Government of South Australia
Department for Child Protection

Residential Care: Medical treatment and medication Procedure

1. Purpose

This procedure instructs Department for Child Protection (DCP) residential care staff and agency staff working within DCP residential care how to access medical treatment (emergency and non-emergency), administer medication and store medication safely and securely for children and young people residing in residential care.

2. Scope

Applies to all DCP residential care staff and agency staff working in DCP residential care houses. It also applies to staff involved in the supervision and management of staff providing direct care to children and young people in residential care.

Please note that in this document, the term Aboriginal, refers to all people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander. This term is used as the First Nations Peoples of South Australia are predominantly Aboriginal peoples and it is their preferred term. We acknowledge and respect that it is preferable to identify Aboriginal peoples, where possible, by their specific Language group or Nation.

3. Authority

3.1 Legislative context

This procedure is underpinned by the *Children and Young People (Safety) Act 2017 (CYPS Act)* that the safety of the child or young person is paramount (chapter 2, section 7) and regulations 22 and 35 of the *Children and Young People (Safety) Regulations 2017*.

Part 2 and 2a of the *Consent to Medical Treatment and Palliative Care Act 1995*

South Australian Public Health Act 2011

3.2 Whole of Government requirements

Investing in their future, a whole of government commitment to actively pursue every opportunity for children and young people in care and post care to have priority access to services that will help them achieve their personal best. A state government initiative under the broader child protection strategy, Safe and well: Supporting families, protecting children.

3.3 DCP requirements

This procedure relates to the following DCP Strategic Plan 2022 -2026 priorities:

- Active and collaborative partnerships
- A child protection system that meets the needs of children and young people.

4. Procedure requirements

4.1 Maintaining records

Residential care staff should maintain a record of observations and actions taken for any medical treatment or medication related needs in C3MS (under 'Notes and documents') and in the house E-log where available – otherwise information should be recorded in a DCP issued observation log.

Agency staff who do not have access to C3MS need to forward any documents and information that require uploading to C3MS to a DCP team member or contact the senior child and youth worker to record documents in C3MS accordingly.

Residential care staff should complete an incident report in line with the Residential Care: Incident management Procedure for medical related incidents such as medication errors or emergency medical treatment resulting from an incident that has impacted the health safety and wellbeing of a child or young person. Where a significant incident has occurred such as a child or young person experiences serious injury, harm or illness, staff are required to notify the Significant Incident Reporting Unit and should refer to the Significant incident reporting Procedure for further direction.

4.2 Consent to medical treatment

Children and young people are encouraged to participate in decisions about their medical treatment.

Young people aged 16 years or over can legally consent or refuse medical treatment if they are capable of understanding the nature and effect of the proposed treatment (see section 6 of the *Consent to Medical Treatment and Palliative Care Act 1995*).

The 'Who can say OK?' resource provides guidance regarding who can provide consent to a range of medical procedures and treatments. Who can say OK? details whether a medical decision for a child or young person in care can be approved by a family based carer. However, the carer permissions relating to 'Routine treatment' apply to residential care staff or a delegated role within DCP.

The DCP Call Centre can be contacted on 13 16 11 to seek consent if required after hours. Medical practitioners have discretionary powers to administer treatment if it is necessary in the medical practitioner's opinion to meet an imminent risk to the life or health of the child or young person.

Residential care staff should contact the residential care senior child and youth worker, supervisor or mobile night team for further guidance.

4.3 Medical treatment

4.3.1 Emergency medical treatment

Emergency medical treatment is required in any situation where there is an immediate, serious, or life-threatening concern for a child or young person's health. Examples where emergency medical treatment would be required include, but are not limited to:

When a child or young person:

- has stopped breathing or is having difficulty breathing
- is unconscious or has suffered a significant head injury
- has had a seizure (follow instructions in the child or young person's seizure care plan if available) or refer to Seizure First Aid for further information
- has suffered another type of significant injury (for example, severe laceration, burn, fracture)

- has ingested, inhaled or been in contact with a poisonous or toxic substance
- has taken an overdose of prescribed or non-prescribed drugs/medication
- appears to be having an extreme allergic reaction
- is suffering from an illness and is rapidly deteriorating (for example, becoming lethargic and unresponsive).

Residential care staff should:

- follow the DRSABCD action plan for first aid
- dial 000 for an ambulance as soon as it is safe and possible to do so
- contact the Poisons Information Service on 13 11 26 (24-hour service) if there is reason to believe the child or young person has consumed a potentially dangerous amount or combination of alcohol and/or other drugs (prescribed or non-prescribed)
- be prepared to provide as much information as possible
- seek the assistance of other staff, the residential care senior child and youth worker, supervisor or mobile night team in order to help with the response.

If staff are unsure as to whether or not emergency medical treatment is required, do not hesitate to call emergency services on 000 and request an ambulance. The paramedics will be able to make an assessment when they arrive.

Children and young people in the custody and guardianship of the Chief Executive have ambulance cover; refer to SA Ambulance Cover Procedure for further information and eligibility requirements.

If a child or young person requiring emergency medical treatment is transported to hospital in an ambulance (or otherwise, if an ambulance is unavailable) a staff member should accompany them. Where possible this should be a familiar staff member to the child or young person. The child or young person's voice should also be taken into consideration based on their age and developmental capacity and providing it is safe. Contact the residential care senior child and youth worker, supervisor or mobile night team for further direction.

Staff need to provide the below information to ambulance services:

- Guardianship status of the child or young person (to confirm who has authority to provide medical consent)
- Concerns or possible risks with regard to the child or young person's behaviours
- Medical history of the child or young person (if known) including:
    - any mental health difficulties
    - known allergies
    - physical injuries (especially head injuries)
    - recent medical illness, including blood borne viruses
    - current medication
    - if the child or young person has epilepsy
    - if the child or young person has any disability support needs/aids
    - any type of substance taken (prescription or non-prescription)
    - amount of substance taken (if known)

- method of ingestion (for example, intravenously, nasally)
- time of administration (if known)
- strength of substance (if known).

4.3.2 Non-emergency medical treatment

If a child or young person indicates they are feeling unwell, or staff notice signs or symptoms of poor health that is not improving with rest and over the counter medication, staff must seek assistance from a medical practitioner in a timely manner.

In the event that an infant or very young child appears to be unwell, always seek medical advice as soon as possible. Young children and infants are not as capable to communicate their symptoms and their condition may deteriorate quickly. Staff should refer to 'Provide safety for younger children' in the Create a safe and nurturing home key step of the Residential care chapter of the Manual of Practice.

Staff should ensure that all planned, preventative medical appointments, such as immunisations and annual check-ups, are attended, supported and recorded appropriately in the House Diary and E-Log and any results or outcomes are uploaded to C3MS using quick notes.

Residential care staff should:

- make an appointment with the child or young person's nominated GP or medical clinic
- organise for staff to transport the child or young person to and from the appointment and support the child or young person during the consultation, if appropriate. Refer to Transport children and young people in the residential care chapter of the Manual of Practice for further information on safely transporting children and young people
- ensure the child or young person's current Medicare card, Healthcare card, school health form (if applicable) and an Appointment Results Template (ART) are taken to the appointment
- record the details in the house diary, the E-Log, C3MS and inform the DCP case worker.

Staff can access the Women's and Children's Hospital Child and Adolescent Virtual Urgent Care Service, this service is available seven days a week from 9:00am to 9:00pm and enables children and young people to access expert medical advice with a team of highly skilled paediatric doctors and nurses.

Health Direct (1800 022 222) can be used as a secondary resource in non-urgent situations but it should not replace or delay direct action to seek medical assistance.

After hours

If the situation is (or becomes) an emergency, staff should call emergency services on 000 and refer to the Emergency medical treatment section of this procedure.

If treatment cannot be delayed until the next business day but it is not an emergency, staff should make an appointment with the nominated locum service and organise for a medical practitioner to attend the house.

If the matter is non-urgent and not a serious concern, staff can also contact Health Direct for advice (1800 022 222). However, Health Direct should not replace or delay direct action to seek medical assistance.

4.4 Cultural considerations

The health and safety of all children and young people is paramount. When seeking medical attention or treatment, the first priority for all children and young people must be their health and safety.

4.4.1 Considerations for Aboriginal children and young peoples

Where there is an emergency for an Aboriginal child or young person refer to the Emergency medical treatment section in this procedure.

Prevention

Aboriginal Child Placement Principle Active Effort prompt

To ensure cultural factors, self-determination and sensitivity are considered, all Aboriginal children and young people living in residential care should be referred to an Aboriginal specific health service for health needs such as illness prevention, health screening tests, health care plans, chronic disease management, dental health, culturally sensitive services and health referrals. Residential care staff should actively seek the views of the Aboriginal child or young person with consideration to their developmental capacity, prior to referring to Aboriginal specific health services.

The National Agreement on Closing the Gap is an initiative that aims to improve Aboriginal people's life outcomes and reduce disadvantage. One of the outcomes of the National Agreement is for Aboriginal people to enjoy long and healthy lives.

Aboriginal children and young people living in residential care are eligible for the Closing the Gap Pharmaceutical Benefits Scheme through the National Agreement, which will support their right to enjoy a long and healthy life now. Residential Care staff can support a child or young person to become registered by discussing the process with the child or young person's DCP case worker and doctor and supporting the child or young person to understand the importance of accessing this initiative.

Connection

SA Health has a range of Aboriginal specific services such as Watto Purrunna Aboriginal Primary Health Care Service (northern and central regions), Aboriginal Health Services at Noarlunga and Clovelly Park and GP Plus centres. There are also Aboriginal Community Controlled Health Services across regional South Australia and in Adelaide, and the Aboriginal Oral Health Program through SA Dental Service.

Refer to Aboriginal Health Services for further information.

Aboriginal Health Services can also assist with linkages and connections to Ngangkarri (traditional healers) who can also work in conjunction with medical professionals to meet spiritual, mental and physical medical treatment needs.

4.4.2 Considerations for children and young people from a culturally and linguistically diverse (CALD) background

Where there is an emergency for a child or young person from a CALD background, refer to the Emergency medical treatment section of this procedure.

Children and young people from a CALD background living in residential care, where possible, should be referred to CALD specific Health Service Providers, general practitioners (GPs) or culturally responsive service providers. This is in recognition of the way differing cultural views, beliefs in alternative medicine, religious considerations and health literacy may impact on health management and medical compliance.

SA Health has a CALD specific Refugee Health Service that is a specialist statewide health service for newly arrived refugee and asylum seekers. They conduct comprehensive health assessments and provide multidisciplinary care coordination, clinical management of infectious diseases, intervention to address physical/psycho social consequences of torture and trauma, and gender based violence and health literacy education.

Consultation with DCP Multicultural Services team is also recommended to assist in health management plans.

4.5 Medication requirements

A medication is a drug/substance used to cure, treat, or prevent disease or illness. Medication can be prescribed or non-prescribed. In some situations, vitamins, minerals and supplements may also be defined as medication.

Medication can be given to a person to:

- prevent illness (for example, asthma medication)
- fight infection (for example, antibiotics, anti-viral, immunisations)
- treat mental health conditions (for example, antidepressants, mood stabilisers)
- treat behavioural and emotional conditions (for example, dexamphetamine)
- alleviate symptoms (for example, topical eczema cream)
- manage epilepsy (for example, anti-convulsing)
- provide contraception (for example Implanon, oral contraceptive pill).

4.5.1 Medication folder

Every child and young person living in DCP Residential Care should have a clearly labelled medication folder to store the following medical information:

- health care card and Medicare card details
- prescription and non-prescription medication schedules
- prescriptions and repeats
- asthma management plans
- referrals to specialists
- completed appointment results templates (ART)
- health management plans
- special dietary requirements and allergies
- other medical information.

4.5.2 Medication schedules (prescription and non-prescription)

A Prescription medication schedule (PMS) should be used to record the administration of medication that has been prescribed by a medical practitioner. Every individual prescribed medication for each child or young person should be recorded on its own schedule template. Residential care staff should ensure the required details are recorded on the PMS for each prescribed medication. Every time a prescribed

medication is administered or missed, the staff member administering the medication should record the required details on the appropriate PMS.

For any dosage changes, the prescribing doctor will need to write either a new script or a letter of authority reflecting the changes in medication to enable the pharmacist to compile a new blister pack (refer to the Blister packing section in this procedure). A new PMS will need to be filled out where there are changes to the dosage and the previous PMS will need to be finalised and uploaded to C3MS.

Examples of prescription medication to be recorded include antibiotics, psychotropic medication, asthma preventers and some types of pain relief medication.

The Non-prescription medication schedule (N-PMS) should be used to record the details of the administration of all non-prescribed medication for each individual child or young person. All N-PMS medications can be recorded together on one N-PMS template per child or young person. The N-PMS should be checked each time prior to administering any non-prescribed medication to determine when the last dose was given. Every time a non-prescribed medication is administered, the staff member administering the medication should record the required details on the N-PMS and in the E-log.

Examples of non-prescription medication to be recorded include paracetamol, vitamins, ibuprofen, aspirin, topical skin preparations, lice treatments and Ventolin puffers (please note Ventolin is both a prescribed and non-prescribed medicine- if Ventolin is prescribed then recording needs to occur on the PMS).

The PMS and N-PMS should:

- be stored in each child or young person's medication folder when in use
- be sighted and signed weekly by the residential care supervisor or senior child and youth worker
- be uploaded to C3MS in the 'Notes and Documents' section, use category: 'Health - medical issues/medication'. The entry will be date stamped automatically. Schedules should be uploaded as per below:
    - PMS should be uploaded at the end of each schedule (weekly)
    - N-PMS should be uploaded weekly when in use and should be uploaded at the same time as PMS schedules if in use.
- be filed (hard copy) in the child or young person's 93 file when the schedule is completed and signed by the residential care supervisor or senior child and youth worker.

4.5.3 Recording on medication schedules

Residential care staff should record the following information on a child or young person's medication schedule:

- the child or young person's name and date of birth
- the type and name of the medication (not the brand name)
- the exact dosage
- the method of administration of the medication (for example, oral, topical)
- the time/s that it will be given
- if it is a repeat prescription
- allergies
- a recent photo of the child or young person.

4.5.4 Recording of medication administration in the E-Log

When recording medication administered in the E-log, staff should:

- assign the medical code
- tick the medical box yes and this will make it green
- select the type of entry (for example MED for medication)
- record the child or young person's name
- record the type and full name of the medication (not the brand name), and
- record the exact dosage and the time/s that it was given
- where administration of prescription medication has been missed, staff should record the reason for the missed medication and any follow up that has occurred. For example, if the child or young person refused to take their medication or the young person was missing or absent from the placement.

4.5.5 Administering medication (prescription and non-prescription)

Residential care staff, including agency staff working in residential care should administer medication to children and young people.

When administering medication (prescription and non-prescription) to a child or young person, staff should follow the child or young person's individual medication schedules for all prescription and non-prescription medication and refer to the Seven RIGHTS of safe medication administration for guidance.

Any loss of medication, discrepancies or variances of count must be reported immediately to the residential care manager or their delegate, and an incident report completed. Refer to the Residential Care: Incident management Procedure for further information.

4.5.6 Safely managing non-prescription medication

Children and young people can get medication from a number of places, for example from the pharmacy, supermarkets and health food shops or from a natural health practitioner (homeopath). For best practice, all medications that are intended to either treat a condition or prevent illness for a child or young person should be recommended by a GP. Many medications and/or over the counter preparations can interact and have negative, even life threatening outcomes for children and young people.

A GP (preferably a GP who is familiar with the child or young person) should be consulted during a general check-up as soon as possible after a child or young person moves into DCP Residential Care. The GP will be able to advise the right amount of non-prescribed medication to give, according to the weight of the child or young person and any other medications they may be taking. This can be documented in the ART – 'Instructions for ongoing treatment/medication or change of dosage' section.

If a child or young person has not had a health assessment or other health check and they develop an illness/fever before one can be completed, they may need to be given over-the-counter medication such as paracetamol. In this case, read the manufacturers dosage instructions taking particular note of the child or young person's weight. If unsure, consult a pharmacist during business hours or the Poisons Information Centre on 13 11 26 after hours. Also take note of the child or young person's PMS and N-PMS. Where possible seek advice from their GP.

General principles for safely managing non-prescription medications:

- discuss the issue with the child or young person (if applicable) and get their verbal consent (see the Right to refuse section within this procedure)
- infants and very young children will not be able to give verbal consent to medication. Therefore, it is best to seek medical advice immediately if there is reason to believe an infant or very young child requires any form of medication (refer to Provide safety for younger children in the DCP Residential Care chapter of the Manual of Practice)
- administer the medication as per the manufacturer's instructions and in accordance with any particular instructions from the child or young person's GP
- undertake all checks in accordance with the Administering medication section of this procedure and Seven RIGHTS of safe medication administration guide
- if the child or young person is taking other prescribed medication or there is reason to believe they are under the influence of alcohol and/or other drugs, contact the Poison's Information Centre 13 11 26 for advice before administering further medication
- in the E-Log, record that the non-prescription medication was administered and that the child or young person was supervised when taking the medication. Indicate that it is a medical entry and record the exact dose given. Also, record this in the N-PMS
- if the child or young person's symptoms persist or worsen, make an appointment with their GP as soon as possible. A non-emergency can very rapidly become an emergency and, in that case, refer to the Emergency medical treatment section in this procedure.

If there are specific concerns with paracetamol or other medication misuse and/or ongoing medical issues, staff should consult with the senior child and youth worker, supervisor or mobile night team prior to administering medication.

4.5.7 Storing and securing medication

All children and young people's medication should be stored as per the manufacturer's or pharmacist's instructions and should be stored securely in a dedicated medical cabinet or filing cabinet that can be locked and only accessed by staff. The medical cabinet should be locked at all times when not in use. If medication requires refrigeration, ensure that it is stored securely and appropriately (thermal storage container or staff fridge). All medication should be clearly labelled, including the type of medication and to whom it belongs. Medication should not be stored with poisonous items (unless the item is used for medical purposes for example, lice treatment).

Some children or young people will need to carry their medication with them or it will need to be readily accessible at all times (for example, asthma puffer or EpiPen).

Only authorised staff may have access to medication and the medication cabinet. All keys to the medication cabinet should be securely stored either with an authorised staff member or in a secure location in the locked office at all times (depending on the site's requirements). All keys, including the medication cabinet keys, should be accounted for quarterly by the residential care supervisor, by completing a stocktake of all keys using the Key Register. Staff should keep any of their personal medication (prescription or otherwise) in a secure location, for example in their personal locker, at all times.

Medication should be in-date. Refer to the Disposal of medication (prescription and non-prescription) section of this procedure for safe disposal of medication that is out of date. Medication that is prescribed for longer than seven days should be in a blister pack (refer to the Blister packing section of this procedure).

4.5.8 Blister packing

If the medication prescribed by a medical practitioner is in tablet form and needs to be taken for more than seven days, it should be prepared by a pharmacist in a blister pack (or similar, see picture). This ensures the correct dosage is clearly separated into the correct day and time for safe administration.

Always follow the directions on the child or young person's medication schedule for all medication that is being administered from a blister pack.

When the blister pack is empty, remove the child's details (for confidentiality purposes) and place the empty blister pack in the rubbish bin. If medication has been left in the blister pack, follow Disposal of medication (prescription and non-prescription) section of this procedure.

4.5.9 Disposal of medication (prescription and non-prescription)

Medication should be returned to the pharmacy for disposal if:

- it is out of date
- it has been stored incorrectly, causing the medication to spoil
- if the child or young person for whom the medication was prescribed is no longer requiring the medication
- if the child or young person for whom the medication was prescribed is no longer at the placement.

Any unauthorised medication that is brought into the placement by a child or young person should also be disposed of in accordance with this procedure.

When staff return medication to the pharmacy, they should:

- record the details of the medication on a PMS where indicated (this includes for PMS and N-PMS medication)
- ask the pharmacist to sight and sign where indicated on the bottom of the PMS that what is being returned is true and correct
- provide the PMS document (once signed by the pharmacist) to the residential care supervisor for signing
- upload the signed PMS in C3MS and store the hard copy in the child or young person's 93 file for recording purposes
- document the steps taken (as described above) in the E-Log as a medical entry.

Certain medications may not be able to be returned to the pharmacy due to the consistency or structure of the medication. In these instances staff should:

- request written confirmation from the pharmacy advising that the particular medication cannot be returned to the pharmacy and including the pharmacist's recommended method for disposal of the medication
- if possible, seek assistance from another staff member to witness the disposal of such medication
- record the disposal of the medication on the PMS
- provide the PMS form to the residential care supervisor for signing and upload to C3MS (where required)

- record steps taken in the E-log as a medical entry.

4.5.10 Returning missed medication to the pharmacy

Sometimes children or young people miss doses of their prescribed, ongoing medication. When this happens, staff should:

- record the missed doses on the PMS using the letter M for missed
- when returning the blister pack to the pharmacy also take the corresponding PMS which indicates the number of doses that have been missed for that week
- ask the pharmacist to sight the PMS, matching it to the returned medication and sign the PMS indicating that what is being returned is true and correct
- once signed by the pharmacist, provide the PMS form to the residential care supervisor for signing, then upload the form to C3MS and store in the child or young person's 93 file
- record steps taken in the E-Log as a medical entry.

When returning non prescribed medication that does not relate to a specific child or young person or is generic (for example, out of date paracetamol) the PMS form (used to record returned non-PMS medication) will need to be stored and archived with all other house documents that require archiving, such as the house diary. Records of generic medications that have been returned to the pharmacist and that are not related to a specific child or young person do not require uploading to C3MS.

4.5.11 Managing medication at school and programs, and when with family

The Department for Education's Medication management in education and care services guideline outlines how schools, preschools and other education and care services should manage, store and administer medication for children and students in their care. If a child or young person takes medication during school hours, their DCP case worker will need to liaise directly with the child or young person's school to ascertain the specific requirements under this guideline and establish an agreement.

If a child or young person requires medication when they are attending a program, going to visit family, or leaving the house for another activity, residential care staff should provide only the exact quantity of medication required, and where possible provide medication in a blister pack. Clearly label the medication and provide written instructions on when and how the medication should be taken. If the program/visit is extended, further medication will need to be provided to the child or young person in consultation with the care team. Ensure consultation has occurred with the DCP case worker and the residential care supervisor prior to providing medication in these instances.

When staff have provided medication to another party (for example a child or young person's school) for administering, staff should cross out the date and time on the PMS form and identify who the medication was provided to for each section.

When releasing medication to another party, staff should record the details in the E-log.

4.5.12 Self-management of medication – independent living

Case direction may indicate that a young person transitioning to independent living is able to self-manage their medication. Self-management of medication should be approved by the DCP case worker in consultation with the young person's care team to ensure that the medication can be safely secured to prevent access by other children or young people.

Staff are required to accurately record details of approval for self-management and any alternative medication storage in the E-Log and on the PMS, or N-PMS if applicable.

4.6 Right to refuse

If a child or young person refuses medication, staff should record the reason for refusal and try to address the reasons behind the refusal. For example, is the child or young person afraid because of the method of administration, side effects or due to a past trauma?

If appropriate, talk to the child or young person about the impacts of their refusal on their medical condition, whilst addressing their concerns. Support the child or young person to speak to their GP, nurse practitioner or Health Direct, which may help in offering reassurance about the safety or necessity of a prescribed medication.

If the issue cannot be resolved, seek advice from the original prescriber (if possible) or a medical professional such as a nurse practitioner, GP or Health Direct about the implications of refusal to the child or young person's medical condition and if there are alternative methods of administration or alternative medications that may be available.

Report the refusal of medication to the residential care senior child and youth worker, supervisor, or mobile night team who may provide further advice.

Document the refusal and the missed dose (M) in the PMS and E-Log including staff response and any outcomes.

4.7 Immunisation

The child or young person's DCP case worker is responsible for ensuring they receive all applicable immunisations in accordance with the National Immunisation Program, South Australia Schedule. Staff can refer to the Access health services for the child or young person section in the supporting children and young people chapter of the Manual of Practice.

Residential care staff may need to support and organise transport for a child or young person to attend an appointment for their immunisations.

4.8 Resources

- Health Direct: 1800 022 222
- Poisons Information Centre: 13 11 26
- 1300 Medicine (consumer advice 9am - 5pm AET) 1300 633 424

5. Compliance, monitoring and evaluation

DCP residential care senior child and youth workers and supervisors are responsible for monitoring and supporting staff compliance to follow this procedure. Residential care managers are responsible for oversight, practice support and any required follow up.

The residential care manager, compliance and operations, is responsible for monitoring compliance with this procedure and reporting data and risk analysis of medication audits to the Director, Residential Care.

5.1 Senior child and youth worker responsibilities

- sight and sign all medication schedules on a weekly basis
- check medication is correctly stored on a weekly basis
- for agency only staffed houses, upload medication schedules to C3MS.

5.2 Supervisor responsibilities

- conduct medication compliance audits every six months (section 5.2.1)
- conduct regular audits of medication cabinets/secure storage areas (locked at all times when they are not in use)
- ensure the Residential care: Medical treatment and medication procedure is accessible at each house and available for each staff member working within the house
- sight and sign the PMS and N-PMS when medication is returned to the pharmacy
- sight and sign the PMS and N-PMS at the end of each schedule (this can be completed by either the supervisor or senior child and youth worker).

5.2.1 Medication compliance audit process

The residential care supervisor (or proxy) should complete a medication compliance audit for each house every six months by following the Medication compliance audit process in this procedure.

Medication compliance audit process

1. Complete a medication checklist by clicking on ⊕ New in the medication audit section on the residential care SharePoint site. A separate checklist should be completed for each residential care house.
2. The medication checklist should be filled out electronically and then uploaded to the medication audit section on the residential care SharePoint.
3. Supervisors should notify their line manager by email within 24 hours of completing and uploading the checklist.
4. Supervisors are responsible for ensuring all follow up actions entered on the checklist are completed within 14 days from the checklist completion date.
5. Once all of the follow up actions have been completed, the supervisor is to update the checklist on the SharePoint site and notify their manager by email for final approval.

5.3 Manager responsibilities

The residential care manager should review the completed medication checklist and action any further follow up if required. In the 'Final approval by manager' check box the manager should click 'approved and finalised' and save the template once all outstanding actions are complete.

The residential care manager, compliance and operations will monitor all medication audit data entered into SharePoint for analysis and reporting on compliance and practice.

Key performance data and reporting will be provided to the Director, Residential Care on a quarterly basis by the residential care manager, compliance and operations.

5.4 Immediate action

Any losses of medication, discrepancies or variances of count must be reported immediately to the residential care manager or delegate, and an incident report completed. Refer to the Residential Care: Incident management Procedure for further guidance on incident reporting.

5.5 Document review

This document will be reviewed every three years to ensure currency and applicability, or more immediately to reflect any changes to workplace practices and/or relevant legislation.

6. Related documents

Related documents, forms and templates
Appointment Results Template (ART)
DCP Residential Care Key Register
DRSABCD action plan
Residential Care: Incident management Procedure
Significant incident reporting Procedure
Medication Compliance checklist
Prescription and Non-prescription Medication Schedule (PMS/N-PMS)
SA Ambulance Cover Procedure
Seizure First Aid
Seven RIGHTS of safe medication administration

7. Glossary

Term	Meaning
Agency Staff	Staff (agency) contracted to work in DCP residential care who are not DCP employed residential care child and youth workers
ART	Appointment Results Template
C3MS	Connected Client and Case Management System
DCP	Department for Child Protection
DRSABCD action plan	A vital aid in assessing whether a casualty has any life threatening conditions and if any immediate first aid is required. The plan is taught In first aid training courses. DRSABCD stands for: DANGER, RESPONSE, SEND, AIRWAY, BREATHING, CPR, DEFIBRILATION
GP	General Practitioner for the child or young person
93 file	Hard copy record management file used to manage paperwork and confidential information for children and young people in residential care

Term	Meaning
000	Telephone number for Australian Emergency services (Police, Ambulance, Fire)

Document control

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Document Owner		**Lead Writer (position)**	
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REVISION RECORD		
Approval Date	**Version**	**Revision description**
01 June 2018	V2.0	Final
01 September2023	V3.0	Revised Draft – Inclusion of Compliance requirements for Residential Care Managers, Supervisors and Senior Youth Workers New Template
January 2024	V3.1	Change of Medication audit frequency from every three months to every six months