

## Medications Procedure

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**Approved by:** Care and Support Executive Team

**Lead Director:** Director of Business Development

**In consultation with:** Operational teams, Care Services team,  
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## 1. Procedural Context

This procedure sets out the minimum standards for the provision of assistance to customers directly supported by all Riverside Care and Support services with the management of medicines, including CQC regulated and non-regulated services.

All Riverside services should aspire to empower and enable customers to be as independent as possible and manage their own medication, however some customers will require more support than others. This procedure sets out the different levels of support that can be provided.

All Procedures referred to for Care and Support can be found on the RIC here:  
***Central Services > Care and Support > Procedures***

## 2. Application

All staff members should read and understand this procedure along with the Mental Capacity procedure which provide guidance on how to assess mental capacity in accordance with the legislation and relevant Codes of Practices.

## 3. Medication Support Levels

For some housing support services providing support to individuals with very complex needs there may be occasions where individuals need additional support, for a period of time. Examples may include where an individual:

- Has spent a considerable amount of time in hospital and lacks the confidence/skills to manage their own medication.
- Has relapsed with any previous addictions, e.g. drugs and it is deemed unsafe for them to manage their own medication.
- Is very capable with their medication but has self-harming behaviour when experiencing mental health deterioration and there is a risk of overdose.

If this is the case, additional support may be required, (see table 1 below for details)

### **Internal authorisation for CQC regulated or specialist services**

A service cannot administer medication or store medication until signed authorisation has been obtained. This should be done using the '***Administration of Storage and Medications Permission Form***' which can be found in Appendix 1.

Table 1 below details the different levels of support that can be provided by services.

- Levels 0 - 1 may apply to housing support services that do not administer medication.
- Levels 0 - 3 may apply to CQC regulated or specialist services.

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**Table 1 - Medication Support Levels**

<b>Level</b>	<b>Customer Responsibility</b>	<b>Staff Responsibility</b>	<b>Notes</b>
<p><b>Level 0:</b> Self-Administration All standard Supported Housing and Retirement Living services unless they have an exemption</p>	<p>Self-Administration, Ordering/receipt and storage of medication.</p> <p>Return unused medication to the pharmacy.</p>	<p>Customers order their own medication.</p> <p>MAR sheet not required to be completed by staff.</p>	<p>Customers hold the key to their own medication cabinets, where available.</p>
<p><b>Level 1:</b> Self-Administration, Prompt and Monitoring (in non-CQC schemes where we receive medication from the pharmacy and are only required to sign to state we are handing them over to the customer)</p>	<p>Self-Administration, Ordering/receipt and storage of medication.</p> <p>Return unused medication to the pharmacy.</p> <p>Sign consent form to confirm staff are able to liaise with the pharmacy and order medication on their behalf.</p>	<p>Services may order and receive directly from the pharmacy.</p> <p>Prompt customer to take their medication at the correct time, in the correct way and cross-check against MAR sheet to ensure accuracy.</p>	<p>Medication records to be signed by staff and customer when handing over to the customer (See '<i>Appendix 2 – Medicines Administration Record</i>')</p> <p>Consent form to be signed by customers can be found in '<i>Appendix 3 – Medication Support – Consent Form</i>'.</p> <p>Customers hold the key to their own medication cabinets. To be risk assessed and with the agreement of the customer.</p>
<p><b>Level 2:</b> Prompt and Assist (CQC Registered Schemes and/or designated Care Manager in place – who conducts a monthly audit and provides advice)</p>	<p>As above <u>plus</u>: Customers self-administer including insulin injections for diabetes</p>	<p>As above <u>plus</u>: If a customer is unable to access their prescription or PRN (pro re nata/as needed) medication from their Multi Compliance Aid, bottle or container, staff can handle the medication so the customer is able to take it themselves. PRN Protocol to be followed.</p> <p>Ordering medication as well as administration of ear drops and eye drops may be carried out by staff if the customer is unable to do this themselves.</p>	<p>Staff must wear appropriate personal protective equipment (PPE) at all times: new gloves and aprons to be worn for each customer.</p> <p>Staff will hold the keys to the customer's own cabinet. Keys to be signed in and out at all times to ensure safe storage.</p>
<p><b>Level 3:</b> Medication Administration (CQC Registered Schemes and/or designated Care Manager in place – who conducts a monthly audit and provides advice)</p>	<p>'<i>Appendix 4 – Medication Risk Assessment Template</i>' to be completed with customer to evidence agreement that the service is supporting them with medication.</p>	<p>The service will order and receive medication from the pharmacy, ensuring safe practice and relevant records are completed, e.g. MAR sheet, stock check, PRN protocols.</p> <p>The service will administer medication to the customer.</p>	<p>Protective clothing (apron, gloves) should be worn to administer medication.</p> <p>Staff will hold the keys to the customer's own cabinet. Keys to be signed in and out at all times to ensure safe storage.</p>

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**For Levels 0-1 (Supported services) the steps below should be followed:**

1

- Check the MAR sheet and Breakdown of Care for instructions on medication and ensure these are completed where appropriate

2

- For Level 1 - remind the customer to take their medications at the appropriate time in accordance with their care plans

3

- If you have concerns about a customer's mental capacity or self-administration of medication, then contact your line manager for advice and re-assessment

4

- Staff should support customers to request and attend an annual medication review from their GP to ensure that at all times they are being prescribed the best medication that meets their needs

**For Levels 2-3 (CQC Registered Schemes) the steps below should be followed:**

1

- Hands should be cleaned before and after medication tasks; appropriate PPE to be worn at all times.
- Medication to be obtained from original package into the relevant medication pot to avoid contact with medication at all times.

2

- Tablets should never be crushed, nor capsules opened, without the explicit instruction of the prescriber and only when recorded on the pharmacy label – where necessary a pill crusher must be used.
- Tablets must never be cut or split - if smaller doses are prescribed the pharmacist should do this.

3

- Medication must only be administered if the container is clearly labelled with the customer's name, the name of the drug(s), dosage and directions. Any discrepancies with the MAR Chart must be reported to the Care Team Manager.

4

- Dosage, including any special instructions on the label, should be followed closely, e.g. medication to be taken before/after a meal. If instructions are unclear, or with unclear abbreviations, staff must liaise with their line manager who must ensure clear written directions are obtained.

5

- If the label becomes detached, is illegible, or has been altered, medication must not be administered. Advice to be sought from the Care Team Manager who should seek further advice where necessary.

6

- No more than 28 days' supply of medicines, including those on repeat prescriptions should normally be requested for a customer at any one time.
- Expiry dates must be checked before administering medicine.

7

- Some medication causes side effects and staff should be alert to this possibility and report any concerns to their manager. In an emergency they should contact the GP, Pharmacist, NHS 111 or during serious occurrences; emergency services.

8

- Staff should support customers to request and attend an annual medication review from their GP to ensure that they are being prescribed the best medication that meets their needs.

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MAR sheets should be provided by the pharmacy and come pre populated. Hand written versions should only be used in exceptional circumstances where we have been unable to obtain one from the pharmacy.

#### 4. Duties and Responsibilities

The table below sets out responsibilities for tasks relating to this procedure:

Role	Responsibilities
<b>All Managers</b>	<ul style="list-style-type: none"> <li>Ensuring compliance with this procedure and any necessary forms are complete and saved appropriately.</li> <li>Ensuring customers are aware of their responsibilities when they start using Riverside services.</li> <li>Ensuring processes are in place for new staff to be appropriately inducted and all staff have access to relevant training.</li> <li>Completing annual refreshers and review of competencies within all CQC regulated and specialist services. (See <i>'Appendix 6 – Medication Competency Assessment Toolkit'</i>)</li> </ul>
<b>All staff</b>	<ul style="list-style-type: none"> <li>Reading and understanding this procedure.</li> <li>Working to this procedure to ensure the safe management of medicines by customers.</li> <li>Attending mandatory training and complete / achieve medication competency where appropriate.</li> <li>Maintaining the customer's rights to dignity, independence and choice.</li> <li>Keeping all information about a customer's medication and treatment confidential.</li> <li>If administering medicines ensure medication rights are followed, e.g. Right person; Right drugs; Right dose; Right time; Right route</li> <li>Seeking out medical advice were necessary from professionals (e.g. GP, 111, pharmacy)</li> </ul>

#### 5. Procedure Guide (for all services)

Customers in non-specialist housing support services are required to keep and administer their own medication without the assistance of staff. However there may be occasions when a customer needs additional monitoring and/or support (as set out above in Table 1 – Medication Support Levels).

In order to protect the safety of the customer and others, it is essential to risk assess a customer's ability to manage their medications independently and safely, including:

- Whether they have skills/confidence to manage their own medication safely.
- Whether there are times when the capacity to manage their own medication safely and to administer it as per the instructions are reduced.
- Whether they understand the importance of safe storage.

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A Risk Assessment should be used for these purposes which can be found in **‘Appendix 4 – Medication Risk Assessment Template’**.

If the service is supporting a customer with medication management then a Medication Support Profile (see **‘Appendix 5 – Medication Support Profile - Customer’**) should be completed with the customer. This should be reviewed on a regular basis to ensure we are operating a person-centred approach and there are opportunities to be flexible with support required with the ultimate aim of encouraging resilience and reducing the amount of support given with medication management.

**Staff members must not collect any medication from a pharmacy on behalf of a customer.** Where possible customers should be encouraged to pick up their own medication and where this is not possible staff should support the customer to explore delivery options from the pharmacy to find an alternative solution.

If there is any doubt of the customer’s capacity to make decisions around capacity, you should refer to *Riverside’s Mental Capacity Procedure* for further guidance and information.

Any Mental Capacity assessment or documentation should be stored in the customer’s Support Plan and a copy held with their medication record (see **‘Appendix 2 – Medicines Administration Record’**). The assessment should be reviewed if there is a change in the customer’s mental or physical health state, and on a routine basis at least every 3 months (the timing of review will depend on individual needs and risks with minimum of every 3 months).

## 5.1 Storage of medicines

All customers who are prescribed medication should be provided with a lockable unit in their room for the safe storage of medicines.

**For Level 1**, where a service is receiving medication on behalf of a customer, these should be stored safely in a lockable unit within a staff area until the medication has been handed over to the customer. This should be done as soon as possible so that there is no delay in the person receiving or taking their medication. Staff should check that the amount of medication received is accurate and deal directly with the pharmacy if this is not the case.

**For Levels 2 and 3**, staff will hold the keys to customer’s lockable units, which are then held safely within a central office. Where medicines require refrigeration, this should be stored in the customer’s own fridge and staff should complete a risk assessment to determine whether a lockable unit needs to be provided to go in the fridge itself.

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For further information around safe storage please see the following links:

<https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-5-safe-management-medicines>

<https://www.nice.org.uk/guidance/ng46>

## 5.2 Controlled Medicines

Some prescription medicines are controlled under the Misuse of Drugs legislation 2001 (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. They include (but not an exhaustive list): morphine, pethidine and methadone.

For supported services and controlled drugs, there is no requirement for special storage requirements and a locked facility would be sufficient i.e. locked cupboard/cabinet which is secured to the wall. Staff should ensure where customers hold their own key that any controlled medicines / drugs are stored in their own locked cupboard/cabinet.

### CQC Regulated and Specialist Services

Storage for controlled drugs is dependent on the type of service and subsequent registration and it is the responsibility of the registered Care Manager / Service Manager to ensure we are compliant with national guidance. All records should be recorded in a controlled drugs book.

Managers should ensure appropriate staffing levels and procedure in place to ensure safe administration in line with any regulatory requirements.

Advice should be sought from the National Care Services Manager or the Care Management team by emailing [medication.support@riverside.org.uk](mailto:medication.support@riverside.org.uk) and storage and handling of controlled drugs to be risk assessed on a case-by-case basis.

## 5.3 Homely / Household Remedies

A homely or household remedy is another name for a non-prescription medicine available over the counter in pharmacies, which is used for the short term management of minor, self-limiting conditions, e.g. cold symptoms, cough, headache, occasional pain, etc.

Staff must **not** supply these remedies to customers and advise them to make their own arrangements, as they would in their own homes, seeking advice from their pharmacy or GP as some remedies may affect their existing prescribed medication.

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For further guidance please see the link below:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies>

## 5.4 Disposal of Medication

Where there is a need to return unused medication to the pharmacist for destruction, customers can do this themselves where they are able to and are deemed to have capacity.

Where customers are unable to do this, services should liaise with their local pharmacy to see if they are able to come and pick up any unused medication.

If medication is found anywhere in the scheme unlabelled, e.g. one tablet on the floor, and the owner is not known, staff should ensure removal whilst wearing gloves and place in a container provided by the pharmacist. If this isn't available, a clear bag should be used instead which should be clearly labelled and stored securely in a designated safe, ready for pick up / return to the pharmacy.

If the identity of the customer who left the prescribed drugs is known they should be returned to them with discussions around safety planning and support to help reduce the likelihood of this happening again.

As a last resort, if the customer is unable to return medication and the pharmacy do not offer any pick up service, staff are able to return unused medication to the pharmacy themselves. However, staff must notify their service manager of the situation beforehand and the service manager must risk assess the situation to decide whether this is safe to do.

When returning controlled drugs this should always be done by two staff members wherever possible to mitigate any risks.

With any returns, a representative from the pharmacy must be asked to sign the returns book to confirm receipt of the medication.

Any returns book should ideally be provided by a pharmacist or purchased. They must be carbonated / double copied. An example of a typical book can be found here:

<https://www.medipost.co.uk/product/medipost-returned-drugs-book/>

## 5.5 Disposal of Sharps / Epipens

Sharps are most commonly used to inject drugs under the skin e.g. insulin pens for Type 1 diabetes and Epipens which are used for the emergency treatment of allergic reactions such as food allergies/intolerances.

All staff should familiarise themselves with how to dispose of sharps safely. In schemes where the safe removal of sharps is necessary staff should have received

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practical instruction on how to remove sharps safely and Personal Protective Equipment (PPE) should be used when doing this.

All staff responsible for removing sharps are encouraged to have the Hepatitis B vaccine as well as maintaining any necessary boosters. They should ensure that sharps are always removed and deposited in approved sharps bin using forceps with specialist rubber gloves being worn. If a staff member is not trained in removing sharps, one person should stand guard or close off the area whilst a member of staff who is trained to remove the sharps arrives.

For more information on sharps, or if you suspect a customer is using illegal drugs refer to *Riverside's Substance Misuse Procedure* for further information and guidance.

## 5.6 Medication Overdoses

If a staff member is concerned that a customer has taken / or been given too much of their medication, they should follow the below guidance:

- If there is an immediate risk; treat it as an overdose and call 999 immediately.
- If there is no immediate risk; contact the relevant pharmacy, 111 or the customer's GP for advice.

### **CQC Regulated and Specialist Services**

If applicable, notify CQC via the portal.  
A copy should also be sent to the Care Services team on  
[care.services@riverside.org.uk](mailto:care.services@riverside.org.uk)

## **Removing medication**

If staff are concerned that a customer is at risk of overdosing either their prescribed medication or illegal medication/substances should staff actively engage with the customer and offer appropriate support to manage the situation / risk accordingly.

Where there is an imminent risk to overdosing, where possible, and in agreement with the customer, staff are able to remove medication/substances from a customer for their own safety and seek immediate assistance, e.g. your local mental health access point, GP practice, or 999 where required. Any medication/substance should be stored in the customer's secure unit where possible (if staff hold the key) or otherwise stored safely in the staff office.

It should be noted that this would only be an interim emergency measure while support from a medical professional is obtained. This must then be assessed in conjunction with the medical, social or equivalent professional. Where we are holding any medication on behalf of an individual for more than a short period of time, e.g. 72 hours, consideration should be given to moving up to a higher support level.

Any actions taken in this respect should be logged on SAW-IT as an incident and a note added onto SP Provider.

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Information and guidance about the SAW-IT system can be found on the RIC:  
*Central Services > Group Health, Safety & Environment > Safety at Work Information Tool.*

## Naloxone

Naloxone is an opioid blocker and is proven to save lives for those that overdose on opioids. It is advised that all Supported services have Naloxone on site as a key harm reduction method for anyone that overdoses on opioids. Please refer to *Riverside's Naloxone Procedure* for further information and guidance.

## 5.7 Medication Errors

Medication errors may occur in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicine advice, regardless of whether any harm occurred. Errors may result in an incident or where averted they can be classified as a 'near miss'. Examples of administration errors can include the following:

- Omissions - any prescribed dose not given
- Wrong dose administered - too much or too little
- Un-prescribed medicine - the administration of any medicine to a customer not authorised for them
- Wrong dose interval
- Wrong administration route - administration of a medicine by a different route or in a different form from that was prescribed
- Administration of a drug to which the customer has a known allergy
- Administration of a drug past its expiry date

Staff should notify their line manager and identify what support / actions are required to correct this, e.g. liaison with the relevant pharmacy or GP. Where there is a risk of harm staff should consider contacting the emergency services (999 for emergencies and 111 for non-emergencies) to ensure the immediate safety of the customer.

### CQC Regulated and Specialist Services

If applicable, notify CQC via the portal.  
A copy should also be sent to the Care Services team on  
[care.services@riverside.org.uk](mailto:care.services@riverside.org.uk)

Riverside operate an 'open culture' which encourages the reporting of incidents and near misses (including medication errors) to enable reporting on and learning from adverse events.

All incidents and near miss incidents must be reported through SAW-IT, as soon as is reasonably practicable, and no later than:

- 72 hours for Minor or Moderate incidents
- 24 hours for Major incidents

For further information on reporting incidents please refer to Riverside's *Serious Untoward Incident Procedure*.

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## 6. Procedure Guide (Levels 2 – 3, CQC Regulated and Specialist Services only)

### 6.1 Different types of medication and exclusions

Staff may be required to administer different types of medication including prescribed medication, controlled drugs that form part of a customer's prescription, PRN (as and when required), medication that is taken internally via Pills/liquid form, medication applied externally to the skin, e.g. ointments / creams / lotions, ear, eye, nose drops/topical patches and inhalers.

The following medications are outside of the scope of this procedure and **should not be administered** by care staff and only be administered by a health care professional such as a district nurse:

- Injections
- Genital cream
- The application of dressings involving wound care

#### PRN Medication (as and when required)

Most medication is prescribed to be administered regularly. Some may be prescribed on an 'as required' / PRN basis. Any PRN medication must be documented within the PRN sheet. A copy of this can be found in '**Appendix 7 – PRN Medication Protocol Template**'.

Dosage and frequency of PRN medication is to be followed as per the prescribing pharmacy direction, PRN template and alongside GP direction. Guidelines for PRN medication are to be documented within the individual's breakdown of care.

If staff have concerns regarding continuous/regular requests for PRN medication (e.g. anything more than a short course) the customer should be supported to be referred back to the GP as a medication review may be required.

#### Eye, Ear and Nose Drops

The date of opening of eye, ear or nose drops must be written on the label and they should not be used if they have been opened for more than 28 days. If the opening date has not been recorded, the 28 days must be counted from the date on the pharmacy label (if under 28 days, the drops are safe to use). Drops should not be applied immediately on removal, as they may be too cold and uncomfortable at this temperature. It is advisable therefore to wait a couple of minutes before applying.

Where there are specific needs for an individual around a particular condition, these must be fully documented in the customer's care plan.

#### External Medication

Creams, ointments, and lotions should only be applied to clean, unbroken skin. There may be some occasions when skin is broken and where this is the case medications should be applied in accordance with medical guidance. Staff must follow any printed

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information on the dispensing label. Staff must wear disposable gloves when applying external medication.

Staff should be aware of the potential fire risks caused by use of emollient creams. See the link below for information and guidance from the CQC:

<https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-3-fire-risk-use-emollient-creams>

## 6.2 Administering medicines when customer is away from usual care setting

When a customer is away from their usual care setting e.g. visiting friends, family, on holiday, staff should ensure that customers have the medicines they need to take during their absence from home and that there is an audit trail of the medication given/dated and signed. The following information must be given to the customer and/or their family members or carers:

- The medicines taken with the customer
- Clear directions and advice on how, when and how much of the medicines the customer should take
- Time of the last and next dose of each medicine
- A contact for queries about the customer's medicines, such as the care home/service, supplying pharmacy or GP.

## 6.3 Hospital Discharge

Customers who have been discharged from hospital should have documentation listing their current medication at the time of discharge. This list must be compared with the previous list held at the service, as it may be different. It is the hospital's responsibility to send the discharge notes to the individual's GP who will then pass them on to the pharmacy.

## 6.4 Refusals

If a customer refuses medication, staff should speak to the pharmacy or relevant medical professional to inform them of this and seek advice and guidance on administering future doses and/or times of administration as well as any possible side effects we may need to be aware of as a result.

If there are further refusals, staff should seek guidance from the pharmacy or GP to support a protocol being put in place.

## 6.5 Covert Medication

Covert medication refers to the administering of medication in a disguised format without the knowledge or consent of the individual receiving them, e.g. in food/drink.

Staff should **not** administer medication to a customer **without their knowledge** if they have capacity to make decisions about their treatment and care.

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Covert administration should only take place if a customer has been assessed as lacking capacity in relation to the administration of their medication and in line with a management plan which has been agreed following a best interest's decision.

A multi-disciplinary team is ultimately responsible for making any decisions on administering medication covertly. There should be clear documentation with reasons given for this decision and direction on how this should be done.

Any management plan should be reviewed regularly with relevant professionals and families involved.

Refer to Riverside's *Mental Capacity Procedure* for further information.

## 6.6 Auditing Medication Management

Every service should have a process in place for regularly auditing each level of medication management. This should include the following:

- The member of staff on duty at the time checks for any previous errors
- Manager carries out a formal monthly audit (as a minimum)
- Peer manager/senior member of staff carries out a quarterly medication audit
- Medication errors are regularly discussed in team meetings to identify reasons for errors and implement processes to reduce errors in the future. Minutes of meetings should be recorded and actions followed up.
- If a member of staff has made an error, depending on the severity of the error (e.g. giving wrong medication as opposed to a recording error), they may need to stop administering medication until they have been competency monitored and signed off by their manager (see '**Appendix 6 - Medication Competency Assessment Toolkit**')

## 7. Training

All staff must complete Safe Administration of Medication Level 2 and pass a competency assessment before being signed off to administer medication independently. The competency assessment can be found in '**Appendix 6 – Medication Competency Assessment Toolkit**'.

Any specialist or customer specific training should be undertaken as per customer / service need, e.g. Stoma Care; Peg feeding; Buccal midazolam.

## 8. Further Resources

The Medicines Act 1968

<http://www.legislation.gov.uk/ukpga/1968/67>

The Human Medicines Regulations 2012

<http://www.legislation.gov.uk/uksi/2012/1916/contents/made>

The Health & Safety Act 1974

<http://www.legislation.gov.uk/ukpga/1974/37/contents>

<https://www.hse.gov.uk/legislation/hswa.htm>

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The Health & Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<https://www.england.nhs.uk/about/equality/equality-hub/resources/legislation/>

Control of Substances Hazardous to Health Regulations 2002

<http://www.legislation.gov.uk/uksi/2002/2677/regulation/7/made>

[https://www.hse.gov.uk/foi/internalops/ocs/200-299/273\\_20/](https://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/)

NICE Guidance: Managing medicines in care homes 2014

<https://www.nice.org.uk/guidance/sc1>

Royal Pharmaceutical Society - Handling Medicines in Social Care – covering the 8 principles of safe and appropriate handling of medicines in social care settings

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf>

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf>

CQC Fundamental Standards

<https://www.cqc.org.uk/news/stories/our-fundamental-standards>

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## Appendix 1 – Administration of Storage and Medications Permission Form



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## Appendix 2 – Medicines Administration Record



Appendix 2 -  
Medicines Administr

## Appendix 3 – Medication Support – Consent form



Appendix 3 -  
Medication Support

## Appendix 4 – Medication Risk Assessment Template



Appendix 4 –  
Medication Risk Ass

## Appendix 5 – Medication Support Profile - Customer



Appendix 5 –  
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## Appendix 6 – Medication Competency Assessment Toolkit



Appendix 6 -  
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## Appendix 7 – PRN Medication Protocol Template



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**Please refer to the RIC for additional templates / good practice guides:  
*Central Services > Care and Support > Care***

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