

## SECTION 8: MEDICATION AND TREATMENTS

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MEDICATION AND TREATMENTS

8.A. 1: Pharmacy Services

Kardel has no staff members that prescribe or dispense medications. External pharmacists are used:

8.A. 1(a): Shoppers Drug Mart: All homes (with the exception of Lakes)

100-4440 West Saanich Road, Victoria BC V8Z 3E9
Phone: 250-881-1980
Fax: 250-881-8299
Contact Person: Murray Byers
Hours: Mon-Fri 0800-2200
Sat/Sun 0800-2000

Kardel Medication and Treatment Policies and Procedures have been reviewed and are approved by:

\_\_\_\_\_, Murray Byers, Pharmacist/Shoppers Drug Mart
\_\_\_\_\_ Date

8.A. 1(b): Duncan Pharmasave: Lakes

Phone: 250-748-5252
Fax: 250-748-0729

Kardel Medication and Treatment Policies and Procedures have been reviewed and are approved by:

\_\_\_\_\_, Thomas Lee, Duncan Pharmasave
\_\_\_\_\_ Date

\_\_\_\_\_ (printed name of pharmacist)

8.A 2: Medical Supplies

The budget category for non-prescription medical supplies is intended to cover the costs of items such as briefs, gloves, catheters and trays, cleansers, rubbing alcohol, peroxide, medication cups, first aid supplies, medi-pads. These items do not come from the pharmacy with an individual person designated and are not listed on MAR sheets.

Items that are for the use of the individual, and that are excluded from payment under the medical plan, are the responsibility of the person supported or the person managing their account and should be paid for from the person's comforts money.

These include but are not limited to:

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Vitamins and minerals;

Over the counter medications: ASA, acetaminophen, gaviscon, antibiotic ointments, fleet enemas, etc

Brand name medications where generics are available

Fluoride gel and dental rinse

Alternative and Herbal Therapies e.g. Echinacea, cranberry

It is appreciated that some of the people supported may have limited funds and exceptional costs for the above items. People with over \$5000.00 available in his/her bank or trust accounts are expected to cover the full cost of the above items.

People with between \$1000.00 and \$5000.00 available in their bank or trust accounts are expected to cover the full cost of the above items up to a maximum of \$60.00 per month based on the actual costs of the items for the month in question.

People with over \$200.00 and less than \$1000.00 are expected to cover the items noted above up to a maximum of \$20.00 based on the actual costs of the items for the month in question.

People with less than \$200.00 will have these costs covered from the non-prescription medication supplies budget. Managers/Designates should review their budgets to ensure discretionary funds are spent in a responsible manner.

People with accounts with the Public Trustee will have the invoice forwarded on their behalf to the Public Trustee.

### 8. A 3: Medically Essential Equipment

“Requests for the purchase of medically essential equipment and devices must be initiated by a prescription from a medical practitioner and supported by the functional assessment of a relevant health professional (e.g. OT, PT, respiratory technician) and must be pre-approved by HAB (Health Assistance Branch) prior to purchase”.

When in doubt about the eligibility of an expense, contact the worker at the Ministry of Social Development and Poverty Reduction for clarification.

The applications for such purchases are processed in one office for the province and one should not expect a quick turn-around time. When the approval is granted, the provisional resource is notified of the approval. The provisional resource then will send out a written confirmation, which always includes the name of the person for whom the product is to be purchased, the quantities approved, and the expiry date of the approval.

Managers/Designates need to track the expiry dates for all such products and Managers/Designates need to re-apply. The process for re-application is the same as for the original application (as above). It is recommended that you begin the re-application process at least two months prior to the expiry date.

A detailed guide is available from the Director of Programs and Quality Assurance or Director of Finance.

Contact the regional CLBC office for any items that MSDPR does not approve.

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<i>Policy:</i>	<i>Financial Planning and Management</i>
<i>Issued:</i>	<i>May 2005</i>
<i>Revised:</i>	<i>August 20, 2007; November 2008</i>
<i>Reference:</i>	<i>Memo from K Egner: November 3, 2004</i>

### 8.B. Staff Education

#### 8.B. 1: Orientation

Employees are introduced to the Kardel Medication Policy and Procedures at their in-home orientation. The Manager/Designate providing the training signs off the employee's orientation checklist. For newly hired employees the Manager/Designate will complete a competency based checklist with the employee.

Managers/Designates are responsible for the orientation of staff members to the procedures used in each home/program for the delivery of medication. Duties pertaining to medication and treatments are outlined within the employee's general shift duties. The Manager/Designate is to arrange delegation for medication administration based on the needs of the people supported. Medication Administration Checks are done by another staff member within one hour of scheduled medication administration time.

During orientation to individual homes/programs, employees will be orientated, supervised and approved for medication administration within that home/program by the Manager/Designate. The Manager/Designate and new employee will sign the home orientation sheet, when the Manager/designate is confident that the new employee may safely administer scheduled medications. Orientated staff members also sign in the Medication Logbook on the record of staff signatures.

Employees are responsible for requesting additional training or orientation to ensure their own confidence and competence. For the distribution of PRN medications employees will be introduced to their use during their in-home orientation. These medications that are prescribed by individual's physician and are not regularly scheduled medications need to be delegated by an RN to the employee. Managers will make arrangements with their HCC Health Unit or Kardel Nurse Consultant to arrange for delegation to occur in a timely fashion.

#### 8.B. 2: Training: Basics of Medication Course

In past years, employees were encouraged to complete training in the Basics of Medication course offered through Camosun College's School of Health and Human Services. A master list of employees who completed the course is kept at central office.

New employees are required to view the Administration of Medications DVD prior to completing an in-home orientation. All regular staff are expected to attend the Medication Administration Course presented by Kardel Nurses. All staff are also required to complete the Medication Administration test found on Sharevision as part of their annual competency review.

Staff members who have repeated medication oversights or new staff who have minimal experience administering medications will attend an in-house Medication course. Documentation of course completion is kept on the employees personnel file at the Kardel Office.

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### 8.B. 3: Competency: Medication Administration and Knowledge of Medications

The Annual Medication Administration Competency Checklist shall be completed by the Manager/Designate with each new employee prior to the end of their probationary period as part of their probationary performance review and annually with existing employees as an adjunct to their annual performance review.

Identified gaps in performance regarding administration of medication shall require the employees to complete specific follow up as determined by the Manager/Designate. i.e. review of DVD, attendance at Basics of Medications course. The competency checklist will be repeated once the follow up plan is completed.

Home/program staff members must obtain some knowledge of all medication used within the home/program. In order to assist staff members, a medication information sheet for each medication the person is receiving will be found behind the MAR record sheets in the MAR book, or in a separate binder easily accessible to staff. The pharmacy provides this information each time a new medication is ordered.

Staff members are expected to know:

- The drug name, usual dosage, its proposed action and expected effect
- How the drug is to be administered and how often
- Special considerations for that particular drug e.g. taken with milk
- The major side effects and what to do about them
- Precautions
- The duration of the medication order and review date and time frame

### 8.B. 4: Home Community and Care (HCC); Delegation of Tasks and/or Personal Assistance Guidelines (PAG) (See Individual Centred Services Planning Section 7.G.)

### 8.C. Safety Standards

#### 8.C. 1: Doctor's Orders

No medication is to be administered to an individual without a doctor's order. Any change to an existing medication or any new prescription may be received from a physician or a verbal order from a physician to an RN, RPN or LPN according to the College of Registered Nurse of British Columbia. The computer printout and/or label from the pharmacy is considered to be a legal doctor's order.

#### 8.C. 2: Double Checking Procedure

Medication Administration Checks are to be carried out after the administration of all medications. The checker is to check that all medications, PRN's and treatments have been administered and signed for. This is to be done within one hour of medication delivery time. The checker signs the Medication Check Form. When there is not a second staff member available to check during medication times, a check is done at the end of the shift. All staff members are responsible for ensuring oversights are reported on ShareVision in a timely manner

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### 8.C. 3: Quality Improvement Program

The pharmacist and person's physician review his/her medications every six months. This need not be done on site. A new Medication and Order Review form is processed at this time. The pharmacy keeps a record of this review for three years. Managers/Designates must ensure a copy is available at the home/program and is scanned into Sharevision in a timely manner.

The pharmacist completes an annual inspection of the medication room and procedures at each home.

- Inspection of the medication room to ensure security of medications, proper labeling, and that medications are within expiry dates.
- Ensure that staff members are aware of the Policy and Procedure manual and that it is readily available
- Discuss past errors and oversights, and other problems related to medication

A record of this inspection and outcomes will be kept on site and at the pharmacy for a period of three years. The date of each inspection is also recorded in the Medication Logbook. Managers/Designates are responsible for arranging this annual inspection.

The Medication Safety and Advisory Committee consist of the pharmacist(s) in charge of pharmacy services, a group home Manager/Designate, and the Kardel Nurse consultant. An annual meeting is held by the committee to address the following:

- The policy and procedure manual is reviewed and signed by pharmacist (s)
- Staff training and education programs
- Concerns related to medication
- Billing
- Errors
- Other issues related to pharmacy services

Minutes of the meeting are taken and kept for a period of three years at the Kardel office. Minutes will be distributed to all Kardel Homes. Recommendations from the meeting will be followed up upon by a member of the Advisory committee.

### 8.C. 4: HCC Nurse

Some people supported may have access to an HCC nurse. They work for Island Health and are available for consultation and back up. The name and number of the nurse will be recorded in the Medication Logbook and the home's phone directory.

### 8.C. 5: CARF Standards

As an accredited organization, the Manager/Designate documents or confirms informed consent for each medication prescribed, when possible, or on the Annual Information Update form, completed at the annual Person Centred Planning Meeting. If the person supported or the

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family has concerns about medications, the Manager/Designate would direct them to the Doctor for additional information.

### 8.C. 5.a: Home Share (Host Family/Shared Living)

Home share providers are independent contractor's therefore self-employed individuals. There is not an employee to employer relationship between Home share providers and Kardel and training is not provided. Subsequently it is the responsibility of the Home share provider (if applicable) to:

- Provide or instigate advocacy training to assist the person served or their parents or guardians in being actively involved in making decisions related to the use of medications
- Make available or source training and education regarding medications
- Document the use of all medications by the person served and review on at least an annual basis with a single physician or qualified professional licensed to prescribe or dispense medications
- When required manage medication for persons served and implement documented procedures that address:
  - Purchase, if applicable, including processes for handling medication shortages on weekends
  - Transportation and delivery, if applicable
  - Outside of the home use, if applicable
  - Administration of medication by respite providers, including:
    - (1) Credentials and competences
    - (2) Documentation of medication administration
    - (3) Documentation of the use and benefits, or lack thereof, of as needed (prn) doses
- If required, have written procedures regarding medications that provide for:
  - Compliance with all applicable laws and regulations pertaining to medications and controlled substances
  - Documentation or confirmation of informed consent for each medication administered, when possible
  - Integrating any prescribed medication into the overall plan for the person served, including, if applicable, special dietary needs and restrictions associated with medication use
  - Identification, documentation, and required reporting, including to the prescribing professional:
    - (1) Of any medication reactions experienced by the person served
    - (2) Of medication oversights, as appropriate
- Review of medication errors and drug reactions
- Actions to follow in the case of emergency relating to the use of medications, including ready access to the telephone number of a poison control center by:
  - The Home share provider
  - The person served, as appropriate
  - Availability of medical resources for consultation
  - Coordination as needed with the physician providing primary care needs



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The above requirements involve primarily the Home share provider with support from a variety of healthcare professionals if applicable.

### 8.C. 6: Narcotics and Controlled medication

#### Narcotics

When narcotic medication is delivered or picked up, two staff members sign the Medication Logbook-Pharmacy Medication and Supplies Record. Two staff members check narcotic supplies every month at medication changeover.

They are checking each card and accounting for the doses given, and then initialing on the Narcotic/Control medication count form. If liquid narcotic medication is wasted it must be witnessed and/or reported by two staff members and recorded on the narcotic/controlled medication count form.

In addition to checking monthly supplies of narcotic medications, all narcotic medications must be accounted for and checked by two staff members at every shift changeover. There are increased risks associated with narcotic medications for people supported. Therefore, extra safeguards (such as required witnesses for administration) may be implemented by: Kardel's Nurse Consultant, HCC nurses and/or Hospice Team. Kardel staff members are to adhere to these safeguards as established.

If there is a discrepancy with the count of Narcotics and/or Controlled Substances ensure you record this as a Medication oversight on ShareVision.

#### Controlled Medication

Controlled medication such as Ativan is provided by pharmacy in the smallest supply necessary. Generally ½ blister packaged card is sufficient for PRN's for most people supported. In addition to following the medication administration procedure, staff members must initial and date beside each blister on the card. Managers/Designate will coordinate with pharmacy to ensure there are not excessive supplies of controlled medications on site.

A monthly audit of controlled PRN's must be completed in conjunction with monthly medication changeover. Use form "4 Controlled Drug and Narcotic Control"; records are retained in the home indefinitely.

If there is a discrepancy with the count of Narcotics and/or Controlled Substances ensure you record this as a Medication oversight on ShareVision.

### 8.C. 7: Storage and Preparation

All medication will be stored in a locked cupboard. The key is kept in a secure place. An extra key is kept in a designated place. In rare situations, a physician may order that a medication or medications remain with the person. An order to this effect must be on the MAR sheet. New shipments of medication are kept in a locked cupboard. Medication that requires refrigeration or protection from light will be stored in a separate container to ensure safe handling and secure access.

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Topical ointments and medication are to be stored distinctly apart from internal medications. Liquids are safely and securely to prevent spillage onto other medications. Expired, discontinued and where possible, wasted medication is kept in a locked cupboard until it is picked up from or delivered to pharmacy. Medication to be given off-site is kept in a locked cupboard until departure.

Medication must not be pre-poured, unless it is for off-site administration.

Paper medication cups are to be used for administering medications in “pill or tablet” form and plastic medication cups are to be used for liquid medications. Plastic medication cups can be re-used for the same person if they are washed air-dried thoroughly and labeled with person’s name in permanent marker.

Staff members will sign for all medication given immediately after they are given, except as noted for off-site administration. Staff members do not make handwritten changes to medication containers or MAR’s.

### 8.C. 8: Miscellaneous Medication Forms

The following forms will be kept on file in the home/program:

- The pharmacy medication and supplies order forms when supplies are ordered and received and the order is verified as correct. Previously signed Medication Check forms
- Records of staff signatures and initials

### 8.C. 9: Informed Consent

Managers/Designate document or confirm informed consent for each medication prescribed, when possible, on the Annual Information Update form. If the person supported or the family has concerns about medications, the Manager/Designate would direct them to the Doctor for additional information.

### 8.D. On-Site Administration

#### 8.D. 1: Definitions

Pharmacard: A card containing numbered foiled, blisters with a month’s supply of medication (Blister Package)

Pharmacard Divider: A divider that separates one person’s medication from another. The divider lists person’s name.

Pharmafile: Dispensing metal racks for holding pharmacards. The pharmafiles are labeled for each medication time.

MAR Medication Administration Record: A profile of the person’s medication issued monthly by the Pharmacy. MAR’s are kept in a separate binder with dividers for each person, photos of each person, special considerations and allergies, and Kardel Consulting Services medication administration procedure. Drug information sheets for each medication people are receiving will be kept in a binder in the medication area. All medications given on-site must be signed for on the MAR immediately after dispensing. Completed MAR sheets must be kept on site for one year.

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Dispensing times:

- OD Once daily
- BID Twice daily
- TID Three times daily
- QID Four times daily

Medication Order Review or Medication Review: A list of medications prescribed by the Physician which is scanned onto Sharevision when completed. A review at six months minimum is to be carried out by Physician and pharmacist.

### 8.D. 2: Medication Administration Procedure for Blister Packaging System

This procedure must be followed each and every time you administer medication. Giving medication is an important responsibility and must be done in a systematic, careful way.

This procedure can be found in the MAR book.

Medications must be administered 1 (one) hour before or after the scheduled time. If 1 (one) hour has elapsed, follow medication oversight procedure. The 1 hour grace period for medication administration is to be used only in certain circumstances, for example if there is an emergency at the scheduled medication time and you are unable to dispense medications or if an outing is planned for a specific time. The grace period is not to be used on a regular basis as this could affect how the medication works or interacts with other medications.

1. Wash hands
2. Check the current date to establish the bubble number of the day
3. Locate and positively identify the person
4. Find the person's MAR
5. Read the MAR direction for the first medication to be given in the time slot you are dispensing. Pay careful attention to the time, medication, reason, dosage, person and route. Check for special considerations
6. Confirm that the MAR directions concur with the pharmacard.
7. Punch the medication in bubble into med cup. Ensure medication isn't attached to the foil on the back of card. If dispensing a liquid, place the medication on a flat surface and view at eye level or measure in a syringe
8. Check the MAR once again and mark appropriate square with a dot
9. Continue for all medication to be given at that time
10. Check MAR for special directions i.e. crush, give with juice, give with milk etc
11. Approach the person saying their name. Tell the person it is time for their medication
12. Administer the medication to the person. **DO NOT LEAVE MEDICATION UNATTENDED.** Ensure the person has swallowed the medication
13. Initial the MAR sheet in the appropriate date and time space. Ensure your initials are also on the bottom of the MAR sheet with a signature. Do not go on to the next person until this documentation has occurred
14. Report any discrepancies, refusals, meds withheld, absent people and observations of anything unusual with the person's status immediately and record on MAR using the appropriate codes
15. A second staff member, the "checker" must ensure that all medications, PRN's and treatments have been administered and signed for. This is to be done within one hour of

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medication/treatment delivery time. The checker's signature is recorded in the MAR book on the "Medication Check" form. When the form is filled, it is kept in the medication logbook.

16. When a checker has been unavailable to check med admin during the shift, medications must be checked with on-coming staff member. This is recorded under "Shift End Check" on the Medication Check form found in the MAR book.

*Remember the 8 rights:*

*Right person, right medication, right dose, right route, right time, right reason, right documentation and the right attitude!!*

### 8.D. 3: Wasted and Refused Medication

A person may refuse medication: do not force the person; discuss the situation with the Manager/Designate - he/she may suggest different ways of approaching and/or presenting medication (i.e.: meds in peanut butter or banana). Record the refusal on the MAR sheet as coded and note in the progress notes. Managers/Designates should seek consultation from the pharmacist, Kardel's RN consultant, HCC RN and/or the physician as to the potential impact of missed medications where this may be an issue. If the refusal appears to have a behavioural component, input may be sought from a behavioural consultant.

If a dose is inadvertently wasted (e.g. dropped on the floor, spit out etc.), repeat the medication by giving medication from another blister package containing the exact medication for the same time. Inform the Manager/Designate of the wasted dose(s) in the Medication Logbook and communication log. The Manager/Designate will ask pharmacy to replenish the missing doses of medication. All wasted medication, where possible, should be returned to pharmacy at the end of the month.

### 8.D. 4: Administering PRN Medication

Staff members may administer a PRN medication without consultation with the Manager/Designate or the HCC nurse if an order for the PRN has been made and the staff member has been delegated this task. Check the current protocol for the PRN medication and the individual's MAR sheet. Protocols will be written for PRN medications prescribed for the persons served. All staff must follow these protocols when administering any PRN medication. It is also important to reference the protocols and the health care plan established regarding the use of the PRN medication. PRN medication is kept in a locked cupboard, clearly separated from regularly scheduled medications. PRN medications are to be given following the PRN directive. For all PRN medications staff members should be delegated by the HCC RN or the Kardel RN.

After carefully following the medication administration procedure, staff members must record the administration of the PRN medication on the back of the MAR sheet, noting the following:

- Date
- Time
- Blister package bubble #
- Reason for administration
- Initials of staff member administering medication
- Effect of the medication **must** be recorded

When administering all PRN medication, staff must also initial and date beside the actual blister on the blister package.

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If no results are seen by administering staff, they are to document “no results” on the back of the MAR and staff from the next shift is then responsible for observing and recording results on the next line on the back of the MAR.

Ensure that the medication administration has been checked by co-worker and signed in medication logbook under “Medication Check”.

### 8.E. Off-Site Administration

#### 8.E. 1: Medication at Day Programs

For people who are involved in day programs, at the request of the Manager/Designate, the pharmacy will supply separate medication and MAR sheets for day programs. The medication must be sent to the home first to be checked against doctor’s orders according to policy before it is sent to the day program.

All medication given at Kardel Day Programs must be supplied in packages and accompanied by MAR sheets. Medication will be kept in a locked area and will be given out by the designated staff person according to the Medication Administration Procedure.

#### 8.E. 2: Administering Medication in the Community

When a person requires medication outside of his/her home or day program, it is the duty of the person taking the person out to ensure they receive the scheduled medication. For blister-packaging system, the medication will be dispensed at the home/program according to the medication administration procedure and placed in secure container labeled with:

- Person’s name
- Medication and dosage
- Date and time of administration
- Signature of staff member who prepared the medication must be on label
- Contact phone number: home or day program

*The MAR will be recorded using a pen with the number indicating “absent from home with medication”.*

Medication administration is checked by a co-worker. For blister-packaged medications, the pharmacy will provide compliance packages for people away from home for more than three (3) days. The request for this medication must be received by pharmacy seven (7) days prior to the leave.

#### 8.E. 3: Provision of PRN Medication in the Community

PRN medication that may be necessary for a person while away from the home or program must accompany the person. The following procedures must be followed:

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- Labeled vials, blistered medication prepared by the pharmacy for vacations or extended periods away from home must accompany the person.
- All unused PRN medication dispensed by the pharmacy must be returned to pharmacy when no longer needed or expired
- PRN medications prepared for administration at day program or on community outings are returned to the home, restocked as needed and stored securely.
- Other medication, i.e.: epi-pens must be labeled with person's name and instructions
- Staff member ensures an adequate supply is transported
- Medication is kept in the locked cupboard when person is at home or program
- Staff member responsible for the person ensures safe transport of medication
- Documentation of administration and effect is recorded upon return

### 8.E. 4: Self-Administration of Medication

A person supported may self-administer medications if a plan for self-medication is:

- a) approved by the medication safety and advisory committee where applicable and the medication practitioner or nurse practitioner who prescribed the medication and;
- b) included in the individual care plan of the person.

An Authorization for Self-Administration of Medication form must be completed by the physician and kept in the binder of the person supported. The person living in a staffed residence who self-administers medication must be provided with:

- The medication as required
- A secure place to store the medication
- Education relevant to self-administration and any risks or side effects inherent with the medication

Kardel does not maintain physical control of medications self-administered by persons served who live semi-independently or independently.

### 8.E. 5: Family members administering medications

If a family member requests an individual be given an over-the-counter medication, pill, liquid or cream that has not been prescribed by the individuals' physician, staff must inform the family member that staff are NOT allowed to administer medications that have not been prescribed by the physician. Staff should discuss the importance of consulting the individuals' doctor prior to giving new medications to ensure the medication is safe for the individual and necessary. If the family member insists on giving the individual the medication, staff should thoroughly document the conversations they had with the family member and the actions the family member took. If the family member administers the medication, staff should contact the pharmacist for advice on possible interactions and what to observe for. The Manager/Designate should be notified who will discuss with the Director of Programs and Quality Assurance to determine further action.

### 8.F. Medication Errors and Medication Oversights

#### 8.F. 1: Medication Errors – Critical Incident Form

When a medication error takes place, which adversely affects a person we support, or requires emergency intervention or transfer to a hospital, a Critical Incident Report must be completed.

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Copies of the licensing report must be sent to the licensing office for licensed homes – mail to: Island Health Community Care Licensing 201-771 Vernon Avenue, Victoria, B.C. V8X 5A7 , Fax to CLBC Analyst (funding body) – Fax 250-387-6260 and Fax to Program Coordinator/Director/CEO at the office – Fax 250-383-2835. All medication errors, which may affect persons supported, must be recorded in the person's daily journal.

For information on follow up from Island Health Licensing/CLBC following the submission of Critical Incident Report's for a Medication Error see Health and Safety Section 4.D.

### 8.F. 2: Medication Oversights

All medications oversights are to be entered into ShareVision by staff members involved in the oversight.

The most important action to be taken after a medication oversight has occurred is to ensure the health and safety of the person(s) involved. Oversights are to be reported immediately to the Manager/Designate. If required and depending upon the nature of the oversight contact the following in no particular order:

- HCC Nurse
- Kardel Nurse Consult
- Pharmacy
- Poison Control if needed and emergency intervention will occur as needed. **Poison Control number: 1-800-567-8911**

Medication oversights include, but may not be limited to, the following:

1. Incorrect Dosage
2. Incorrect Medication
3. Incorrect Person
4. Incorrect Route
5. Incorrect Time
6. Medication Dose Duplicated
7. Pharmacy Oversight
8. Procedural Oversight - Not Signed For

If an oversight is made on the MAR by signing for the wrong medication, for the wrong time, for the wrong individual or for any other reason not previously stated, circle your initials on the MAR to indicate an oversight. Do not write over the entry and do not use white out or liquid paper on the MAR. On the back of that MAR page write the date, time and what happened (i.e. Incorrect Time, Incorrect Individual) and then sign. Follow the policy on medication oversights and complete a medication oversight report on Sharevision.

### 8.F. 3: Oversight Follow Up

Once a medication oversight is discovered and a report has been initiated by a staff member, the Manager/Designate must follow up and complete the Manager/Designate section of the report. The Manager/Designate shall indicate factors that may have contributed to the oversight, make recommendations/develop an action plan or forward to the Medication Group for review. Corrective measures may be required that include non-disciplinary follow up with an employee, such as an in-house medication administration course for staff members who have repeated medication oversight. More serious oversights or patterns of oversights could result in

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disciplinary action. Consultation with the Director of Human resources would take place to determine the appropriate level of discipline.

Information regarding Medication is generated by Sharevision and incorporated into the annual Incident Summary Report for written analysis.

### 8.F. 4: Adverse Reactions and Drug Interactions

If an individual is observed to be experiencing a drug reaction or interaction as outlined in the drug information sheet i.e. rash, vomiting, change in behavior, etc. the following steps must be taken:

- Stop administering the medication
- Ensure the person receives necessary medical care: i.e. medical treatment center, doctor's office, or emergency department of local hospital;
- Report incident to Manager/Designate
- Fill out the appropriate incident report documenting the reaction. These are found on ShareVision. The Licensing Officer will receive a copy when the person in care requires emergency intervention or transfer to hospital as a result of a drug reaction/interaction. (mail to: Island Health Community Care Licensing 201 771 Vernon Avenue, Victoria, B.C. V8X 5A7) and Community Living British Columbia (funding body) (Fax number is: 250-952-4205) A copy is also sent to the Kardel's Director of Programs and Quality Assurance Fax number 250-383-2835.
- The Manager/Designate will inform the pharmacist of the reaction/interaction by sending an Adverse Drug Reaction Report.
- At Futures Club, the contact person of the home of the person supported is notified immediately.
- Drug reactions and interactions must be recorded in the person's progress notes and the Medication Logbook.

### 8.G. Processing Orders

#### 8.G. 1: New Orders Following Medical Appointments

When a physician calls from his/her office, the pharmacist on duty will inform the Manager/Designate or designated staff member of the new order. When the medication arrives, two extra labels will be provided, one for the person's MAR sheet, and one for the Medication Review sheet.

The drug information sheet is added to the drug information binder located in the medication preparation the Manager/Designate reviews this sheet and checks again for allergies and contraindications based on the new information sheet. As well the Manager/Designate will check the medication label with the MAR and adds the medication to the system. A "Notice of Medication Change" will be entered in ShareVision and from there a "Notice of Medication Change" form is placed in the MAR book. Physical and behavioural changes are carefully recorded in the person's progress notes. Staff members coming on duty must check, the MAR and the new drug information sheet to clarify new and changed orders. Day Programs are sent new meds as required and a copy of "Notice of Medication Change" for their staff members. Changes made to compounded liquid medication require relabeling to be done by the pharmacist. The new prescription and the liquid medication are to be brought to the pharmacy



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for the pharmacist to ensure correct relabeling of the bottle and new labels to be provided for the MAR.

### 8.G. 2: Emergency New Orders

Emergency new orders after hours: For emergencies after regular business hours, the staff members should make arrangements for a person to be examined at a Medical Treatment Centre or Hospital Emergency Unit. If medication is required, the Treatment Centre will usually supply adequate doses to cover the person's needs during period of time until the medication may be ordered. This new information should be clearly documented in the person's progress notes, Medication Order sheet, and in the communication book. The next morning, the Manager/Designate, or designated staff member will fax the order to the pharmacy providing details of the medication order. The pharmacy staff will contact the person's physician, add the information to the person's record and send the balance of the medication as required. For people receiving HCC services, the nurse may be contacted to process the new orders.

### 8.G. 3: Discontinued/Changed Orders

Physicians may phone the pharmacy to discontinue or make changes to medication orders. When this occurs pharmacy will then fax the home indicating the change. When a drug is discontinued, or an order for a medication is changed (e.g. the dosage or the administration time), the Manager/Designate, or staff member responsible for medication administration, will remove the medication from each time slot and return to pharmacy.

The Manager/Designate or person responsible for medication administration will write "D/C" next to the drug order on the MAR, and draw a diagonal line through the remaining days of the month on the MAR for that order. A "Notice of Medication Change" form is completed on ShareVision.

The change is recorded on Medication Order Review sheet. Notification is made to person's Day Program, if applicable. Medication must be stored in a locked area until it is returned to Pharmacy.

### 8.H. Changes in Population

#### 8.H. 1: Transfers, Admissions and Discharges

Managers/Designates must notify pharmacy in the event of an admission, discharge, or death of a person. Pharmacy will confirm all medication orders with the attending physician.

When a person is temporarily transferred to another facility, (e.g. VGH) the Manager/Designate will inform the pharmacy, and hold medication in the drug storage cupboard until the person's returns.

### 8.I. Inventory

#### 8.I. 1: Receiving and Checking New Monthly Medication-Blister Packaging System

The pharmacy computer automatically refills all regularly scheduled medication, which are packaged in blister packs. Packing slips are checked off to cross reference with bills received by accounts payable. The pharmacy delivers, pharmacards filled with medication at the end of

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each month. The designated staff member transfers the new cards to the existing racks after the last bubble of the cards have been administered.

All unused medications must be returned to the pharmacy. Any narcotics or controlled drugs returned to the pharmacy must be signed for by two staff members on the Expired and D/C medication sheet found in the Medication Logbook.

The Manager/Designate will check new monthly meds. On occasion, brands of medications change resulting in different appearance of tablets. When this occurs, pharmacy will place a label indicating that the medication is the same medication from a different manufacturer.

### 8.I. 1 (a) Checking and adding new medications

Check new MAR's against Medication Order Review sheet and ensure orders are correct, and that new orders have been processed and added correctly.

Check medication with the MAR's, to ensure bubbles contain the right medication, name, times and dosage:

- The card is labeled correctly
- Special considerations are noted, including dietary
- Check to ensure adequate supply of PRN orders
- Check for expired drugs

Sign Medication Logbook and the bottom of the MAR sheets, indicating that meds have been checked according to above specifications: date and initials.

### 8.I. 1 (b) Adding New Cards

After medication has been checked, check person's name, medication times on card, ensure no bubbles have been opened. Remove old card and replace with new card.

Old cards are not to be returned to pharmacy unless there are unused medications in the blister pack. Blister package label identifying person and medication must be rendered illegible prior to disposal.

### 8.I. 2: Medication Reordering Procedure: PRNs and Liquid Medication

A pharmacy reorder sheet will be completed for reordering PRN medications and then faxed to the pharmacy. A copy of the reorder sheet will be kept on file at the home/program. The reorder sheet or fax form may also be used to provide special instructions to pharmacy and for placing orders for general supplies.

Once received from the pharmacy the reconciliation will be made against the shipping report.

To maximize efficiency the pharmacy requests that supplies, PRN medication cards, cards for day programs, and other supplies be ordered with as much notice as possible to be delivered with next months' medications. Please indicate on the fax whether the order is:

1. Rush delivery

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2. Regular delivery
3. Delivery with monthly medications or;
4. We will pick up the order

When faxing orders, please follow up with a phone call to confirm the fax has arrived.

### 8.I. 3: General Supplies from Pharmacy and PRN Medications and Liquids

At the request of the Manager/Designate using the reorder forms, the pharmacy will send supplies (i.e. Inventory supplies including med cups, incontinence supplies, gloves, and catheters). A shipping report is included with delivery and each item must be checked and initialed when received. Items paid by the people supported will be noted. The Manager/Designate will check the shipping reports with the monthly customer account statement. The customer Account Statement is to include the prescription number and name of the medication as well as the amount received and cost.

Once approved by the Manager/Designate, the Customer Account Statement is forwarded to Accounts Payable Department. These items will be billed to the group home at the end of each month.

### 8.I. 4: Stock in the home

Though the contracted pharmacy must provide all oral medications, certain low-risk medicinal supplies may be available in large quantities from Product Distribution. These items vary from bowel care suppositories and enemas, lubricants, toothpaste, gauze and sterile normal saline vials. Product Distribution requires a doctor's order for these items, which is also given to the pharmacy who will ensure this, is on the person's MAR sheet. The Manager/Designate will also need to estimate the quantity of these items used per year, and the Ministry will approve a certain number of items

Stock in the home must also be kept in a locked area. Labels must be carefully checked before administration.

### 8.J. Purchase and Transportation

#### 8.J. 1: Purchase and Processing of Medication/Pharmacy Supply Invoices

A packing slip is checked off to confirm each medication delivery and must be cross checked with the bill received from accounts payable. Once bills are approved by the Manager/Designate they are forwarded to accounting department. Some items will be paid by individuals. If amounts charged are incorrect, the manager should indicate the amount to be paid. In all cases, the Manager/Designate should indicate the reason for the adjustment. Upon receipt of the approved statements, Accounts Payable processes for payment and attaches a copy of the statement to the cheque, to assist the pharmacy in identifying what has been paid, adjusted etc.

#### 8.J. 2: Transportation of Medication

A pharmacy agent delivers new medication orders or refills orders to group homes as necessary. If narcotics are delivered, the two staff members sign the Medication Logbook and

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indicate the total number of doses delivered and the date. The medication is to be checked using the procedure for checking new meds and stored in the locked drug storage cupboard. Medication is not to be left by pharmacy unless received by a staff member.

### 8.K. Lab Work and Alternative Therapies

#### 8.K. 1: Lab Work

It is the Managers/Designates responsibility to ensure lab work is done as required. Routine blood work must be scheduled and noted on calendar - fasting blood work is highlighted to alert staff members. The Manager/Designate discusses results with physician as necessary.

Results are reviewed as needed with the physician. The next date blood work is due is then marked in calendar.

#### 8.K. 2: Alternative Therapies

People may make purchases of their choosing using their own money, i.e. comforts allowance. Informed consent for the use of any alternative therapies e.g. herbs, multi-vitamin therapy, magnets etc. must be made by the person themselves. If the person is not able to give consent, consent would be given by their Committee, by their Representative; or by the person designated as their Temporary Substitute Decision Maker and/or interested family.

The support team surrounding the person must be trained in the administration and/or use of the product. In the case of products that require significant staff time to administer, the allocation of staff time is at the discretion and direction of the Manager/Designate based upon equity of service within the home for the needs of all persons.

Kardel does not endorse any specific products. The cost implications of alternative therapies would have to be considered. Consent for money to be used for payment for alternative therapies would follow the same formula as consent for the use of the product.

### 8.L. Biohazard Management

#### 8.L. 1: Expired, Discontinued and Wasted Medication

All discontinued, expired and wasted medication is to be returned to the pharmacy. D/C, expired and wasted medication is to be secured in a locked cupboard until returned to pharmacy.

#### 8.L. 2: Sharp Object and Needle Disposal

The laboratory and pharmacy will provide containers for disposal of sharp objects and needles as required. These containers are kept in a secure location and returned to the lab or pharmacy when they are full. The return of such items is also noted in the Medication Logbook.

### 8.M. Immunizations

The Pharmacists from Royal Oak and Sidney pharmacy are providing the annual flu vaccine and the pneumonia vaccine to the people supported in some of the homes they serve. The

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Managers/Designates in the involved homes are to ensure that permission has been obtained and that orders from the physicians, for the person supported, has been arranged beforehand. Staff in these homes are welcome to receive their flu vaccines as well. Documentation is needed for head office and can be provided by the pharmacist.

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<i>Reference:</i>	<i>Registered Nurses' Association of B.C.;</i> <i>Community Care Facilities Act: Adult Care Regulations;/Bylaws of the Council of Pharmacists of British Columbia</i>