

## Community Connections Support Services - Policies and Procedures

<b>Section</b>	<b>Health and Safety Policy and Procedures</b>
<b>Subject</b>	<b>Medications for Persons Supported (hs080)</b>
<b>Applies To</b>	<b>Employees and Subcontractors</b>
<b>Effective Date</b>	<b>January 1999</b>
<b>Revised Date</b>	<b>December 2017</b>

**Policy:** All employees and subcontractors will be familiar with, and adhere to policy and procedures for use of medications for the people we support to ensure consistent and safe administration of medication when necessary.

### **Procedures:**

All people supported by the agency who take any prescribed or over the counter medication must have the following in place:

#### ***Records of medications***

Each person supported must have an up-to-date record of all medications, including prescription and non-prescription medications. Records will include:

- The name of the medication
- The dosage, including strength or concentration
- The frequency
- Instructions for use, including administration route
- Potential side effects
- Drug interactions
- The name and phone number for the prescribing professional
- The dispensing pharmacy and contact information

#### ***Opportunity to provide consent***

When medication is managed for the person supported by employees or subcontractors, there must be documentation or confirmation of informed consent for each medication administered provided by the person supported or their legal representative, when possible. This may initially be verbal consent which is subsequently secured in written form on the person's Personal Profile (see policy ip013.2 Personal Profile).

A person supported has the right to refuse medication and/or refuse to have medication administered. It is important to recognize when/if this refusal is based on all information available to the person supported. The person should be made aware of the function of the medication, the benefits of taking the medication and the potential consequences of refusing to take the medication. If a person supported refuses to take medication, this must be noted on the MAR sheet and a non-critical incident report form and submitted to CCSS. Should the refusal

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result in an adverse reaction where medical attention is required, a critical incident report form must be completed and submitted to relevant parties (see policy hs040 Incident Reporting).

Where the person is unable to provide informed consent and does not have a legal representative to do so on their behalf, this must be noted in the person's ISP. CCSS recognizes that services provided to the people supported by the agency establishes a duty and standard of care due to the proximity and relationship between the agency and those that it supports. Where medication management is necessary to provide for positive health outcomes for the person supported or to eliminate the risk of negative health outcomes, the agency must ensure that medication is administered to the person supported. Failure to do so can be considered an act of negligence due to an omission to act.

### ***Information and Training***

When requested, a person served or their legal representative will be provided with information regarding resources for:

- advocacy and advocacy training to assist them in being actively involved in making decisions related to the use of medications.
- Training and education regarding medications.

All employees and subcontractors must participate in annual competency-based training in medication administration practices. This training is provided by CCSS.

### ***Medication Monitoring***

Each person who has medication managed for them by their support worker or home share provider will have formal systems in place to monitor medication use. Typically, this is referred to as a Medication Administration Record (MAR) sheet. Most pharmacies will provide MAR sheets to accompany dispensed medications. When this is not the case, standard MAR sheets will be provided by CCSS. Accurate and consistent recording of medications administered are necessary to prevent any incidents involving medication errors (see policy hs082 Medication Errors).

### ***Review of Medications***

All use of medications by the person served is to be reviewed annually by the person's physician or qualified professional licensed to prescribe or dispense medication. This ensures that a person continues to receive the correct medication at the correct dose and addresses any side effects experienced. CCSS provides a template for the physician to complete during medication reviews (see policy hs085.1 Physician Medication Review).

### ***Overall Planning***

A person supported by the agency who also uses prescription and non-prescription medication will have the use of medication integrated into their overall plan. Areas to include this information can be:

- the person's ISP
- health care plan, including dietary implications of medications

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- the person's Personal Profile
- the person's behaviour support and/or safety plan, if applicable.

To ensure practices in keeping with best practices for medication management and monitoring, all employees and subcontractors will adhere to the following procedures:

### **Medication Orders**

1. No medication can be given without a written doctor's order. This includes over-the-counter medications and PRN medications (ie. Tylenol, Asprin, medicated skin creams, antihistamines, etc.).
2. It is illegal for a doctor to give a medication order to an employee or subcontractor over the phone or otherwise verbally. All medication orders must be supported by the written prescription signed by the physician and/or a label/medication sheet as dispensed by the pharmacy.
3. Any new medication orders must have direct communication between the pharmacist and physician prior to the employee or subcontractor administering the medication. The direct communication can be a written prescription given to the pharmacy by the employee or subcontractor following a visit to the physician or following telephone discussion.
  - If a new medication or PRN medication is prescribed for behaviour related issues (i.e. anxiety, aggression or agitation), this may have implications on a person's behavioural support plan. It is important that the person's behaviour support plan is updated with this new information as soon as possible.
4. If a physician orders a change of dose, time, etc of a person's existing medication, he/she must write the change on a prescription. The prescription is then picked up from the doctor's office and taken to the pharmacy for dispensation of the new dose (eg. New blister packs) and a new label or MAR sheet to reflect the new orders

OR

The physician can phone the new order to the pharmacist and the employee or subcontractor can then pick up the newly dispensed drug and the new label/MAR sheet.

5. Medication will be delivered or support staff or subcontractors will pick it up. If it is a new medication, employees or subcontractors will ask for information on possible side effects, contraindications and proper dosage.
6. Support persons or home share providers will review the new MAR sheet and compare with doctors orders to ensure accuracy.
7. Support person or home share provider will remove any medication from the blister pack system which have been discontinued. If a new MAR sheet does not reflect this discontinuation, draw a line through the order on the MAR sheet, write D/C

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(discontinued) and initial.

8. If there is a new medication, place it in the appropriate location in the blister pack system and check corresponding blister pack with the MAR sheets for accuracy.
9. Support persons or home share providers must consult with a pharmacist or physician as appropriate with any medication concerns (ie. Compliance concerns, medication errors, side effects or allergic reactions, unclear medication orders).
10. The Health Services for Community Living (HSCL) nurse is to be consulted with regard to any specialized knowledge required to deliver medications in case it requires Delegation of Task (DOT) training for employees or subcontractors.

### **Maintenance of Adequate Supply**

1. The support staff or home share provider is responsible for taking inventory of medications to ensure an adequate supply and that expiry dates have not lapsed.
2. It is the responsibility of all support persons or home share providers to ensure that medication refills are obtained prior to running out.
3. Staff and subcontractors also need to plan for extended holidays of the person supported to ensure adequate supply of medication.

### **Storage and Disposal of Medication**

1. Some medications require special instructions regarding storage (ie. Refrigeration, protection from light, etc.)
2. All pharmacy medication information print-outs are to be reviewed for special storage instruction.
3. Barring any special instruction, medication is to be kept in the blister pack system located in a medication cupboard or secure cabinet.
4. Expired, discontinued and unused medications are disposed of by taking the medications in the original packaging to the pharmacy. Store these medications in a bag away from current medications and take them to your local pharmacy for disposal as soon as possible.
5. Refused medications will be stored in a container labeled "Refused Medications".

### **Handling and Administration of Medication**

1. Know the Medication: what its action is, side effects, contraindications, usual dosage, correct storage, appearance, etc.
2. Know the Time: when each medication is due to be given. For each PRN medication,

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know the allowed interval, in hours, between doses and/or the total number of doses ordered per day

3. Know the Circumstances: in which the individual may be given or is expected to be given PRN medications
4. Know: the individual-specific actions, tolerances, side effects, contraindications/precautions, and interactions/incompatibilities of the individual's drugs.
5. Prepare medications in an area with good lighting and minimal distractions
6. Wash hands before preparing medications
7. **Know and use the Five Rights:**
  1. **Right Person**
  2. **Right Medication**
  3. **Right Dose**
  4. **Right Time**
  5. **Right Route**

\* Follow these five rights for each medication, each time it is given. Remember: meds, dosages, times, etc can change over time.

8. Check the label on the container:
  - when taking the drug out of storage and
  - when giving the drug to the individual and
  - when returning the drug to storage
9. Look over all med sheets to ensure you have all of the necessary medications for that particular time.
10. Never administer a medication that someone else has prepared. When you sign for a medication, you are taking responsibility that the individual has taken that particular medication.
11. Medications must always be administered within ½ hour before or after the time it is ordered to be given (the time stated on the medication sheet)
12. Use a clean cup appropriate for administering medication.
13. Know and utilize the recommended technique of medication administration for the individual who is receiving the medication
14. Position the individual for safe and effective medication administration.
15. Respect the person's autonomy regarding medication
16. Stay with the person until you are sure he/she has swallowed the medication.

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17. Only recognized, prepared personnel may administer medications without direct supervision.

### ***Extra precautions for administering liquid medicines:***

- Hold med cup at eye level to measure
- pour away from label
- place thumbnail on line of cup which indicates correct amount of the drug
- Shake bottle well before pouring unless instructions state otherwise
- When using a syringe, accurate measurement is as marked

### ***Extra precautions for administering eye drops:***

- Eye drops and ointment are applied to the lower conjunctival sac and not directly to the eyeball
- Equipment and medication should be kept clean to prevent eye infections
- Good hand washing is essential
- The tip or the opening of dispensers should not touch the individual's eyes or skin of the support person's hands
- Gloves may be necessary to reduce the risk of infection to the individual and support person or home share provider.

### ***Extra precautions for the application of topical medication:***

- Topical medication includes the application of drugs to the skin and mucous membranes and its effects may be local or systemic
- Absorption from the mucous membranes is much more rapid than absorption through the skin. Sprays, gels, creams and lotions meant for the skin should be kept away from the mucous membranes of the eyes, nose and mouth
- Topical medications should be applied to clean, healthy skin unless otherwise indicated.
- Gloves are often worn by the support person when applying topical medications as medications can be absorbed by the support person's skin as well as the skin of the person it is meant for.
- Some topical medications may stain clothing, so protective pads may be recommended.

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### ***Extra precautions for the administration of insulin:***

- Only support workers or home share providers who have been formally trained/certified in Diabetic Management can give insulin
- Prior to the administration of each insulin injection, the support person or home share provider must check the most recent doctor's order (to ensure they are giving the correct/up-to-date dose).
- All techniques learned in Diabetic training must be followed on a continual basis (eg. Use of site rotation charts, disposal of used syringes).
- Support persons or home share providers who provide insulin administration must attend diabetic review sessions approximately every six months.

### ***Further Considerations:***

- Do not handle tablets, capsules, pills, etc. Break the blister cap over a med cup
- Do not crush or cut sustained action or enteric coated medications
- Check expiry dates of PRN and other medications used infrequently
- It is the responsibility of support staff or home share providers to watch for signs of adverse drug reactions (eg. Side effects/allergic reactions to the medications that they administer)
- Know the individual's personal recording system and how to enter observations of the individual (eg. Suspected side effects)
- Medication errors are handled per Medication Policy and Procedures (hs082)
- Support persons and home share providers must understand recommended actions in the case of potential problems such as missed medication, spilled drugs, drugs which have been vomited or spat out, expired and unavailable drugs (involves completing an incident report and contacting the physician/pharmacist for direction).

### ***Important Safety Considerations:***

- In the case of an accidental overdose of a drug, any harm to the person concerned can almost always be minimized by the prompt reporting of the overdose. Call physician and/or pharmacy and/or HealthLink (dial 811) regarding appropriate First Aid procedures.
- Know and be able to recognize the signs and symptoms of an allergic and/or anaphylactic reaction:
- **Report to Physician: Nausea and/or vomiting, itchiness, hives**

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- **Emergency Assistance Required (Dial 911): tightness in chest, difficulty breathing, wheezing**

### **Documentation of Medication Use**

- All support workers and home share providers will be familiar with an individual's personal recording system for the administration of medications
- MAR sheets are to be initialed immediately *after* administering medication and only by the person who administered the meds.
- Medication sheets are legal documents and the initialing of such, signifies that the medication has been given and *taken*
- PRN medications must be signed for on the med sheet, recorded on the back of the med sheet (where appropriate) and in the daily record sheet. Also, note why it was given and if the desired effect was achieved. Any time a PRN is given, be sure to note the date and time it was administered in the communication book and daily recording sheet. Likewise, always check the med sheet, communication book and the daily recording sheet prior to administering a PRN (to prevent double dosing and to ensure enough time has elapsed since the last dose).

### **Packaging and Labeling**

- All drugs should be clearly and carefully labeled as drugs/medicine including the name of the drug, its dose, and the person for whom the drug is intended.
- Do not use drugs which are not labeled properly. If the label is incorrect, contact the pharmacy where the label/drug was dispensed, for clarification.
- Transcribing medication orders refers to the process of writing or rewriting the physician's directions for an individual's medication on the person's chart/record, medication sheet and health care plan. Because the risk of error is high, support workers and home share providers are not authorized to transcribe orders. A new MAR sheet or label reflecting the new orders needs to be generated by the pharmacist who received the doctor's order.
- If a label is used then it must be placed on the existing MAR sheet, using a new space; not placed over the pre-existing order. The remaining empty signatures/initials corresponding to the pre-existing order are then carefully 'blocked out' by drawing a single straight line through the spaces. The empty spaces corresponding to the new order, prior to the start date of the new order; will be 'blocked out' in a similar manner.



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### **Medication When Away from Home**

- When a person is being supported away from home, their support person or home share provider will administer medications as appropriate and sign the MAR sheets upon their return home. Medications taken out of the home must be carried in an approved container (eg. Dosette) and relevant storage instructions must be followed.

### **Alternative Health Remedies**

- Support persons and home share providers must consult with the pharmacist or physician concerning the individual's use of alternative health remedies which may react with prescription drugs. Please see Policy on Alternative Approaches to Healing (hs090).

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### **For further information on this policy or permission to reprint, please contact:**

Jacqueline Burnham, BA  
Director - Strategic Management  
Community Connections Support Services  
275 Rutland Road North  
Kelowna, BC V1X 3B1  
ph. (250) 491-2907 fx.(250) 491-2920  
[jacqueline@commconn.ca](mailto:jacqueline@commconn.ca)  
[www.commconn.ca](http://www.commconn.ca)