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| Managing medication |
| Supported residential service fact sheet  |
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# About the Social Services Regulator

The [*Social Services Regulation Act 2021*](https://www.legislation.vic.gov.au/in-force/acts/social-services-regulation-act-2021/001) (the Act), the [*Social Services Regulations 2023*](https://www.legislation.vic.gov.au/in-force/statutory-rules/social-services-regulations-2023/001) (the Regulations) and the [*Social Services (Supported Residential Services) Regulations 2024*](https://www.legislation.vic.gov.au/in-force/statutory-rules/social-services-supported-residential-services-regulations-2024/001)(the SRS Regulations) create a new regulatory framework for social services in Victoria. This framework puts the protection and safety of social services users at the centre of social services delivery.

The Social Services Regulator replaces the Human Services Regulator. The Social Services Regulator aims to strengthen protections for social services users to safeguard people from harm, abuse and neglect. Core objectives include:

* protecting the rights of service users
* supporting safe and effective social services delivery
* minimising the risk of avoidable harm in service delivery.

## Managing residents’ medication

Supported residential service (SRS) providers have important obligations under the Act*,* the Regulationsand the SRS Regulationsto manage residents’ medication. These obligations support safe service delivery to SRS residents.

Providers must maintain adequate standards of storage, distribution and administration of residents’ medication. There are specific obligations to ensure:

* + safe storage of medication
	+ correct distribution and administration of medication
	+ appropriate recording of the administration of medication
	+ procedures are in place if medications are administered incorrectly or not at all.

### What is considered medication?

Medication covers prescription medication and non-prescription medication[[1]](#footnote-2).

It may be given with the intention of preventing or addressing disease, or to enhance someone’s physical or mental welfare.

There are specific criteria included in the definition of medication, including being prescribed by a doctor or instructed by a doctor to take non-prescription medication.

This means that a provider is not considered responsible for situations such as a resident buying paracetamol from a supermarket when they have not spoken to a doctor about taking it.

### How do I store medication?

SRS providers must store all medication held on behalf of a resident in a secure, lockable storage facility to prevent access by an unauthorised person. This storage facility can be a cabinet, cupboard, drawer, refrigerator, or room that is secure.

Further requirements include:

* when the storage facility is unlocked, it must be under the direct supervision of an authorised staff member
* taking reasonable steps to ensure that any medication stored on behalf of a resident is stored in line with storage instructions on the label for the medication.

Only staff who have the written or verbal authorisation of the SRS provider are allowed to access residents’ medications. It is important to make sure:

* records are kept of the staff authorised to access medication
* where a resident administers their own medication, the SRS provider has taken adequate precautions to ensure safe storage of the medication.

### What medication should not be kept at an SRS?

SRS providers must take reasonable steps to ensure that prescribed medication is **not** kept at their SRS if:

* + a resident with prescribed medication no longer resides at the SRS. Medication should go with the resident when they leave an SRS
	+ a resident requires their medication while they are temporarily away from the SRS
	+ the expiry date for the medication has passed. Expired medication should be returned to the pharmacy
	+ the resident no longer requires the medication. Unused medication which is no longer required should be returned to the pharmacy.

## Obligations when administering medication

SRS providers must have procedures in place for distributing and administering residents’ medication safely and effectively. See Table 1 for more details.

Table 1: Requirements when administering medication

|  | Requirements when providing medications to residents | Details of requirements |
| --- | --- | --- |
| 1 | **Administration** | * SRS providers must administer prescribed medication to residents in line with directions given by the person who prescribed it.
* There is no exception to this requirement, regardless of the method of administration.
 |
| 2 | **Distribution** | * SRS providers must distribute non-prescribed medication in line with the product instructions, unless advised otherwise by a health practitioner.
 |
| 3 | **Confirmed, safe process** | Before administering or supervising the administration of medication to a resident, there must be a process in place where staff responsible first confirm:* the correct medication is being provided to the correct resident
* the medication will be provided at the correct dose
* the medication will be provided by the correct method
* the medication will be provided at the correct frequency
* the medication will be provided at the correct time**/**s.
 |
| 4 | **Consultation requirements for staff** | SRS providers must have processes in place to ensure that if a staff member responsible for administering medication has any concerns about the appropriateness of a medication, they consult the treating health practitioner or a pharmacist before administering the medication or substance. |
| 5 | **Notify a health practitioner** | SRS providers must notify a relevant health practitioner without delay of:* a failure to administer medication, whether due to refusal or otherwise
* any errors in administering medication
* any reason to believe a resident responsible for administering their own medication has inappropriately administered or failed to administer their prescribed medication.
 |
| 6 | **Notify the Social Services Regulator** | SRS providers should read and understand their further notification requirements under section 48 of the Act, where a medication error results in serious harm to a resident. See <https://www.vic.gov.au/ssr-reporting-notifiable-incident>  |

## What records do I need to keep?

SRS providers must maintain records about each resident’s prescribed and non-prescribed medications. This is necessary also for residents who manage their own medication.

Medication records must be in English and kept for seven years. For more details see Table 2.

**Table 2**: Record-keeping requirements for medications

| Focus point of record | Must include |
| --- | --- |
| **Resident** | * name
* date of birth
* known medication allergies
 |
| **Prescription** | * direction, or administration details for each medication
* name and contact details of the registered health practitioner who prescribed the medication
* name and contact details of the registered health practitioner who instructed the resident to regularly take any nonprescription medicine
 |
| **Medication** | * name of each medication
* strength
* dose
* route
* frequency
* any other details about administering medication
 |
| **Record** | * date started
* date completed
 |

### Keeping records on administering medication

For medications administered by SRS staff, a record must be made each time the medication is administered. These records need to include:

* + the date and time the medication was administered
	+ any variation from the directions for administration
	+ the name and signature of the person administering or supervising the administration
	+ any failure of administration, whether due to refusal or otherwise
	+ any error in medication administration.

SRS providers must make sure that records on administering medication are written in English and kept for seven years.

It is not necessary to keep records of administering medication for medication a resident manages on their own.

# What is the role of the Regulator?

The Social Services Regulator is committed to protecting service users and will not hesitate to act to protect service users from harm, abuse and neglect. This includes taking enforcement action.

Failure to take reasonable steps to maintain adequate standards of storage, distribution and administration of residents’ medication is a breach of an SRS provider’s obligations under the Regulations*.*

Failure to meet obligations may result in penalties, that can include fines and prosecution.

# Useful resources and contacts

## Resources

For requirements to report notifiable incidents to the Regulator, see <https://www.vic.gov.au/ssr-reporting-notifiable-incident>

Fact sheets on requirements for SRS providers are at: https://www.vic.gov.au/supported-residential-services

This series of fact sheets outlining requirements for SRS providers under the Regulations includes:

* Using a residential service agreement (RSA)
* Managing support plans
* Managing residents’ medication
* Staffing requirements
* Managing residents’ money.

## Contact us

For further information about managing medication that is not covered in this fact sheet, you can contact the Social Services Regulator:

* email the Social Services Regulator <enquiries@ssr.vic.gov.au>.

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1. The Act defines prescription medication as any substance listed on schedules 4, 8, or 9 of the *Poisons Standards*. The Act defines non-prescription medication as any substance listed on Schedules 2 or 3 of the *Poisons Standards*. [↑](#footnote-ref-2)