

CVS POLICY & PROCEDURE MANUAL

Policy Area: Service Delivery

Policy # & Name: 5.14 Medications

Group: All Staff, Volunteers, Practicum Students

Purpose:

To ensure the safe administration, recording and storage of medication. Also, that uniform practices are in place for the reporting of any medication errors.

Policy Statement:

Community Ventures Society is committed to ensuring the well being and health of all participants. All participants will have access to needed pharmacotherapy through direct provision or referral. Continuity and integration of medications into the participant's overall plan will be followed through.

A physician must prescribe all medications including "PRN" and "over-the-counter" medications. It is recognized that over-the-counter (OTC) medications may be necessary to assist individuals with general health issues (i.e. headaches, coughs, flu, cuts, etc.).

These policies remain in effect for all staff working their regularly scheduled shifts as well extra hours worked when supporting their participants through their community activities – i.e., camp, vacations, weekend conferences, etc.

Practice Standards:

The safe and accurate administration of medications is the responsibility of the Adult Services Manager, the House Supervisor/Program Coordinator and all staff administering medications.

The Adult Services Manager and the House Supervisor with the assistance of the designated Pharmacist, Nursing Consultant (as required) are responsible for assessing and monitoring all medications and medication changes. All changes must be authorized by the client's physician.

Staff involved in the administration of medication must be familiar with each step in the procedure of administering medication and the policy for reporting medication errors. If at any time staff who administer medications are unclear as to the procedure they are to reference the appropriate policy and procedures in the CVS manual and if still unclear, contact the House Supervisor/Program Coordinator or Adult Services Manager for assistance.

All medications administered, refused, omitted, or destroyed shall be accounted for.

Medications will not be shared between clients.

Orientation to medication procedures is provided at the initial employee orientation. Only trained staff members may administer medications to a client. Staff administering medications will be familiarized with Medication Administration procedures and the location of these procedures for support and review. Staff administering medications may request a review of the

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medication orientation and procedures.

Prior to giving medications, newly oriented relief staff or relief staff who have not worked at the residence for several months are to check the Health Care Plan and Residential Care Plan for directions specific to each resident and review Medication Administration procedures.

Medication procedures must be reviewed annually by all CVS staff who administer medications. The House Supervisor/Program Coordinator will ensure that this occurs.

Medication Storage - All medications will be safely and securely stored in accordance with the site specific Operations Manual. Keys for the Medication Cabinet are to be kept in a locked area when staff are not in the facility.

Medication and Treatment Records - A Medication and Treatment Record will be kept for each resident / client.

Medication Errors - All medication errors as described in the attached procedures must be reported and the procedures as outlined under Medication Errors (attached) must be followed. Failure to report errors or any associated unusual occurrence will result in disciplinary action. Accumulative procedural errors may also result in disciplinary action.

Policy Audit: March Annually as per Health and safety Committee Work plan

Date Issued: March 2004

Date Revised: April 2011 – Roles and Responsibilities

Position

Responsible: Executive Director, Health & Safety Committee

References:

- ✓ Roles & Responsibilities (attached)
- ✓ Medication Administration Procedures (attached)
- Administration of Medications in Facility Based Day Programs (attached)
- Administration of Medications in Outreach Programs (attached)
- Administration of Medications when Client Away from CVS Residences (attached)
- Administering PRN's (Emergency Medications) at the Residence/Group Home (attached)
- Administering Medications at the Hospital Emergency (attached)
- Self-Administration of Medications (attached)
- ✓ Administration of Over-the-Counter or Non-prescription (attached)
- Adverse Reaction To Medication (attached)
- Alcohol Consumption with Medications (attached)

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- ✓ Medication Error Procedures (attached)
 - ✓ SDA 5.14.A – Medication Incident Form
 - ✓ SDA 5.14.B – Signature / Initial Form
 - ✓ SDA 5.14.C – Transfer of Medications to Day Programs
 - ✓ SDA 5.14.D – Standing Orders
 - ✓ Medications List
 - ✓ Critical Incident Report
 - ✓ Medication History Form
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Roles and Responsibilities

House Supervisors/ Program Coordinators

- Provides for the security and storage of the medications.
- Provides for administration and documentation of medications.
- Accesses current information from residential caregiver or pharmacist on potential adverse reaction and attaches this to Medication and Treatment Record.
- Ensures that an original copy of the Doctor's order for a prescribed medication is on site in the individual's home. (i.e., written by the physician on the Doctor's visit form or a prescription).
- Ensures that staff follow all medication policies and review policy annually, signing off that they have done so.
- Ensures orientation is provided on any new medication with which staff may be unfamiliar.
- All staff must be trained in policy and procedures.
- Discontinued medications are flagged for staff by circling the last dose on the blister pack so that they know when to discontinue the medication and return the remaining medication to the Pharmacist.
- Checks PRN and standing order medication expiry dates regularly. Discontinued, expired or unused medications must be returned immediately to the pharmacy.
- Contacts Pharmacist regarding any medication orders and questions and shares information with staff.
- Ensures that all individual medical records are in order.
- Ensures Personal Information form has a list of current medications on each client living at a CVS residence.
- Ensures all regularly prescribed medications are on site one week in advance of the date they are to be administered.
- The House Supervisor, in conjunction with the Health Care Nurse, meets annually or more often as required.

Pharmacist

- Assists in the organization of a safe, secure medication system.
- Instructs facility personnel in the correct method of handling and administering medication.
- Provides drug information services to the facility; specific medications that clients are taking.
- Prepares a copy of the current Medication and Treatment Record for each client, which is filed near the medication storage area in the residence or program and at the pharmacy.
- Provides a new Medication and Treatment Record once a month. The previous month's Medication and Treatment Record must be filed by

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client name and kept on site for a minimum of two (2) years after which time they will be archived in CVS central storage.

- Prepares a Medication profile for each client.
- Provides advice around adverse reactions to medications.
- The Health Care Nurse, in conjunction with the House Supervisor, arranges for a meeting for each facility every 6 months.

Health Services For Community Living Nursing Consultant

- Provides training, supervision and monitoring and consultation to all staff with regards to administering medication.
- Liaises with family physicians, Pharmacist and other personnel as needed.
- Provides regular health monitoring routines for clients (blood pressure, monitor heart, lungs, etc.).
- Provides advice around adverse reactions to medications.

Nurses

When nurses are deployed to assist with medications administered by injection, the nurse responsible for the procedure will deal directly with the designated Pharmacist. The Nurse and Pharmacist responsible will review the order and any issues or concerns.

CVS

CVS shall designate Pharmacists to provide the medication for all those clients who are in residential care of CVS and to assist in the organization of a safe, secure medication system. All medications will have been labeled by the Pharmacist and indicate the name of the Practitioner or Health Care Provider who prescribed the medication.

Medication Administration Procedures

These steps do not replace **Concentration, Your Undivided Attention to Detail and a Strong Understanding of the Medication Dispensing Procedure.**

- Medications are your most important job
- Take your time
- Make sure you are not upset, overtired or distracted
- Double check all your steps

If the directive on the prescription is not clear the staff on duty is to call the House Supervisor / Pharmacist / Consulting Nurse / Doctor for further instructions including whether or not the medication is to be taken with a meal, before a meal, after a meal, at bedtime or if it is not to be taken with certain foods, etc.

When beginning your shift make sure you have read the client's progress notes and the Communication Book for the previous week prior to administering medications. Relief staff are to read the client's progress notes and

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Communication Book back to the date of the last shift they worked at the Residence.

Procedure

Step 1. Wash hands thoroughly before measuring or preparing medications.

Step 2. Minimize distractions by having the client seated at the table, calm and attentive to receiving medications. Have the answering machine pick up messages, etc.

Step 3. Give your full attention to the task. Assemble utensils required such as Medication and Treatment Record, drinking glasses, straws, paper towel, etc.

Step 4. Make sure you give the medications in an area that has good lighting. Also, if possible give medications in a room that has a floor with a hard surface (not rug) so that if a pill is dropped you are likely to hear it hit the floor and it will be easy to find.

Step 5. Prepare medications for one client at a time.

Step 6. For each dose of medication, read the medication label:

- before removing the container from the medicine cabinet.
- before pouring the measured amount of the drug.
- before replacing the container in the medicine cabinet.

Step 7. Pour accurate dose as follows:

Liquids

- Shake liquids well. If solution has settled, shake until returned to suspension.
- Pour liquid medication into a clear calibrated cup. Pour from bottle on the side opposite the label to avoid soiling or defacing the label. Wipe the rim of the bottle. Replace the cap on the bottle tightly.
- Place the medication measuring cup on a level surface, bend down so that you are at eye level with the medication cup. Place your thumbnail at the desired dosage and read the lowest level of the fluid surface.
- Have the client take the medication from the cup unless otherwise instructed.

Blister packs

- Remove the capsule or tablet from the blister pack directly to the container used to administer the medication (avoid touching the capsule or tablet)
- Initial the blister pack with the initial of your first name.
- Place each dose of medication in a separate container. Avoid mixing medications unless it is ordered by the physician.
- When several medications (pills) are given together first count the total number of pills in the blister pack, pop the pills from the blister pack into the medication container, count the number of pills

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in the medication container to ensure it is the same number as in the blister pack.

- Administer the medication from the container.

Step 8. Check the six R's prior to dispensing:

1. **RIGHT PERSON** - In order to make sure that you have the right person, you have to know all the clients. If you are not certain that you are administering a medication to the right client then "STOP!" Ask another staff member who is more familiar with the client. Double check with the photograph and name card on the medication rack. Check the name on the Medication and Treatment Record and compare to the name on the label of the actual medication blister pack.

2. **RIGHT MEDICATION** - To ensure you administer the right medication:

- compare the label on the Medication and Treatment Record and the label of the actual medication; double check them; make sure they agree; if they do not agree, contact the House Supervisor or Program Coordinator before administering the medication, if they do agree, continue to the next step.

3. **RIGHT DOSAGE** - Be sure you give the right dosage by comparing the label on the Medication and Treatment Record and the label on the actual medication to make sure they agree. Carefully measure or count the correct dosage and compare this amount with the medication label.

4. **RIGHT TIME** - Check the time that the medication is to be given on the Medication and Treatment Record and compare to the label on the actual medication to be sure you are giving the medication at the right time. When a physician prescribes a medication he / she will specify how often the medication is to be taken. Some medications must be administered at very specific times during the day, e.g. before meals, one hour after meals, before bedtime, etc. Medications should be administered within one hour either way of the prescribed time.

5. **RIGHT ROUTE** - Check on the Medication and Treatment Record how the medication is to be given and compare to the label on the actual medication. The physician prescribes medication in certain forms; e.g. tablets, ointments, suppositories, injections, etc., which dictates the method it will be administered. Capsules and tablets are usually swallowed (oral route), ointments are usually applied externally (topical route), suppositories are administered anally and injected medications are given with a syringe.

6. **RIGHT RECORDING** – after confirming the previous FIVE R's:

- Put your first initial in the CORRECT PLACE on the Medication and Treatment Record (use a ruler or other straight edge to ensure you are initialing the right date).

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- Pop the medication into the medication container.
- Put your first initial on the blister pack where the medication was popped.
- Repeat this procedure for all medications to be administered at the time, for that person.
- Double check the medications in the container by counting the number to be dispensed at this time.
- When you are positive you have all the medications, give them to the client.
- Approach the client and say their name out loud and tell them you are giving them their medications.
- Ask yourself, “Do I have the right person.”
- Stay with the client until you are positive they have swallowed all the medications.
- Put your second initial on the Medication and Treatment Record and on the blister pack confirming that the medications were given and swallowed.
- Don’t forget each individual’s **LIQUID ORAL, TOPICAL OINTMENTS AND PRN medications confirming the SIX R’S for each one.**
- Where there are two or more staff, have your co-worker double check and initial your medication dispensing within one hour; this involves: (1. checking each blister pack to ensure the right medication has been popped at the right time and date and double signing the blister pack 2. checking the Medication and Treatment Record and double signing that it has been filled out correctly.
- Now continue on to the next person, following this same procedure from the beginning.
- Every Medication and Treatment Record has a section for signatures on the back of it that must be filled in by all staff administering medications at that site. A separate list of signatures on the CVS Signature / Initial Form (SDA 5.14.B) must be maintained in order that initials can be identified if there is a medication error.

Step 9. Stay with the client until you have seen that the medications have been swallowed.

Step 10. Record medication administration on the proper documents (Medication and Treatment Record and blister packs) in the following manner:

- Sign Medication and Treatment Record and blister pack with the initial of your first name just prior to giving the medication.

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- After you have seen the resident / client swallow the medication, sign the blister pack and the Medication and Treatment Record with the initial of your last name.
- When documenting the time medications were administered use the regular clock; i.e., 4:00 p.m.

Step 11. *If working alone*, it is suggested to double check on your own medication administration by setting the timer for 30 minutes. When the timer goes off you go back and check that you have given the medications as prescribed and documented as policy requires. If you should find that you did forget a step you are still within the hour of the medication administration and you can make the correction. This is considered “best practice” and is not a medication error.

When working with 2 or more staff set up a system where one staff member checks the medications and signs for them and then a second staff member checks the process and also signs for the medications (double signing). This will ensure that the clients are receiving their medications as prescribed and that the documentation meets policy requirements. If the staff checking the process should find that you did forget a step, you are still within the hour of the medication administration and you can make the correction. This is considered “best practice” and is not a medication error.

Step 12. Clean-up:

- Sanitize or discard used medicine containers in a waste basket.
- dispose of needles in a “Sharps Container”. Sharps Containers are obtained from the Pharmacist and are to be returned to a designated medical waste disposal facility.
- wash your hands thoroughly.

Each participant personal profile must include an up-to-date medication list including PRN medications. This list must be updated at least once a year and prior to each event that requires one or more overnight stays (i.e. vacations, camp, weekend conferences, etc.). This list must also include the name, phone number and address of the participant’s physician as well as an emergency after-hours phone number for participants in the Residential and Respite Programs.

For participants in the Residential Program, their personal profiles must include a review of past medication use including effectiveness, side effects and allergies or adverse reactions. A record of co-existing medical conditions must also be kept. See Medication History Form.

When Administering Medications DO NOT:

- Use labels on the person’s clothing as a means of identification.

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- Give medications from a container with an unreadable label.
- Give medications from another person's container.
- Try to hide a medication error. An error may require corrective action to prevent client injury related to the error. An error may also indicate a problem with the system used to direct administration of medications, and describing the error may prevent repetition of the error by anyone else.
- Crush medications without first getting permission from the pharmacist. Some medications are coated to prevent an upset stomach or to facilitate a timed release. Crushing these medications will foul up the intended purpose of the drug.

Medication Changes

When the doctor prescribes a new medication or makes changes to a current medication the client is taking, the date the change is to be implemented will be written on a prescription and added to the MAR sheet.

When medication changes are made by a physician at the hospital emergency department, staff are to inform the client's regular physician (and any other doctors/specialists involved in his/her care) of the change. Staff are to take a copy of the Health Care Appointment Information Form to the pharmacist. This will alert the pharmacist that there is a change in the doctor's orders for treatment of the client. If the doctor's orders are for a medication to be discontinued the staff will place that note in the Medication Binder and cross out the medication on the MAR sheet from that day forward.

When back at the Residence the staff will set up the Medication and Treatment Record as indicated by the new orders from the doctor. For a discontinued medication, draw a line through the remaining spaces for initials and print "discontinued" in the blank spaces (to alert other staff not to administer the medication.)

Write all changes/results of the visit with the doctor in the client's progress notes and in the Communication Book. Write the date, name of the medication, the dose, the time it is to be administered and the name of the doctor ordering the medication change. Emphasize this entry with a highlighter and sign your name in full at the bottom of your entry.

Setting Up Medications for A New Month

When setting up medications at the beginning of the month always compare the Medication and Treatment Record for the new month with the Record from the previous month.

- If the records differ check back in the client's progress notes and the Communication Book or with the residential caregiver / family to determine if there are recent doctor's orders to match with the new Medication and Treatment Record. If the doctor's orders match with the new Medication and Treatment Record then proceed to set the Medication racks up for the month and administer medications as indicated on the Records.

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- If the Medication and Treatment Records do not match the Records from the previous month and there are no recent changes in orders from the doctor, phone the House Supervisor for assistance, check with the pharmacist and the client's doctor before completing the set up of the medications and before administering medications.
- If there have been no changes to the prescription always check the blister pack from the previous month with your new blister pack to ensure they are the correct medications.
- Compare the pills for size, shape, colour.

Administration of Medications in Facility Based Day Programs

Acceptable Packaging

For regular medication administration, medications must be:

1. Brought in blister packs with prescription labels on the front of the pack, or
2. Transferred daily to the program in appropriate containers with the detailed information listed on container as follows:
 - Name of person
 - Name of medication
 - Amount to be administered, number of tablets / capsules and mg or ml
 - Date to be administered
 - Time to be administered
 - Signature of person packaging the container
 - Space / line on the label of the container for signature of the person administering the medication for the Day Program
 - Side effects or contra-indications to be included, if known.

Receiving Medications

Blister Packs

Upon receipt of a blister pack, the Program Coordinator or designate should count the total number of dosages in the pack and cross-reference the medications in each dosage against the prescriptions listed (number of tablets / capsules and mg or ml).

She/he should then note the number of dosages and mark the expiry/renewal date of each prescription clearly on the front of the pack. He/she should then date and sign beside these listings. In addition, if there are markings on the pack showing the weekdays, the coordinator or designate should cross these out in dark pen and initial beside this marking. Medications will be administered from the blister pack in order from top to bottom of the blister pack starting at the left hand side of the pack. Each time a dosage is removed

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and administered it should be doubled initialed and dated as per double signing protocol.

The Program Coordinator or designate should then make up new Medication and Treatment Record noting the name of the person, the month and details of each medication on a separate line including the name of the medication, amount to be administered, number of tablets / capsules and mg or ml, date to be administered, time to be administered and expiry/renewal date. These sheets should be made up month by month.

The Program Coordinator or designate will then place the blister pack and Medication and Treatment Record in the locked storage cabinet designated for medications until the time of administration.

Transfer of Medications to Day Programs

Medications brought in approved containers will be formally transferred / recorded on the Transfer of Medications to Day Programs form (SDA 5.14.C). The staff person receiving the medications and the caregiver providing them must sign off the transfer of the medication, using the Transfer of Medications to Day Programs form. If supplied with more than one day's dose, write in the quantity supplied. This includes medications that are new or prescribed for short term usage.

Administration Practices

A monthly Medication and Treatment Record must be kept and double signed each time medications are administered as in any other CVS facility whether it be blister pack or other container. Staff must adhere to procedures as outlined in this Policy.

When medications are in a blister pack, medications should be removed in order from top to bottom of the blister pack starting at the left hand side of the pack. The expiry/renewal date of all medications should be cross-referenced prior to the removal of any medication each time it is to be administered. All medications that have expired or are passed their renewal date should be returned to the pharmacy or caregiver (depending on who is responsible for procuring the medications) as per policy. If the client is away for several days and medication is not administered, the days missed must be recorded using the word "absent" in the appropriate date column on the Medication and Treatment Record. This form will serve as our official record of monthly medication administration. All days that the medication has been administered should be easily cross-referenced on the blister pack. The blister pack will be retained until all the medications have been used (in the order described above) or the expiry/renewal date has passed. Packs will then be returned to the pharmacy or caregiver (depending on who is responsible for procuring the medications).

It is the responsibility of the Program Coordinator to check that medications have been administered as required and according to this policy. Blister packs should be cross-referenced against the Medication and Treatment Record prior to their return to the pharmacy. Medications sheets are to ***be kept in the individual's files for three months after completion at the end*** of each

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month. After three months they will be stored in client files. *Medication and Treatment Record forms are prepared by the Pharmacist for each client.*

When medication popped and client absent, standard medication error procedures must be followed.

Additional Requirements

PRN's / Standing Orders (Emergency Medications) must be recorded on a Transfer of Medications to Day Programs form (SDA 5.14.C).

Administration of Medications in Outreach Programs (Day Services)

CVS will ensure that medications are handled in a safe and secure manner. In circumstances where outreach staff are required to administer medications they will use best practices as outlined in the procedures above. The Program Coordinator and Adult Services Manager will ensure that a plan is in place on such occasions as required. Medications that are to be administered while out in the community shall be packaged and labeled according to name , date , time to be administered, drug name , dosage required and method of administration. All Medication shall be administered according to prescribed time. If medication is not given within an hour of the prescribed time it is considered a medication error, employees shall be responsible for following Medication Error/Omission procedures.

Administration of Medications when Client Away from CVS Residences

Away Over 72 Hours

Staff to notify the Pharmacist of any individual's planned leave of more than 72 hours, at least 7 days in advance of the date of departure. Follow Pharmacist's instructions. Suggest to Pharmacist that: ***IN CASE OF AN EMERGENCY TO TAKE ONE EXTRA DAY'S MEDICATIONS WHEN GOING ON OUT-OF-TOWN TRIPS.***

Away 72 Hours Or Less

For any trips of less than 72 hours duration, medication is to be pre-dispensed and placed in approved container – approved container for each administration time; i.e., if a client is out from 11:00 a.m. to 6:00 p.m., they may have two medication zip lock bags, one for noon and one for 4:00 p.m. The approved container must be labeled with the following information:

- Name of the person
- Name of the medication
- Amount to be administered, number of tablets / capsules and mg or ml
- Date to be administered
- Time to be administered

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- Signature of the person packaging the approved container
- Space / line on the label of the approved container for the signature of the person administering the medication
- Side effects sheet or contra-indicators to be included, if known.

IN CASE OF AN EMERGENCY TO TAKE ONE EXTRA DAY'S MEDICATIONS WHEN GOING ON OUT-OF-TOWN TRIPS.

For outings of less than 72 hours, staff are to sign off the medications as taken on the Medication and Treatment Record in the residence. You are to keep all labeled container and sign off the medications as administered when you return home. If medications are being transferred to other staff in a day program or family members then records of administration will be kept in a day program or by the family member.

Administering PRN's (Emergency Medications) at the Residence/Group Home

PRN's or "Standing Orders" (previously known as Short Term Medication Orders or Contingency Medications) are medications prescribed by the Physician and kept on hand at the house to be administered to a resident as needed.

It is the responsibility of the staff to be familiar with the protocol for the PRN. Staff may need to contact the House Supervisor / Program Coordinator, Pharmacist, Nursing Consultant, Adult Services Manager or physician for direction to administer P.R.N. medications if it required in the protocol.

If no one can be reached, staff are authorized to administer PRN medications (Emergency Medications), if it is apparent that the individuals well-being or the safety of others is in jeopardy.

The staff person should be familiar with what action this PRN medication will have on the client.

PRN's must be charted as any other medication.

Procedures:

1. Medications labeled "PRN" and medications that are "over the counter" shall only be administered to those participants with authorization from residential supervisors/families/care givers as indicated in the participant profile.
2. PRN medication for Day Program – if these medications are kept at CVS, the following procedure must be followed:
 - a. The medication is popped from the bubble pack and kept in a container with a secure lid.
 - b. A label with the name of the participant, name and dosage of the medication, date and the prescribing physician's name is completed. This label is then secured over the contain lid.
 - c. The participant's medications in the bubble pack are kept in a locked cupboard at either Discovery, Tamarack or PoCo. The medication in the container may be kept in the participant's bag as appropriate.
 - d. When the medication is administered, the MAR Sheet must be signed with the date, time and reason for the administration. The participant's caregiver must also be notified when appropriate.

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- e. The employee who administered the medication must also replace the dose in the container and repeat procedure 2b. He/she must also sign for this on the Medication Flow Sheet).
- f. PRN Medications kept in a participants bag must be checked each month (signed for in the Participants Daily Log). The label must be intact and legible. Medications are replaced every six (6) months (signed for in the MAR Sheet).
3. PRN medications procedures for Residential Programs follow the same guidelines.
4. In the event that an over-the-counter medication has been used on three consecutive days without an improvement in health, staff shall contact residential supervisor/family/caregivers to schedule appointment with physician.
5. If either a PRN or over the counter medication is given it must be documented.

Administering Medications at the Hospital Emergency

When medications are administered off-site at the hospital emergency department, staff must take the resident's Medication and Treatment Record with them to the hospital. A copy of the Doctor's order will be given to other service providers for their records.

Self-Administration of Medications

Self-administration of medications by a client shall be allowed with authorization of the client's Physician, the Pharmacist, the House Supervisor / Program Coordinator, the Adult Services Manager and the House Medication Review Committee. The House Supervisor / Program Coordinator must ensure that the self-administration of the medication is adequately supervised by staff members. Staff will ensure that the resident / client is provided with the medication as required and a secure place in the resident's room or facility is found to store the medication. The request for self-administration is to be initiated by the resident / client and he / she must be motivated to take the medication.

Where medication is self-administered by the resident / client, a plan will be developed to ensure the correct dosage is being taken, where it will be stored, how the self-medication will be monitored and what measures will be taken to ensure the health and safety of the resident and others in the facility.

A plan for monitoring the self-administration must be in place that includes:

- Name, strength and description of medication
- Purpose for taking medication
- Frequency, duration, and route of medication
- Possible side-effects
- Special instructions required for taking the medication (e.g. take with food or milk)
- Specific information on where the medication will be stored
- Directions on what to do with discontinued or outdated medications

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- Responsibilities of the resident / client
- The action to be taken, including the name of the person to contact in case of an error, omission or side-effect
- A checklist maintained by the resident / client and monitored by a designated staff member on a regular basis
- Any other relevant information

The facility must maintain a low incidence of medication errors in order for a client to continue with self administration.

Adverse Reaction To Medication

Information on the potential adverse reactions of each medication taken by an individual must be attached to their Medication and Treatment Record for quick reference.

When an adverse reaction to drugs, vaccines, cosmetics or food products is suspected, the incident must be reported promptly to the client's Physician, or Hospital Emergency and charted in detail in the client's file. The Pharmacist should be contacted. **A Critical Incident Report** must be submitted to the CVS Ridgeway Office. If an adverse reaction should occur while on a road trip the staff are to take the resident / client to the nearest hospital emergency department.

Alcohol Consumption with Medications

Clients taking regular medications are not to consume alcohol without consulting with their physician. Adverse reactions may occur when alcohol is taken with medications. Record any alcohol consumption in the client's daily log.

New or Changed Medication Orders

When the physician changes the medication orders, the Pharmacist will make any required changes to the written orders of the attending physician. Under no circumstances will staff alter medication orders or dosages.

When the Pharmacist has made this change, a new Medication and Treatment Record and label will be delivered to the home / program and placed in the medication book.

Staff will write "new medication" in the Medication and Treatment Record. Staff receiving the new medication information will write the changes into the client's file/binder and in the Communications Book.

When a medication is to be discontinued, staff will write "discontinued medication" in the Medication and Treatment Record. Staff will write the "discontinued medication information into the client's file/binder in the Communication Book.

When medications are ordered and delivered on an emergency basis or after hours, the Medication / Prescription that come from the pharmacy are hand written in the Medication and Treatment Record immediately. If the medications arrive with the directive to administer twice, three times or four times daily but

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have no specific start time indicated, the standard medication administration times are as follows:

- BID (twice daily) at 8:00am and 8:00pm
- TID (three times daily) at 8:00am, 2:00pm and 8:00pm
- QID (four times daily) at 8:00am, 12:00pm, 4:00pm and 8:00pm

Discontinued, Expired or Unused Medication

Unused medication, all empty blister packs, ointments, suppositories, etc. will be returned to the pharmacy when a resident / client is no longer taking the medication, the expiry date on the medication has passed or at the end of each month

Medication Errors

Definition

A medication error is an error that involves:

- a) wrong person
- b) wrong time
- c) wrong medication
- d) wrong dose:
 - i. dose omitted
 - ii. drug dose duplicated
 - iii. drug given without Doctor's orders
 - iv. drug given when order has been discontinued
 - v. error in computing doses
 - vi. physician error
 - vii. pharmacist error
 - viii. drug given when patient allergic
- e) wrong route
- f) Procedural errors:
 - i. wrong recording
 - ii. popping medications at the wrong time

Medication Error Procedures

Upon the discovery of a medication error that is a wrong person, time, medication, overdose or route, notify the pharmacist immediately.

If the medication error is a wrong dose (but not an overdose) and if it is within an hour of the required time for administration then the medication must be given as soon as possible.

If the medication administration has not taken place within one hour after the prescribed time, staff must contact the pharmacist for further instruction.

If the Pharmacy is closed, contact the General Practitioner After Hours Service.

If medical attention is required contact the physician or the nearest Emergency Hospital for assistance. Notify the Adult Services Manager or the Executive

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Director and the designated person from the MCFD or CLBC as soon as possible.

A missed dose is never to be discarded. The dose is returned to the pharmacy in the blister pack, the pharmacy disposes of the medication.

Signing Errors

When a signing error occurs, the staff person discovering the error is to call the person who made the error to determine if the medication was administered. The signing space on the Medication Chart is to be circled. If the error has been discovered within one hour of the administration time and the staff person who made the error is available to correct it then there is technically no error.

If the staff who made the signing error is not able to correct the mistake within an hour of the medication administration, the staff discovering the error will circle the signing space and indicate the Code # (if form provides one) on the MAR sheet. In addition, a CIR form must be filled out. This form is located in the Forms Binder at the Administration office and in the Medication book at the home and must contain information about who made the error, the time of the error, and who discovered the error. The Medication Incident form is submitted to the Administration Office and a copy is made for the client's binder at the Program or Residence.

Popping Medications Out At Wrong Time

If a tablet or capsule is accidentally popped from a blister pack for the wrong time or date, immediately tape the medication back into the blister pack. Call the Pharmacist for direction as to how to proceed. If the Pharmacist is not available call the Emergency cell phone or Adult Services Manager. The staff must fill in a CIR indicating the error in procedure.

Reporting Medication Errors

All medication errors except signing errors and errors corrected within the hour are to be reported immediately to the Pharmacist by the staff who discovers the error(s) -- DO NOT CALL THE PHARMACIST FOR PROCEDURAL ERRORS.

The staff member who identifies the error must:

- Notify the House Supervisor/Program Coordinator.
- Document the error on the Medication Incident form.
- Circle the error and a code number from the Medication and Treatment Record indicating the reason the medication was omitted. This information must be written into the circled space and initialed.

Code numbers from the Medication and Treatment Record indicating the reason why a medication hasn't been given are as follows:

- drug refused
- nausea or vomiting
- hospitalization
- social leave

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- drug ordered but not received
- drug withheld
- intoxicated
- drug wasted (spilled, washed down the drain, lost, etc.)
- other (staff forgot to administer, etc.)

Staff are to fill out a Critical Incident Report if the error has adversely affected the person in care or requires emergency intervention or transfer to a hospital and submit it to the Adult Services Manager at the Ridgeway Office. Staff are also required to fill out a CIR for procedural errors and submit it to the Adult Services Manager.

The Adult Services Manager will ensure a copy is submitted to the Ministry of Children and Family Development/CLBC and the Ministry of Health Licensing Officer as required under the Community Care Facilities Licensing Act and the MCFD/CLBC Critical Incident Reporting requirements.

The original CIR form is located at the Ridgeway Office. Staff must fill out a CIR Form for all other medication errors and deliver it to the Ridgeway office for distribution to the Adult Services Manager. A copy to be kept in the client binders at the program site. Originals are to be submitted to the Administrative Assistant for filing at the Ridgeway Avenue office.

Storage and Disposal of Medication and Equipment

Staff should ensure medications are stored according to conditions stipulated by pharmacist.

All medications kept at CVS must be checked quarterly by the Participant's key worker and documented as part of the Participant's quarterly report.