



West Central Abilities Inc.

MEDICATION POLICY

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MEDICATION STANDARDS

The medication policy is to be provided to all staff to ensure that the medication needs of the clients are met with the highest degree of quality and accuracy. This medication standard and policy shall be enforced and administered by the Executive Director and Program Coordinator or their designates.

The purpose of this policy is to ensure that medication is properly purchased, administered and monitored within the services and facilities operated by the agency, including but not limited to the Residences, Activity Centre, and the Supported Independent Living Program.

A. MEDICATION HISTORY REVIEW

It is the policy of the agency that each resident on medication will be reviewed by a Physician &/or Pharmacist upon admission and within six months thereafter.

Any change required in medications will be made immediately in the appropriate format and written down in the communication book.

B. CONSULTATION

The pharmacist is to be called in the event of a medication error that may cause harm to the client (wrong dose, med, time, person, etc.). The direct supervisor or designate are to be called after consultation with the pharmacist for any directives.

When authorization is required to delay or modify medication delivery times due to blood work, client outings or appointments, etc. call the Residence Manager on duty or if the Residence Manager is unreachable, the Emergency On Call personnel is to be called.

Staff are encouraged to deal with the same pharmacy so that a good liaison is established, and consultation will be easily obtainable. If the preferred pharmacy is not open, call an alternate pharmacy.

Medications will only be administered under the orders of a physician or licensed medical professional. Accompanying staff will provide requirements for said prescribed medications i.e. will need to be crushed, or liquid form.

Employees will check with the prescribing physician or licensed medical professional to ensure that any new drug prescribed is covered by the Plan. When a medication is prescribed that is not on the Sask. Drug Plan, the Program Coordinator or designate must be contacted prior to filling the prescription. Upon a physician or licensed medical professional prescribing medication to a client, the accompanying staff member will inform the Program Coordinator, the

Residence Managers where the individual resides, and the Program Administrator where the individual attends a day program, of the said prescription and directives surrounding it. The accompanying staff will complete and submit all required forms such as a Record of Medication Change form and a Medical Report form immediately following the appointment.

The Program Coordinator or designate or the Residence Manager will forward a description of the prescribed drug that can be easily understood by all staff, to all parties involved on the Record of Medication Change form. This description will include such things as the desired action of the medication, the condition being treated, physical characteristics, side effects and implications in the event that the medication is not given or refused. This sheet will be read and initialed by all staff working within the Residential Services and/or Day Programs.

Employees shall contact the Program Coordinator or Executive Director who will consult with the doctor on the safe administration of the drug prior to filling a prescription for narcotics.

C. STORAGE OF MEDICATION

Once the physician or licensed medical professional has issued the prescription, the Residence Manager or designate in their absence will ensure that the refillable prescriptions are refilled. The Residence Manager (s) will ensure that the required medication is scanned and logged into the medication system. Willowgrove Pharmacy has directed that new medication rolls be picked up one week before the packs are depleted.

The Program Coordinator or designate will ensure that medications are reviewed periodically. The Program Coordinator or designate will be informed by the Residence Managers when prescribed medication is no longer refillable. This will be done a minimum of two weeks in advance of the prescription running out.

All staff will ensure medication and related equipment is stored in a locked cabinet and **MUST BE LOCKED AT ALL TIMES**. No client will have access into this cabinet or the key to open it. With the exception of an Epinephrine autoinjector (EpiPen) used as indicated by a medical professional. They also need to be stored in an accessible place that is known to all staff who work with that individual, (not the locked med cabinet).

Individuals supported through the SILP Program will administer medications as directed by their medical professional and as noted in their individual Care Plans

All medications and related equipment (prescription, over the counter drugs, vitamins, etc.) without exception will be kept locked in the medication cabinet and nowhere else in the Residence or Activity Centre. When medication is prescribed that must be refrigerated, a locked container for the refrigerator is to be used. Refrigerated medication will only be prescribed if there is absolutely no alternative.

West Central Abilities Inc. uses the oneMAR monitored Rx System or bubble package for drug dispensing. Each dose is individually packaged in a plastic roll with barcodes or bubble pack. No medication will be administered without using the above system unless permission has been given by the Program Coordinator or designate.

Upon the Residence Manger(s) receiving the prescription, the Residence Manger(s) will check the dispensing packages to ensure accuracy. No changes will be made once verified.

D. DESTRUCTION OF MEDICATION

Medication that is not given for a specific reason must remain in the dispensing pack and labeled Do Not Use (**DNU**). When the last tablet or capsule of medication in the dispensing pack is administered the Residence Manger shall return the remaining medication in the original package to the pharmacy for disposal. How the remaining medication was dealt with must be documented in the client's Personal Progress Binder.

If a loose medication is found, or medication has been contaminated (i.e. dropped) it is to be put in a closed container with a rubbing alcohol compound that is clearly labeled. In the event a medication is contaminated while traveling, the contaminated medication is to be brought back to the agency and disposed of as indicated above. This container will remain in the locked medication cabinet. Once full, the supervisor shall take the container to the pharmacy for disposal. All other obsolete or unserviceable medications shall be taken/ given to the pharmacy in their original packaging.

Plastic roll packaging will be collected in the designated disposal container and returned to the pharmacy for proper disposal.

E. DISPOSAL OF SHARPS

All sharps (i.e. needles, lancets, etc.) shall be disposed of in a puncture resistant container specifically designated and labeled for the disposal of sharps. This container must have a fill line and once the fill line is reached, the container is sealed and returned to the pharmacy for proper disposal. Container exchanges shall be recorded on the Sharps Container Exchange Record form.

Do not manually clip, bend, or break waste needles.

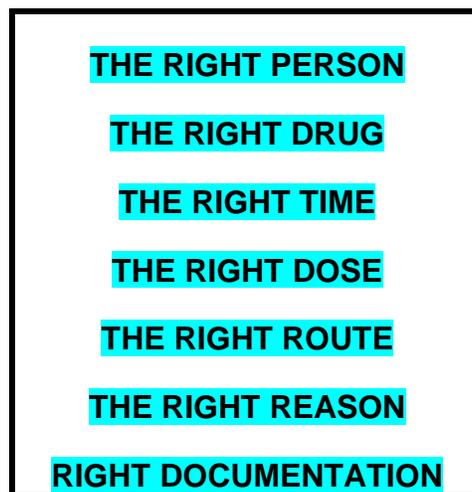
F. MEDICATION DELIVERY

- A. No medication will be administered without a physician's or licensed medical professional's order (prescription) and the pharmacist's instructions as to the name of the medication, dosage, route, interval (times given), and the client's name on the controlled dose distribution package.
- B. Over the counter medication will not be dispensed without that medication being included on the client's automated or medication record sheet, unless consent is given by the Program Coordinator. The frequent usage of over-the-counter medication is not encouraged. A pharmacist should be contacted to ensure there will be no interactions with the current medication of the client. A physician should be contacted, in the case of a persistent health concern.
- C. Employees will ensure that any liquids, drops, or aerosols not packaged in the Controlled Dose Distribution System will have a oneMAR bar code assigned to them as needed, with clear instructions for administration, and an appropriate dispenser provided.
- D. Employees will record the administration of all medications on the clients' Electronic or paper Medication Administration Record (MAR) sheet supplied, as per instructions.
- E. Any error in the administration of medication must be recorded through a Medication Incident Report and on the oneMAR and/or paper MAR. The pharmacist must be called for all medication incidents that may hinder the wellbeing of the client as noted on the Medication Incident Report. The direct supervisor, or Emergency On-Call personnel must be notified after speaking to the pharmacist and informed of the incident and the responsive directives given.
- F. Employees shall complete a Medication Incident Report for any medication error stated on the MIR including wrong dose administered, medication given without medical professional's orders, administered at wrong time, missed medication administration and wrong medication.
- G. All medication and instructions must be noted on the Electronic or paper Medication Administration Record (MAR) sheet.
- H. To avoid loss or contamination of medication, it is required that employees dose out the medication into a medication cup.

PROCEDURE:

1. All prescriptions will be packaged in the Controlled Dose Distribution System when possible.

2. Medications must be administered consistently and accurately by the designated staff members. The designated staff members will be informed by their supervisors of their responsibilities in regard to giving medication
3. Medications shall be administered by employees who have completed all necessary medication training as described in this policy. Medications must be administered at the prescribed times as indicated on the Electronic or paper Medication Administration Record (MAR) sheet.
4. Employees will prepare their work space.
5. Employees will wash their hands thoroughly and gather any necessary PPE as needed before giving medication.
6. Employees shall access the client's Electronic or paper Medication Administration Record sheet.
7. Employees will carefully check the medication pouch(es) against the Electronic or paper MAR sheet to review 7 Rights in the administration of medication.
8. Medications will be given to one (1) client at a time.



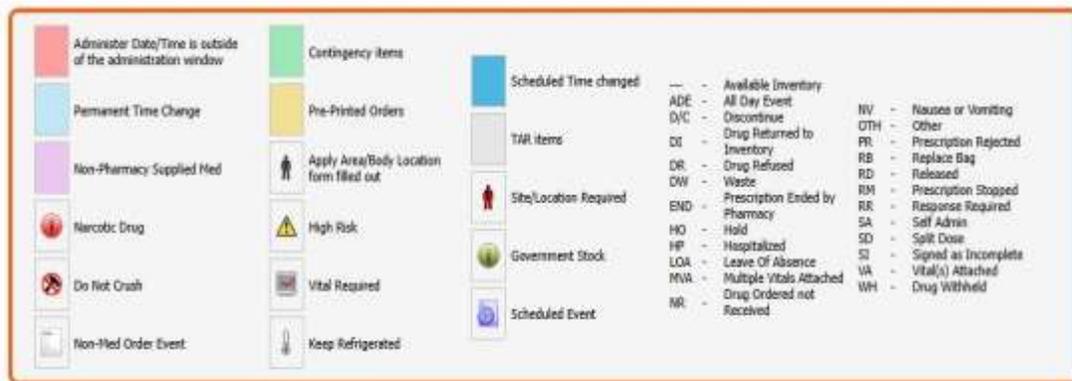
9. As soon as possible, bring the client to the medication (area) and provide an appropriate beverage/food to facilitate swallowing and absorption.
10. Staff will verify the appropriate package for the medication time being administered. Next, dose out the medication into the medication cup, according to the correct time and day. Staff will check to ensure that the correct doses of all medications are in the medication cup. **DO NOT** prepare medication and leave it unattended for any reason. If staff need to stop/leave the medication process, the meds must be placed in the medication cupboard and locked.

11. Medications not prepackaged, i.e. liquids will be measured, barcode scanned if applicable and administered exactly as ordered. Never guess. Gloves must be worn when medications need touched i.e. creams.
12. Remember that medication shall be administered only by the employee who prepared it (dosed it out). If there is a need to have a different staff administer the medication, both staff must sign the MAR.
13. Individuals will be encouraged to take their medication themselves, where possible. Medication must be taken willingly by the individual, and no staff will force the client to take medication. The client must play an active role when receiving medication.
14. When a client refuses their medication, give them some time (i.e. 10-15 minutes) and then try again. If after the third try, and an hour has elapsed, call a pharmacist for directives and document on the Medication Incident Report.
15. If a client expresses doubt or concern about a medication or the dose, check with the record and the supervisor to be certain no error has been made, the client may be right.
16. Stay with the client to ensure that the medication has been swallowed. Some individuals have been known to conceal medication under their tongue or inside their cheek.
17. Remove any PPE and wash hands.
18. Complete the documentation corresponding to the appropriate time and date on the MAR sheet immediately after successfully administering the medication.
19. Do the final check of the 7 rights.
20. Return medication to secure cabinet and lock.
21. Clean the workspace.
22. In unforeseen circumstances, most medications, except for diabetic insulin or unless specified, have a one-hour window for administering. One (1) hour before or one (1) hour after the prescribed time is acceptable. For example: If a medication is to be given at 9:00 a.m., and the client has an appointment at 9:00 a.m. the medication can be given as early as 8:00 a.m. or as late as 10:00 a.m. It is important to keep the delivery time as close to its regularly prescribed time as possible.
23. An employee that is not clear about a procedure or guidelines concerning medication will consult the Medication Policy, or their supervisor for direction as soon as possible.

24. No medication will be administered if the date is expired or if the container label or barcode is missing or cannot be read.
25. An error in the administration of medication must be recorded through a Medication Incident Report. The pharmacist must be called for all medication incidents that may hinder the wellbeing of the client such as missed medication, late medication, or medication given to the wrong person. The direct supervisor must be notified after speaking to the pharmacist to be informed of the incident and the directives provided. In the absence of the direct supervisor the staff member will contact the Emergency On-Call personnel.
26. DO NOT CRUSH or open in any way: Capsules/ Slow Release/ Enteric Coated Tablets (i.e. Aspirin)/ or Extended tabs. When an individual is unable to swallow the medication, check with the pharmacist. An alternative prescription may be prescribed.
27. Inform the physician immediately or consult the pharmacist when a new medication needs to be crushed. Clearly document on the Electronic or paper MAR sheet, whether the medication can be crushed or not. When medication is to be crushed, use a proper dispenser and administer following the guidelines of that specific medication.
24. PRN means medication that should be taken only as needed. Pain medicines and cough medicines are common examples of PRN medications. Distribution of PRN medications is not to be taken lightly. PRN medications will only be administered when prescribed by a physician or medical professional. Each client's PRN medications must be clearly documented and bar code attached as needed and recorded on their MAR and Health Sheets.
- a) All prescription PRN medications need prior authorization from either the Manager on duty or Emergency On-Call personnel, prior to administration. Prescription PRN medications must clearly be documented on Medication Inventory Forms.
 - b) Over the counter PRN medications will be administered according to the product packaging, label, or prior directive by a physician or medical professional. Over the counter PRN medication does not require manager authorization prior to administration.

All PRN medications must be documented on the client's MAR at the time of administration.

25. The following key codes will be recorded in the correct space(s) on the electronic or paper MAR sheet to indicate the reason why a medication was not given.



26. In some situations, clients may be deemed able to self-administer their own medication by the care team and a medical professional. The capacity to self-administer will be documented and filed in the individual's main personal file and in their Individual Care Plan. Even in this instance the medications will remain in locked storage.

27. Clients who self-administer their medication will be reassessed as needed by the care team and a medical professional.

G. OBSERVATION AND ASSESSMENT

All staff will be familiar with each client's medical diagnosis and medication prescribed. The staff member should be aware of the desired action of the medication, major side-effects and/or precautions for administering the medication. This information is available from the pharmacist, and/or resource material on the electronic OneMar System.

If any side effects or allergic reactions are noted by any staff member, it is the policy of this agency that the staff member will record those observations whether they are beneficial effects (i.e. client's condition improved) or adverse effects (i.e. rash, vomiting). All adverse side effects MUST be reported immediately to the Resident Manager or Emergency On Call personnel, and a Medication Incident Report must be filled out.

It is important that all staff understand the importance of observation skills when administering medications of any kind. Accurate recording and verbal reporting are also necessary for this information to be available to the client's physician or other medical professional if needed.

H. RECORD KEEPING AND INCIDENT REPORTING

All employees will adhere to the medication administration rules, procedures and methods of documentation outlined in the Medication Policy.

Each staff member will be familiar with all the medical documents being used in this agency, i.e. Electronic or paper MAR. If errors or discrepancies occur in the delivery of medication, a Medication Incident Report must be completed immediately. The situation will be reviewed by the direct supervisor or Program Coordinator with the staff involved at the earliest opportunity.

Documentation errors will be corrected with a single strikethrough and initialed. Employees will not use whiteout or corrective tape on documents.

I. VERBAL ORDERS FOR MEDICATIONS

All verbal orders for medications will be made directly to the pharmacist. If a physician, dentist or licensed medical professional wishes to give any staff a verbal order for a change in medication(s), staff will direct them to the pharmacist. All medication changes must be recorded on a Medical Report form and a Record of Medication Change form.

J. DISCIPLINE FOR MEDICATION ERRORS

Errors in medication administration may lead to disciplinary action as per West Central Abilities Policies and Procedures. The Executive Director or Management can recommend staff retake Med. Assist training after errors.

K. STAFF TRAINING

All new employees will be registered for and required to complete medication training. MED Assist Training is offered and mandatory for all Staff to take, and update when necessary. Continual hands-on medication training will also be provided.

New employees will be supervised by qualified senior staff for three (3) medication deliveries at different times (i.e. 1200hrs, 1700hrs, and 2000hrs). Once completed successfully, the supervising staff shall sign the new employee's orientation checklist as being Medication Administration Competent.