

<b>Directorate:</b> Health, Housing and Adults	<b>Service area:</b> Adults	<b>Date of assessment:</b> 5/9/07	<b>Date of previous assessment:</b>	<b>Review date:</b>
<b>Section:</b>	<b>Work activity:</b> Administration of Medication outside of Services	<b>Persons involved in assessment:</b>		<b>Number of pages:</b>
<b>Hazard identified:</b>	<b>People at risk:</b>	<b>Significant risks to health and safety and likely injury or illness:</b>	<b>Control measures:</b>	
Loss of Medication Theft of Medication Medication administered to wrong person	People who use the service	Illness/Adverse effects of not taking medication at prescribed times	<p>1 - Staff should ensure they are familiar with all personal plans/risk plans</p> <p>2 - Staff to be trainid in emergency first aid, personal safety awareness and safe handling of medication</p> <p>3 - Adhere to departmental medication policy, procedures and practice guidelines</p> <p>4 - If the medication is not taken out in the original container it was dispensed into, the medication must be:                      i) dispensed into a container with a lid                      ii) secured with an adhesive label applied across the lid to seal the pot                      iii) label should include name of person, dose, strength of medication and time it is to be taken</p>	

<b>Hazard identified:</b>	<b>People at risk:</b>	<b>Significant risks to health and safety and likely injury or illness:</b>	<b>Control measures:</b>
<p>cont.</p> <p>Loss of Medication</p> <p>Theft of Medication</p> <p>Medication administered to wrong person</p>			<p>5 - Staff must store medication in an identified storage container which should be held discreetly and out of sight when out in the community</p> <p>6 - Signing of the MAR sheet should follow policy and procedure</p> <p>7 - In the event of a loss, or an error in the administering of the medication, departmental policy and procedure should be followed</p> <p>8 - In the instance of controlled drugs, then departmental policy and procedure should be followed</p> <p>9 - This document must be used in conjunction with an individual risk assessment (see Appendix ?)</p>

To be completed by the manager undertaking the risk assessment

Name:

Job Title:

Signature:

Date:

To be completed by the Senior Manager

I consider this risk assessment to be suitable and sufficient to control the risks to the health and safety of both employees undertaking the tasks involved and any other person who may be affected by the activities.

Name:

Job Title:

Signature:

Date:

NB – if senior managers do not agree that the risk assessment is suitable and sufficient then the assessment must be revised.