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MEDICATION AND TREATMENTS

8.A. 1: Pharmacy Services

External pharmacists are used for prescribing and dispensing all medications:

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, and medi-pads. These items are not dispensed by the pharmacy 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 paid for by the individuals supported.

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 an option.
- Fluoride gel and dental rinse.
- Alternative and herbal therapies, e.g. Echinacea, cranberry tea, etc.

It is appreciated that some of the individuals supported may have limited funds in regard to the above items. Individuals supported with over \$5000.00 available in their bank or trust accounts are expected to cover the full cost of the above items.

Individuals supported 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.

Individuals 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.

Individuals 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.

Individuals 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 Ministry of Social Development and Poverty Reduction - Health Assistance.

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

If an application is approved, an approval letter will be issued to the individual supported and Product Distribution Centre (PDC) or Service Provider. If denied, a denial letter and decision summary outlining reasons for the decision will be sent to the individual supported.

Managers/designates need to track the expiry dates for all such products. The process for re-application is the same as for the original application (as above). It is recommended that the manager/designate 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.

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

<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 on 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 during the orientation based on the needs of the individual supported.

During orientation to homes/programs, employees will be orientated, supervised, and approved for medication administration within that home/program by the manager/designate. Once the manager/designate is confident that the new employee may safely administer scheduled medications, the home orientation sheet will be signed off. Employees can request additional training or orientation to ensure their own confidence and competence. Orientated staff members also sign in the Medication Logbook on the record of staff signatures.

PRN medications that are prescribed by an individual's physician need to be delegated by an RN to the employee. Managers/designates 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

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 Administration course. Documentation of course completion is kept on the employees personnel file at the main office.

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

Identified gaps in performance regarding administration of medication shall require the employees to complete a specific follow up as determined by the manager/designate. This might consist in a review of the DVD on ShareVision, attendance at the Medication Administration course, or completion of the Medication Administration competency checklist.

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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 individual supported is receiving will be kept on site. This information is typically stored 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. Verbal orders from a physician to an RN, RPN or LPN are also acceptable to the College of Registered Nurse of British Columbia. The computer printout and/or label from the pharmacy are considered to be a legal doctor's order.

8.C. 2: Double Checking Procedure

Medication Administration Checks are done by another staff member within one hour of the scheduled administration time. The checker is to check that all medications, PRN's, and treatments have been administered and signed for. 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 medication oversights are documented on ShareVision in a timely manner

8.C. 3: Quality Improvement Program

The pharmacist and the individual supported's physician review their 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 medication administration procedures at each home. Included in this are:

- Inspection of the medication room to ensure security of medications, proper labeling, and that medications are within expiry dates,

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- Confirmation that staff members are aware of the Policy and Procedure manual and that it is readily available, and
- Discussion of 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 consists of the pharmacist(s) in charge of pharmacy services, a group home manager, 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 committee.

8.C. 4: Home and Community Care (HCC) Nurse

Individual supported have access to HCC nursing. HCC nurses are based at local health centres, and their contact details are available on ShareVision.

8.C. 5: CARF Standards

See 8.C.9

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

Home share providers are independent contractors and, therefore, self-employed individuals. There is no 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 individuals supported 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 individuals supported 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 individuals supported and implement documented procedures that address:

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- 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 competencies
 - (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 individuals supported, 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 individuals supported
 - (2) Of medication oversights, as appropriate
- Review medication errors and drug reactions
- Have a plan to follow in the case of an 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 individual supported, as appropriate
 - Availability of medical resources for consultation
 - Coordination as needed with the physician providing primary care needs

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

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supplies every month at medication changeover. Staff members check each card and account for the doses given, and then initial 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 due to increased risks associated with narcotic medications for individuals supported. Extra safeguards (such as required witnesses for administration) may be implemented by: Kardel's Nurse Consultant, HCC nurses, and/or the 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 staff must ensure this is documented as a medication oversight on ShareVision.

Controlled Medication

Controlled medication such as Ativan is provided by a pharmacy in the smallest supply necessary. Generally ½ blister packaged card is sufficient for PRN's for most individuals supported. In addition to following the medication administration procedure, staff members must initial and date beside each blister on the card. Managers/designates will coordinate with the 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 the monthly medication changeover. Use form "No.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 staff must ensure that this is documented 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.

Topical ointments and medications are to be stored distinctly apart from internal medications. Liquids are stored 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-

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used for the same person if they are washed, air-dried thoroughly and labeled with the individuals 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 are not to 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

Consent by the individual supported or legal guardian for administering medication is reviewed annually and a signature obtained on the Annual Information Update form. If the individual supported or the legal guardian has concerns about medications, the manager/designate will direct them to the doctor for additional information. If unable to obtain consent, the manager/designate will document this on case notes on ShareVision.

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 the 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 individual's medication, issued monthly by the Pharmacy. MARs are kept in a separate binder with dividers for each individual, photos of each individual, special considerations and allergies, and Kardel Medication Administration procedure. Drug information sheets for each medication individuals supported 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, then securely archived at the main office.

Dispensing times:

- OD Once daily
- BID Twice daily

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- 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. A review at six months minimum is to be carried out by the physician and pharmacist.

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

This procedure must be followed each time medication is administered. 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 as indicated on the label. 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 1 hour grace period is not to be used on a regular basis as this could affect how the medication works or interacts with other medications. Below are the steps all employees are to follow when dispensing medication:

1. Wash hands
2. Check the current date to establish the blister number of the day.
3. Locate and positively identify the individual.
4. Find the individual's MAR.
5. Read the MAR directions for the first medication to be given in the time slot you are dispensing. Pay careful attention to the time, medication, reason, dosage, individual, and route. Check for special considerations.
6. Confirm that the MAR directions concur with the pharmacard.
7. Punch the medication blister into the 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 the appropriate square with a dot.
9. Continue for all medication to be given at that time.
10. Check the MAR for special directions i.e. crush, give with juice, give with milk, etc.
11. Approach the individual supported, saying their name. Tell the individual supported it is time for their medication.
12. Administer the medication to the individual. **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 individual until this documentation has occurred.
14. Report any discrepancies, refusals, meds withheld, absent people, and observations of anything unusual regarding the individual'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 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.

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

8.D. 3: Wasted and Refused Medication

An individual supported may refuse medication. Do not force the individual supported; discuss the situation with the manager/designate. They 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 in the Medication Logbook and communication log. The manager/designate will ask the 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 individual supported. 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.

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.

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

8.E. Off-Site Administration

8.E. 1: Medication at Day Programs

For individuals 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 their home or day program, it is the duty of the staff taking the individual supported out to ensure they receive the scheduled medication. For the blister-packaging system, the medication will be dispensed at the home/program according to the medication administration procedure and placed in a secure container labeled with:

- Individual’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

Documentation on the MAR will be recorded in ink using 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 the 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 an individual supported while away from the home or program must accompany the individuals supported. The following procedures must be followed:

- Labeled vials or blistered medication prepared by the pharmacy for vacations or extended periods away from home must accompany the individual supported.
- All unused PRN medication dispensed by the pharmacy must be returned to the pharmacy when no longer needed or expired.

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- PRN medications prepared for administration at the day program or on community outings are returned to the home. They are restocked as needed, stored securely, and they are not to be placed back into the blister pack.
- Other medication, i.e. epi-pens, must be labeled with the individual's name and instructions.
- Staff members ensure an adequate supply is transported.
- Medication is kept in the locked cupboard when the person is at home or at the day program.
- The staff member responsible for the individual ensures the safe transport of the medication.
- Documentation of administration and effect is recorded upon return.

8.E. 4: Self-Administration of Medication

An individual supported may self-administer medications if a plan for self-medication is:

- Approved by the medication safety and advisory committee where applicable and the medication practitioner or nurse practitioner who prescribed the medication and;
- Included in the individual care plan of the individual

An Authorization for Self-Administration of Medication form must be completed by the physician and kept in the binder of the individual supported. The individual 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 individuals supported who live semi-independently or independently.

8.E. 5: Family Members Administering Medications

If a family member requests that an individual be given an over-the-counter medication, pill, liquid, or cream that has not been prescribed by the individual's physician, staff must inform the family member that they are NOT allowed to administer medications that have not been prescribed by the physician. If the family member insists on giving the individual the medication, staff should document this. If the family member chooses to administer the medication, staff should document the interaction they had with the family member and the actions the family member took. The manager/designate should be notified, who may then refer to 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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For information on follow up 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 individual(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 has been documented by a staff member, the manager/designate must follow up and then complete the manager/designate section of the form. 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. This may include an in-house medication administration course for staff members who have repeated medication oversight. More serious oversights or patterns of oversights could result in disciplinary action. Consultation with the Director of Human Resources would take place to determine the appropriate level of discipline.

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

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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 individual receives necessary medical care: i.e. medical treatment center, doctor's office, or emergency department of local hospital;
- Report the incident to manager/designate
- The manager/designate will inform the pharmacist of the reaction/interaction by sending an Adverse Drug Reaction Report.
- At Futures Club and ISN, the contact person of the home of the individual supported is notified immediately.
- Drug reactions and interactions must be recorded in the daily journal and the Medication Logbook.

8.G. Processing Orders

8.G. 1: New Orders Following Medical Appointments

Follow the steps below:

- When a physician calls from their 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 individual'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 area.
- The manager/designate reviews the drug information sheet and checks again for allergies and contraindications based on the new drug information sheet.
- The manager/designate checks 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 daily journal.
- 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 for the pharmacist to ensure correct relabeling of the bottle and new labels to be provided for the MAR.

8.G. 2: New Orders in Emergency Situations After Hours

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For emergencies after regular business hours, the staff members should make arrangements for an individual supported 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 until the medication may be ordered. This new information should be clearly documented in the daily journal, Medication Order sheet, and in the communication log. 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 individual's physician, add the information to the individual supported's documentation, and send the balance of the medication as required. For individuals 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 the 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 it to the 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 the Medication Order Review sheet. The person's day program is notified, if applicable. Medication must be stored in a locked area until it is returned to the pharmacy.

8.H. Changes in Individuals Supported

8.H. 1: Transfers, Admissions and Discharges

Managers/designates must notify the pharmacy in the event of an admission, discharge, or death of an individual. The pharmacy will confirm all medication orders with the attending physician.

When an individual 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 individual returns.

8.I. Inventory

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

The pharmacy system automatically refills all regularly scheduled medications 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 each month. The designated staff member transfers the new cards to the existing racks after the last bubble of the cards has been administered.

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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 meds monthly.

8.1. 1 (a) Checking and Adding New Medications

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

Check medication with the MARs to ensure bubbles contain the right medication, name, times, and dosage. Check that:

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

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

8.1. 1 (b) Adding New Cards

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

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

8.1. 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 the 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 so to be delivered with next month's medications. Please indicate on the fax whether the order is:

- Rush delivery
- Regular delivery
- Delivery with monthly medications or;
- We will pick up the order

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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 for by the individuals 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. 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 medical 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 individual'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 and secured 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 the accounting department. Some items will be paid for by individuals. If amounts charged are incorrect, the manager/designate 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, two staff members sign the Medication Logbook and 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 the pharmacy unless received by a staff member.

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8.K. Lab Work and Alternative Therapies

8.K. 1: Lab Work

It is the manager/designate's responsibility to ensure that lab work is done as required. Routine blood work must be scheduled and noted on a calendar - fasting blood work is highlighted to alert staff members. The manager/designate discusses results with the 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

Individuals may choose to make purchases 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 him or herself. If the person is not able to give consent, consent will be given by their committee, by their representative, or by the person designated as their Temporary Substitute Decision Maker.

The support team surrounding the individual 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 individuals.

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 the 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 utilized by Kardel provide the annual flu vaccine and the pneumonia vaccine to the individuals supported in homes. The managers/designates in the involved homes are to ensure that permission has been obtained and that orders from the physicians, for the individual 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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Reference: Registered Nurses' Association of B.C.;
Community Care Facilities Act: Adult Care Regulations;/Bylaws of the Council of Pharmacists of British Columbia