTS Transfer of Medication to New Placement
FS FORM RCaTS Unused Medication Return

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