

MVACL

Medication

Policy

**Revised: November 8, 2023**

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| **Madawaska Valley Association for Community Living**A couple of people holding stars  Description automatically generated  | 1.0 Medication Policy |
| Section 1.1Medication Policy |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

The health and safety of those we serve is integral to MVACL. All persons served have the right to have their medication reviewed regularly, prescribed by registered medical practitioners, and administered by trained professionals employed by MVACL.

MVACL employees are required to administer and supervise the administration of medications for people that are assessed to require this support. The intent of these policies and procedures are to ensure the well-being of people we serve and to provide direction for staff.

The procedures outlined in this policy are based on the following principles:

* All medication and treatments administered by MVACL staff are given only if ordered by a doctor.
* Any Medication or treatment considered a Controlled Act will be administered according to MVACL Controlled Act Policy.
* The assurance of each supported person’s health and safety will be of primary importance in monitoring, storing and administration of medication.
* DSS are responsible for ensuring that necessary blood work is completed, particularly with relation to medication levels.
* Each person has a right to annual medication reviews by their physician, and medication should be reduced or eliminated, if possible, whenever it is found to be unhelpful or unnecessary. The DSS must ensure that this happens. Reviews are typically done at the annual exam and are documented in the individual's medical records. For many years Med reviews were done at an “annual exam” however many physicians no longer feel these are necessary. DSS will discuss the correct approach for each person with their doctor and schedule appointments accordingly.
* The supported person has the right to be informed as much as possible about the medications they are receiving, and to be involved as much as possible in the administration of the medication.
* Employees have the right to be appropriately trained in the handling and administration of medication.

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| **Madawaska Valley Association for Community Living**A couple of people holding stars  Description automatically generated  | 1.0 Medication Policy |
| Section 1.2Administration of Medication- Staff Responsibilities |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

**Administration of Medication – Staff Responsibilities**

All medication must be administered as prescribed. This includes the Six Rights of Medication:

* Right person.
* Right medication/drug.
* Right dosage.
* Right time.
* Right route.
* Right documentation

**PROCEDURES**:

MVACL employees must ensure that the Six Rights of Medication Administration are followed in every attempt of administration of medication.

**Staff training**

All MVACL employees working in any position of Direct Support are required to administer medication, and to have successfully completed Medication Administration Training during their orientation. Upon completion of the training they will receive on-site orientation’ that includes being shadowed and administering medication a minimum of 3 times (without error) in order to be able to administer medication. **Med Shadowing Records** are completed by the staff shadowing. Repeat "shadowing" may be requested if necessary by the Manager ***and or*** support worker.

Once the new staff, the manager and the shadow staff are satisfied with the performance of the new staff, the new staff member will then sign off on the **Medication Orientation sheet** which will become part of their employment file.

All MVACL employees will complete an annual “On Site Medication Review” with their manager. Successful completion of Medication Administration Training and the annual review will remain on the employee’s HR file.

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| Section 1.3Administration of Medication- Agency Responsibilities |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

**Administration of Medication - Agency’s Responsibilities**

With regards to medication administration, the agency’s responsibilities are primarily focused on promoting the following Rights of supported persons.

* People are safe.
* People are educated.
* People have the right to make a decision and change their mind.

Every effort should be made to increase each member’s understanding of the medications they are taking and, where appropriate, to provide the necessary training directed towards the independent administration of their medications.

**PROCEDURES**:

All people supported by MVACL have the right to refuse medications. When a person refuses medications, staff must try various methods to encourage them to take their medications (for example; give member some time to decide, have a different staff try to administer the medications etc.)

When a medication is refused, staff will:

* Record the refusal on the MAR ***(refer to the code indicated on the legend)***
* Complete an **INCIDENT REPORT** immediately and ***contact manager for further instruction.***

If a person repeatedly refuses medications, the primary staff will consult with the member’s Medical Practitioner and discuss possible alternatives regarding administration times or medications. If an alternative decision is made, the DSS will ensure that the information is documented on the “**HEALTH TREATMENT**” form, and will inform all relevant parties of the change of information.

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| **Madawaska Valley Association for Community Living**A couple of people holding stars  Description automatically generated  | 1.0 Medication Policy |
| Section 1.4Medication Administration Protocol |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY**:

**Medication Administration Protocol**

All MVACL staff will administer medications to all people supported by MVACL according to the specified standards of administration and documentation.

**PROCEDURES:**

Staff will:

* Ensure that the Six Rights of Medication Administration are followed in every attempt of administration of medication.
* ***Ensure medication is to be administered within one hour before or one hour after the prescribed time. If the delay is greater than this, the staff must contact the Pharmacy or Tele-Health for further direction, and advise manager of the matter. In addition an Incident Report needs to be completed and forwarded to the Manager within 24 hours of the medication error occurring.***
* Ensure all medication and treatments administered by MVACL staff are given only if ordered by a doctor.
* Make themselves aware of any medical cautions including allergies.
* Have knowledge of the actions of the drug, possible side effects and any precautions to be taken.
* Obtain medication information (knowledge of drug) from the Medication Fact Sheet from pharmacy, the Internet, pharmacist or doctor.
* Ensure the medication cupboard is locked at all times when not in use and keep the key in a safe place.
* Check in all medications that arrive during their shift if no DSS is present. These must be documented on the MAR sheet and on the Med Profile in the person’s binder. New meds should also be noted in the logbook and on the whiteboard. Ensure that there is a drug information sheet (supplied by the pharmacy) filed in the drug info section for each medication the person is on.
* Report to a manager any omissions, errors or concerns related to medications. All errors/omissions must be recorded on an incident report within 24 hours and reported to a manager as soon after the error as possible.
* Be responsible for administering an assigned person’s medication for the entire shift.
* Prepare and administer all medications in a distraction-free area.
* Ensure that proper hygienic procedures are used when preparing and delivering

Medications’ (i.e. wash hands before and in between each individual's medication

delivery). All equipment shall be cleaned after use (spoons, droppers, etc.).

* Administer the medication only to the person for whom the medication has been

prescribed.

* Staff will ensure that medication is NEVER dispensed by one person and administered by

another**. Medications must never be dispensed for more than one person at a tim**e.

**Administration**

Staff will:

1. Ensure that the Six Rights of Medication Administration are followed in every attempt of administration of medication.
2. Ensure the person’s name is on the medication container (bubble pack, tube, bottle) as well as the name of the medication, dosage, time and route.
3. Ensure the medication being administered is from the bubble labeled for that day.
4. ***Check the bubble pack and ensure it matches the Medication Administration Record (ensuring all R’s are identical).***
5. ***Administer the medication at the time specified on the container or indicated by the prescribing physician or pharmacist. NOTE: Unless otherwise stated by the physician or pharmacist, medications must be administered within one hour before or one hour after the specified time.***
6. Prepare the medication for administration.
7. Lock the medication cabinet.
8. Give the medication directly to the person the medication has been prescribed for and observe to see that the medication has been swallowed.
9. Administer all medications that are documented on the MAR sheet, which includes but is not limited to creams, lotions, etc.
10. Sign the Medication Administration Record ***immediately*** after administering the medication.
11. Ensure that the Medication Administration Record (MAR) sheet is completed accurately. ***NOTE: the same staff must pour, administer and sign off the medication.***

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 |
| Section 1.5Medication Administration Protocol - PRNs |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

**PRN (Pro re Nata, as needed/necessary) Medication**

PRN medications that are prescribed and administered as needed to assist a person in calming themselves and /or administered due to challenging behaviours, must have a clearly defined ***PRN Protocol.***

**PROCEDURES:**

1. All Prn Orders will be reviewed during the person’s annual medication review. When the PRN has been prescribed as a form of Intrusive Behaviour Intervention, the PRN Protocol and the CBSP will be reviewed and monitored for its effectiveness by the general review committee every six months, and the review date will be recorded. (see Challenging Behaviour Policy).
2. A copy of the PRN Protocol will be placed in the personal binder with the current MAR sheets.
3. All MVACL staff will consult the Medication Profile and PRN Protocol prior to administering PRN medication to ensure medication is approved for that specific person. All MVACL staff will consult with the MAR sheet to ensure that the maximum dosage for this PRN is not exceeded.
4. Staff responsible for administering the PRN medication will follow the same Policies and Procedures used for administration of regular prescription medication.
5. Staff will document that the PRN medication was administered on the **MAR sheet**, by including their initials and the time in the column for that date.
6. You then provide the *details* on the **PRN record**. It is imperative that the PRN record be carefully completed at the time of administration. It must include the ***reason*** for administering the drug with some detail, e.g. “Complaining of headache for last 90 minutes”, or “anxious, unable to sleep and pacing”. After the appropriate period of time (see 9 & 10), the person who gave the drug must ***assess the effectiveness*** and record this in the appropriate space, under ***“Observations/Effect”***. If this person is unavailable s/he must hand off this responsibility to another staff after providing sufficient background information. You must accurately record the dose, on the PRN record e.g. Lorazepam 2mg. 2 tablets given or Lorazepam 2mg. 1 tablet given. It is imperative that the PRN record be carefully completed at the time of administration.
7. ***When a PRN is administered*** for behavior ***the person will be monitored to ensure their safety and well-being. Supporting staff will monitor the person’s behaviour and the effectiveness. Staff will document their observations every 15 minutes on the “PRN Record” located in the Medication binder.***
8. ***When a prn is given for pain or discomfort, staff will record the efficacy of the medication on the “PRN Record” after 1 hour.***
9. When an intrusive measure is used, supporting staff will complete the necessary documentation as per the person’s CBSP, as well as an **Incident Report** and inform the manager. The corresponding data and reports will be reviewed by the Behavior Therapist, manager and E.D.

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| Section 1.6Documentation of Medication Administration |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

All medical records will be kept on file for seven years, as specified by Government Legislation.

**PROCEDURES:**

Record keeping, related to Administration of Medication is the responsibility of the staff who administers a medication and will be monitored regularly by the DSS.

Medication record keeping includes:

1) **PERSONAL BINDER, MEDICATION ADMINISTRATION SECTION**- consisting of:

1. Medication Profile – list of all current medications, administration information.
2. MAR sheet(s). - These list all medications being used and the times they are given.
3. PRN Record – To provide more information on the use of prn medication such as, reason the drug was given and the effect it had.
4. Drug information – specific information pertaining to each drug.
5. PRN Protocol – describes the appropriate use of medication prescribed as part of a Challenging Behaviour Support Plan.

2) The **LOG BOOK** - All new medication, discontinued meds and med errors should be recorded here by the staff. The manager is to be informed of all of the above.

3) The **HEALTH SUMMARY** – Summarizes all health related appointments, issues, and treatments.

###### CHARTING

1. All Charting must be done in **black** or **blue** ink.
2. Use **red** ink to indicate “discontinued” or “failure to sign”.
3. “Failure to sign”- circle box without signature in red. Notify staff person involved. Staff who erred will sign (when next in on shift) in **green ink**.
4. Any errors in charting must be reported.
5. Corrective material (i.e. white out) **must never** be used on the MAR Sheet***.*** Errors are to be crossed out with a single straight line by the writer who will then initial the error. All errors must be explained on an Incident Report and forwarded to the manager within 24 hours of the error occurring.
6. It is always necessary to use a ruler.

**THE MAR SHEET** must include the following:

* Person’s family doctor’s name and phone number.
* Person’s allergies (if any).
* ***Date/month/year of the Medication Administration Record (MAR).***
* Number of pages.
* Person’s name.
* Medication name, both brand and generic names when known.
* Detailed description of administration, including area of application for creams.
* Dosage-written as follows: (1 tab) = 50mg.
* ***Time medication is to be administered, indicate AM or PM (time is recorded in 24hr. time)***
* The initials of staff administering the medications (use black or blue ink pen only).
* The medication administrator's signature should appear once on each MAR sheet.
* MAR sheets will be reviewed by an assigned DSS on a monthly basis
* MAR sheets (as part of the medication binder) will be locked in the medication cabinet.

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**CHANGES OR ADDITIONS to the MAR** sheet (including medication additions, dosage change, decrease, increase and discontinuation) must be indicated as follows:

A, Draw a horizontal line on the medication sheet from the date that the change occurred until the end of the month. The MVACL employee will then ensure that the changes to the order, (which includes the medication name, generic and brand names, the dosage and the medication administration times) will be ***re-entered*** on the MAR sheet on a new square.

B. The MVACL employee will ensure that the changes are also recorded on the person’s **Medication Profile**, the **Health Summary**, the **Logbook** and on the **white board** locatedin or near the med cupboard.

C. All off-site (non-residential) locations where medication is administered to supported persons must be notified in writing or via email of any medication administration changes.

D. Corresponding “Medication Fact Sheets” which are provided by the pharmacy will be included in the medication binder for each person. The “Medication Fact Sheets” include pertinent information about the medication, including contraindications & side effects.

E. When an individual who administers medication themselves has a medication change, the direct support staff must re-evaluate the individual's ability to handle this change, monitor the adjustment as necessary, and supply data to a Manager or designate.

DSS will review the MAR sheets periodically within the month to ensure that all MVACL staff are following proper protocol.

* Medication Administration Record sheets (as part of the medication binder) will be locked in the medication cabinet.
* Medication requiring refrigeration will be kept in a locked box in the refrigerator.
* A medication review must take place a minimum of once per year or more frequently, as recommended by the person’s prescribing physician and/or the pharmacy. This review must be documented on the “Health Treatment” form and the original copy will be forwarded to and filed at the office. ***Any changes to the person’s medication must be faxed to the pharmacy by the attending physician, and must be documented on the “Medication Profile” and the Health Summary.***

**Individual’s Illness**

When an individual vomits after taking a prescribed medication, the staff will attempt to determine how much, if any, of the medication was emitted. With this information, the staff member should then contact the manager or if after hours, a full-time staff or their manager. If deemed necessary, telehealth, the physician or hospital will be contacted for directions on how to proceed (i.e. whether or not to administer additional medication, signs/symptoms to be observed, etc.).

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 |
| Section 1.7Ordering of Medication  |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

**Ordering of Medications**

DSS or designates must ensure that the needed prescribed medication is ordered/obtained from the pharmacy.

**PROCEDURES:**

1. All medication and any changes must be prescribed by a medical practitioner and clearly communicated to the supported person, staff and family as applicable.
2. All medications (except liquids and topicals) will come from the pharmacy in bubble packs clearly labelled with the individual’s name, prescription, dosage, times and prescribing physician.
3. Bubble packs include all prescribed medications to be given on a regular basis for a one week period beginning on Sunday and ending on Saturday. **Bubble packs will be ready for pick-up at the** **pharmacy by Thursday noon** for the week beginning on Saturday. Please note that *narcotics* will be bubble packed separately and the label is highlighted by DSS or designate mauve.
4. The pharmacy arranges annually to directly bill ODSP or MVACL for all prescribed medications.
5. In the event that a new or change in medication is required immediately, MVACL staff will ask the doctor to call in the prescription to the pharmacy, or will bring a written prescription directly to the pharmacy.
6. Staff that ordered or receives the medication will check that the medication is correct and complete. If not, the pharmacy must be contacted immediately to make the correction. The changes to the person’s medication need to be documented on the Medication Profile and Health Summary.
7. All medication changes must be written in the communication book and communicated to programs if applicable.

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 |
| Section 1.7Intake of Medication |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

**Medication Intake**

Intake of all medication will be done in a safe and consistent manner to ensure the health and safety of supported persons.

**PROCEDURES:**

1. DSS are assigned on a monthly basis to review and set up the Medication Administration Record (MAR) for the coming month. This is done at the end of each month and documented in the medication binder.
2. Upon the arrival of the medication, the DSS will ensure that the pharmacy label includes the person’s name, name of the drug, dosage and administration instruction. In addition, the received medication must match the most recent Medication Administration Record (MAR).
3. The DSS or designate will colour code MAR sheets after checking them when they arrive from pharmacy. The times for medication administration are highlighted on MAR sheets using the following colour coding:

 **6:00 am, 6:00 pm…………………orange**

 **8:00 am………………………….…pink**

 **8:00 pm………………………….…blue**

 **12:00 pm/noon……………………green**

 **10:00 pm…………………….……. yellow**

 **4:00 pm…………………………….purple**

 **12:00 am/midnight……………….red**

It is necessary to always use a ruler. PRN meds will also have “PRN” written and highlighted green, in the medication column beside drugs which are to be given prn.

1. Any discrepancies found regarding the above medication intake will be documented and immediately rectified by the staff doing the intake i.e., label missing, etc. Staff will contact pharmacy.
2. All medication will be stored in the proper storage location (see section 1.8)
3. The DSS will check all medications upon arrival, ensuring all received medication matches the Medication Administration Record (MAR) sheet including PRNs, for each person to ensure that there is enough for the week.
4. The DSS will ensure that the medication has not expired. Upon completion of intake, discrepancies noted must be reported immediately to the pharmacy for direction.
5. The Manager will complete random checks of the program MAR sheets to ensure that they are in compliance with MVACL’s Policies and Procedures.

## When accompanying an individual to a medical appointment where medication may be prescribed or changed, the DSS (or when absent, designate) will ensure they assist the individual to take the order to the pharmacy to be filled. Staff will also fill out a **HEALTH TREATMENT** form and provide all necessary information from the appointment

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 |
| Section 1.8Medication Storage |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

**Medication Storage**

All medication will be stored in a designated locked area.

**PROCEDURES:**

1. Each home will have one set of keys; a second set will be kept at the office.
2. The staff responsible for administering medications will be responsible for the keys during their shift.
3. Medication storage must be kept organized and clean at all times.
4. Only medication and medically related supplies will be kept in the medication storage units.
5. Medication for each person must be kept separately from other people’s medication.
6. All narcotics and controlled drugs must be double locked in a designated area as per the Ministry for Community and Social Services guidelines. All narcotics and controlled drugs are counted and recorded on the “**Pill Count form**” at the beginning of each shift.
7. Any medication which requires refrigeration will be kept in a single locked box in the refrigerator and the box will be labeled clearly stating “medications”.

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| Section 1.9Pill Count Procedure |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

Pill counts will be done for all narcotics and controlled drugs.

**PROCEDURES:**

The pharmacy will indicate whether a drug is controlled or is a narcotic.

All narcotics and controlled drugs must be double locked in a designated area as per the Ministry for Community and Social Services guidelines.

All narcotics and controlled drugs are counted and recorded on the “**Pill Count form**” at the beginning of each shift.

If the count indicates that a pill has been administered this will be confirmed by checking the MAR sheet.

If the MAR does not indicate that the drug has not been administered, an IR will be filed immediately and manager will be contacted.

Failure to complete the pill count is considered a med error.

In the event that a narcotic or controlled drug is discontinued, the remaining medication will be taken to the pharmacy along with the pill count record. The pharmacist will sign the Pill Count Record and indicated that they received the number of pills indicated.

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 |
| Section 2.0LOA Medication Transportation and Administration |
| Revision date: October 16, 2016Revision date: January 26, 2021 |

**POLICY:**

All transportation of medication will be facilitated securely and with proper documentation.

**PROCEDURES:**

1. When a person is not supported by MVACL during their medication administration time, the medications for the person must be given to the parent, guardian or supporting staff with written instructions, if the person does not self-administer.
2. When a person attends a program operated by another organization, medication will be prepared and sent according to that organization’s instructions. All medication will be transported as per MVACL’s policy and procedures.
3. Staff signs off for the medication on the MAR sheet on a daily basis, and documents the code that is appropriate for that administration time.

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| **Madawaska Valley Association for Community Living**A couple of people holding stars  Description automatically generated  | 1.0 Medication Policy |
| Section 1.10Disposal of Medication |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

**Disposal of Medication/ Medical Supplies**

MVACL staff will ensure the proper storage and disposal of medications and medical supplies.

**PROCEDURES**:

**Medication**:

1. Medication may be discarded if:
* Discontinued by a physician, psychiatrist or other designated prescribing health care professional.
* Medication was dropped on the floor.
* Medication was found outside of its original container.
* Medication was past its expiry date.
* Medication was discolored or deteriorated.
* The cap has gone missing from container.
* Damage to the container has been detected.
* Any other reason that would warrant a discard of medication.
1. Medication that is being discarded in pill, caplet, gel cap, tablet or capsule form will be removed from the blister pack and placed in clear bag (Zip Lock bag) clearly labelled “Contaminated meds”. The empty blister pack will remain with MVACL for dispersal. They will be taken to the pharmacy to be destroyed. Please make a note of this in the Log Notes under “Shift Concerns”.
2. All liquid form medication needs to remain in its original packaging with the person’s information and prescription numbers blackened out before returning to the pharmacy.
3. When a pill is contaminated, staff will carefully take the bubble from the same time period of the last day on the bubble pack. Then take the exact pill from the bubble and administer it. They will communicate the need for a replacement bubble to the DSS responsible for the individual’s medical care, promptly and clearly. If this happens on a Saturday, take the pill from Saturday of the Bubble Pack for the next week and proceed as above. Any pills remaining in the opened bubble will be discarded as per the policy.

**Medical Supplies:**

1. Staff will ensure that all sharps ie. diabetic syringes, lancets, will be placed in a wide mouth puncture proof container.
2. The disposal containers will be stored and locked up with all medications in the medication storage unit in the program.
3. Once the disposal container is ¾ full, staff will confirm a time with the Pharmacy to dispose of the medical supplies and obtain new disposal containers.
4. Supported persons who have been trained to self-administer their own medication will dispose of the sharps into the disposal container provided. Staff will support the person by ensuring that the container is available and accessible.

**Note: If an employee sustains a needle stick injury, please follow accident reporting policies and procedures.**

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 |
| Section 1.11Medication Errors |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

MVACL recognizes the serious nature of medication errors and aims to ensure the health and safety of the people it supports at all times.

**Medication Errors**

In the event of any inaccuracy or error in administration, documentation or proper storage of any medication, immediate steps will be taken to ensure the safety and well-being of the person receiving support and to address the inaccuracy and/or error.

The following instances are considered to be medication errors:

* Failure to document administered medication.
* Failure to order medication.
* Failure to administer medication.
* Failure to communicate observed medication error.
* Failure to intake medication correctly.
* Wrong medication administered.
* Wrong dosage administered.
* Medication administered at the wrong time.
* Medication administered using wrong route.
* Medication administered to the wrong person.
* Medication is not properly stored.

**PROCEDURES:**

If a medication error occurs, MVACL employees:

* Must observe the person’s condition and notify pharmacy and/or Poison Control if wrong medication/dosage/time/route was administered.
* Must call pharmacist or other 24 hour pharmacy. Report error and follow any recommendations/instructions given. 24 hr. pharmacy phone # is:
* Must call 911 if a supported person is in imminent danger due to the error.
* Must report any medication error to a manager as soon as an error occurs or was observed.
* Complete an **Incident Report**

Full details including the name of the medication, its dosage and the circumstances surrounding the medication error must be clearly outlined. Medication errors that result in serious injury to a client fall under Serious Occurrence Reporting and must be reported to the Ministry of Community and Social Services within 1 hour of becoming aware of the Enhanced Serious Occurrence or no later than 24 hours of becoming aware of the Enhanced Serious Occurrence.

A manager or designate will complete an investigation following the report of a medication error. The findings of the investigation must be documented on the incident report, as well as the follow up actions taken by the manager and MVACL employee(s) involved in the medication incident. The follow up plan of action must outline all the actions needed, including the time lines, in order to prevent another occurrence of medication error(s).

In the event of any inaccuracy or error in the administration, documentation or proper storage of any medication, immediate steps will be taken to ensure the safety and well-being of the supported person and address the inaccuracy and/or error.

MVACL employees are responsible for ensuring that all policies, procedures and protocols are accurately followed when preparing and administering medication/treatments. They are also responsible for bringing forward any errors or concerns to their manager or designate.

If any errors are discovered, the staff who found the error must complete an IR. If the staff that is responsible for that error is still on shift, that person is to complete the report.

MVACL’s progressive disciplinary action will apply to all medication errors.

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| A couple of people holding stars  Description automatically generated**Madawaska Valley Association for Community Living**  | 1. Medication Policy
 |
| Section 1.12Over the Counter Medications |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

MVACL recognizes the serious nature of medication errors and aims to ensure the health and safety of the members at all times.

**Over-the-Counter Medication/Herbal Remedies/Treatments**

***Over-the-Counter Medication/Herbal Remedies/Treatments are treated the same way as all other medication at MVACL. All medication must be prescribed by a registered health professional, stored in its original package and accompanied by a physician’s administration instruction. If the medication does not have a pharmacy label on the vial/bottle, a copy of the original prescription needs to be placed in the medication section of the person’s binder.***

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 |
| Section 1.13Self-Administration of Medication |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**POLICY:**

MVACL ensures that every effort is made to increase the supported person’s understanding of the medications they are taking and where appropriate, to provide the necessary training directed towards the independent administration of their medications.

**RESPONSIBILITIES**:

The agency’s responsibilities focus on promoting the following Rights of Supported People:

* People are safe.
* People are educated.
* People have the right of choice.

**PROCEDURES**:

Any person supported by MVACL who is working towards independent living or has expressed an interest in administering their own medication is supported by MVACL staff in completing the necessary training. The training consists of the completion of the **Supported Person’s Medication Orientation Checklist** and the **Medication Administration Training Checklist for Supported Persons**. Upon successful completion of the checklists, weekly reviews with the person and his/her DSS will follow for a four (4) week period.

The supported person will meet with his/her DSS and review scenario questions to assess their skill level (Medication Administration Assessment Quiz) annually. If the person fails to achieve a grade of 70% on the questionnaire, he/she will need to repeat the training including the “Supported Person’s On-Site Medication Orientation Checklist” and the “Medication Administration Training Checklist for Supported Persons”.

The original copies of the initial and annual checklists are to remain in the person’s central file and a copy will remain in his/her binder.

**EVALUATION**:

This policy will be reviewed annually by management.

**Exceptions to Medication Procedures**

In the event that policies/procedures outlined in this paper cannot be followed in their entirety, the support staff must notify a manager in writing of those specific procedures which cannot be complied with. Wherever possible, this notice should be made prior to the change in procedures or on the next working day.

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| Appendix 1.ARelevant Forms |
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**RELEVANT FORMS:**

**MED PROFILE**

The Med Profile will remain in the person’s binder in the “Med Administration” section. This is to be completed by the DSS or the designate when a new medication is prescribed or when medication is discontinued by the attending physician or psychiatrist. It also includes a brief description of why it is taken. The DSS hand in the Profile each January (for filing) and start a new one for the current year. The new one includes only current medication, not those that have been discontinued.

MVACL staff will update the form after a medical appointment and will include details in all sections that pertain to the medication.

**MEDICATION ADMINISTRATION RECORD (MAR)**

The **MAR sheet** is the Medication Administration Record which lists all the medication an individual takes, and provides space for recording each dose that has been administered. Note the box in the top right corner indicates any allergies. Also note that each staff must sign their full name once a month on every MAR sheet that they will initial during that month. At the end of the month completed MAR sheets will be filed in the appropriate binder section. Remove all perforated tabs and carbon copies. MAR sheets are submitted annually to the manager for filing.

**PRN RECORD**

When a PRN is administered, it is recorded on the MAR sheet and further specific details are recorded on the PRN RECORD. It is imperative that the PRN record be carefully completed at the time of administration. See section 1.5

**PRN PROTOCOL**

The PRN Protocol describes the appropriate use of medication prescribed as part of a Challenging Behaviour Support Plan. (See section 1.5)

**PILL COUNT RECORD**

This document ensures that all Narcotics and Controlled Drugs are accounted for..

**INCIDENT REPORT**

This form is completed whenever a medication error has occurred. The report is completed by the employee that has come across the error. The employee will inform their manager of the error, and will complete this report ***prior*** to leaving their shift.

The manager will complete any follow up and/or investigation and will meet with the employee.

This form is also completed whenever a PRN is administered to assist the member in calming themselves, administered due to challenging behaviors or one time visit to a physician. The form will be completed prior to the employee leaving shift, and will be forwarded to the manager.

**SUPPORTED PERSON’S MEDICATION ORIENTATION CHECKLIST**

This form is used to assist staff in orienting the supported person to Medication Administration, with the goal of self-administration.

**MEDICATION ADMINISTRATION TRAINING CHECKLIST FOR SUPPORTED PERSONS**

This form is used to test the skills of a supported person and will document their ability to self-administer.

**MEDICATION ORIENTATION SHEET**

All MVACL DSS and DSP employees will sign off on the medication orientation sheet once they have successfully completed their shadowing & are assuming the responsibility of med administration.

* On an annual basis all MVACL employees will be observed by their Manager administering medication.

Completed forms are forwarded to the HR department for filing.

**MED SHADOWING RECORD**

This form has two purposes:

During the orientation period each staff must be shadowed a minimum of 3 times, while they are administering medication. The designated ‘shadow’ will complete the record each time they observe the new staff administering meds and accurately record their observations. When complete these are submitted to the manager.

Annual on-site medication reviews will also require completion of this form.

**ON-SITE MEDICATION POLICY REVIEW**

This will be signed by staff and manager on the completion of the annual on-site medication policy review.

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| Appendix 2Medical Abbreviations |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**Medical abbreviations:**

The following are commonly used medication terms and their meanings:

o.d. once a day p.c. after meals

q.d. each day gtte. a drop

b.i.d. twice a day stat. at once/right away

t.i.d. three times a day ml. millilitre **(liquid measure)**

q.i.d. four times a day mg. milligrams

h.s. at bedtime cap. capsule

a.c. before meals tab. tablet

PRN as necessary gtts. drops

p.o. by mouth cc cubic centimetre **(liquid measure)**

Ung ointment

**note: cc and ml are equivalent volumes**

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| Appendix 1.CClassifications of Medications |
| Revision date: October 18, 2016Revision date: January 26, 2021 |

**CLASSIFICATIONS OF MEDICATIONS:**

**Analgesics** - Analgesics are painkillers classified as mild or strong, depending on the pain they relieve. For mild & moderate pain, A.S.A. or Acetaminophen is used. For **more severe pain, A.S.A. or Acetaminophen is used in conjunction with Codeine, i.e.Tylenol 3.**

 **Note:**

* **A.S.A. or Aspirin is also classified as an anti-inflammatory agent which acts on the body not only to reduce pain but also swelling and fever.**
* **Excessive use of A.S.A. is known to irritate/damage the stomach lining.**

**Anti-Biotic – Combat *only* bacterial infections by either destroying bacteria or stopping its growth or both.**

**Note: Antibiotics are often wrongly prescribed for virus infections - cold, flu, undiagnosed** fevers - which they cannot combat. Misuse allows resistant bacterial strains to flourish, ultimately resulting in a lack of effective antibiotics. It is imperative that a course of antibiotics be completed even if symptoms disappear.

**Anti-Convulsants** - Various types of drugs that act on the brain to decrease the responsiveness of normal neurons (a nerve cell, the structural and functional unit of the nervous system) to the sudden storms of nervous impulses from a hyperirritable centre in the brain. Most anti-convulsants are effective in controlling only certain types of seizures.

**Note:** Abrupt cessation of many anti-convulsants may precipitate a series of seizures. Discuss this with the individual’s doctor when medication changes are being made.

**Anti-Depressants** - Drugs, which reduce the degree of depression and usually increase psychomotor activity.

**Anti-Diarrhoeal Drugs -** Any medication which acts to stop diarrhoea.

**Antiemetic** – Drug that prevents or reduces nausea and vomiting.

**Antihistamines** – These drugs are used to provide symptomatic relief of allergic symptoms caused by the release of histamines and to treat anaphylactic reactions after acute symptoms have been controlled. They act by:

* Constricting blood vessels.
* Relaxing smooth muscles.
* Inhibiting secretions of mucous glands specifically in the lungs and sinuses.

**Anti-Manic Agents** – Bipolar (manic/depressive) disorders are treated long term with Lithium Salts. Regular blood-work is necessary to maintain therapeutic levels and prevent toxicity.

**Anti-Pyretic** - Medications which reduce an elevated temperature, e.g. Acetylsalicylic Acid (also known as A.S.A or Aspirin)

**Cardiac Medications** - A broad classification, which includes many medications, which aid heart function. They may regulate the heart rate or lower blood pressure but they all assist the heart to function normally.

**Corticosteroids** - Used topically (lotions, creams, sprays) or systemically (by mouth or needle) to treat skin problems associated with allergic reactions. Also used to treat psoriasis and dermatitis.

**Diuretics** - Are medications, which increase the secretion of urine. They are often used to assist in normal heart function.

**Hypnotic** - These drugs dull the senses and induce sleep.

**Laxatives** - drugs that induce defecation classified by how they achieve that goal.

* Stimulate peristalsis by increasing fluid, gases or solid bulk or intestinal content (e.g. Fleet enema)
* Wetting agents, lower surface tension and prevent drying of stool (e.g. Colace, Surfak)
* Bulk forming - coat food and liquid particles, delay absorption, delay drying of fecal content (e.g. Metamucil).
* Chemical irritation to increase peristalsis (e.g. Senokot).

**Muscle Relaxants** - Drugs used to provide muscular relaxation necessary for various medical and surgical procedures and for relief of muscle pain.

**Sedatives** - Drugs, which exert a soothing, or tranquillizing effect.

**Tranquilizers** –

***Major:*** also known as Neuroleptics or Antipsychotics used for relief of symptoms, sedates without inducing sleep and reduces irritability.

***Minor:*** also known as Anxiolytics used for SHORT TERM treatment of anxiety disorders. In small doses they can reduce anxiety and promote relaxation without causing sedation. Prolonged use can cause tolerance and dependency.

Approved February 5, 2007

Board of Directors

Reviewed and Revised October 31, 2017, June 12, 2020, January 26, 2021, October 17, 2024