



Respect, Learning, Independence

POLICY	ADMINISTRATION OF MEDICATIONS IN RESIDENTIAL SERVICES
SECTION	ORGANIZATIONAL STANDARDS
ESTABLISHED LAST REVISED	December 2003 July 2011

POLICY

Brain Injury Services is committed to ensuring the safety of its clients by providing extensive employee training for the administration of medication.

The administration of medication is deemed a controlled act by the Regulated Health Professions Act (RHPA), 1991. As such it should typically be performed only by a nurse or another regulated health professional authorised by a health profession Act.

The RHPA offers an exception for unregulated care providers, such as employees of Brain Injury Services, who assist with or perform aspects of personal care. Because the administration of medication is considered a routine activity of living (i.e., regular scheduled activity) it may be performed by employees of Brain Injury Services.

The same is true of the controlled act of putting an instrument, hand or finger into a body orifice or artificial opening into the body.

PROCEDURE

1. All new employees will complete mandatory medication training and achieve a minimum of 80% on the knowledge test. Employees are not qualified to administer medications or support clients regarding their medications until the completion of the orientation process which includes:
 - a. a review the medication procedure with the supervisor;
 - b. a review of all medication forms and their functions;
 - c. knowledge of all medication regulations;
 - d. the completion of the Medication Training Chart with the support of medication trainers;

- e. meeting with a supervisor to review a final assessment of knowledge and to sign an agreement form.
2. All employees are responsible to ensure that their medication training is current. To stay current all residential direct care employees are required to perform the duties of the medication administration person for an entire shift once per month at minimum. These duties include all responsibilities as outlined in this policy. If staff work at multiple residential sites they need to keep current at their primary location. When reporting to a secondary site employees are to declare their medication administration status and review all client specific information prior to administering medications.
3. If a part time or relief employee is not current with their medication administration training, due to not completing full medication duties in a one month period at their primary location, they will have one additional month to successfully complete retraining. During this time they are not to administer any medications. Successful retraining of medication administration must be completed prior to returning to medication administration duties. If part time or relief employees are unsuccessful in retraining during the one month period they will be removed from the active roster. Full time direct care staff must be current in their medication administration responsibilities at all times. If they have not completed full medication duties in a one month period they will be removed from the active roster. Employees may use accrued lieu time or vacation to cover the period they are removed from the active roster. Sick/personal time may not be used.
4. If employees are removed from their medication administration duties, due to medication errors, the program manager will inform all house coordinators and program managers that they share staff with. Retraining will be scheduled by the supervisor, if retraining is not successful within one month the staff member will be removed from the active roster. The program manager will inform the manager of human resources prior to removing staff from the active roster.
5. Medication administration is the main priority during the shift for the staff who is assigned this responsibility. A formal briefing and passing of medication responsibilities will be completed before handing off of the medication key to another employee.
6. All employees are responsible to follow these medication regulations:
 - a. All medication received from the pharmacy must be inventoried using the Shipping Report. Employees will complete a Medication Inventory Form if a Shipping Report is not sent. Employees will complete the inventory and store all medications in the medication cabinet.
 - b. Medications are to be kept in the locked medication cabinet with the exception of medications that require refrigeration. All services have a separate medication refrigerator located in the medication room.

- c. Unused, discontinued, expired medications and damaged smartpacks or blister packs will be returned to the pharmacy to be destroyed.
- d. Only medications that have been prescribed or approved by a physician will be documented on the medication chart and administered by employees. All medications require a written order by the physician.
- e. The medication co-ordinator will be informed of all high alert medications. A list of **“High Alert Medications”** will be kept in the medication binder for reference. The medication co-ordinator will verify and sign the initial inventory as well as sign the Medication Administration Record on a monthly basis for all high alert medications.

7. Medication briefing occurs at every shift change. Medication administration employees will provide the oncoming medication administration employee with the following information:

- a. Specific medications administered during the shift.
- b. Specific medications to be dispensed during the upcoming shift.
- c. Information regarding recently ordered medications.
- d. All medication changes.
- e. Any client medical appointments employees attended with clients or client medical appointments employees are to attend **during the upcoming** shift.

8. Medication administration reviews will be conducted by medication administration employees at the end of each shift. Reviews are completed to ensure the full medication administration procedure is complete and correct. It will be done in the following manner:

- a. **Following night shifts** and in services where there is only one medication administration staff on shift, the incoming medication administration staff will check all medication administration and documentation to ensure there is no documentation or administration errors made during the previous shift.
- b. Where there are two medication administration staff scheduled on the same shift the medication administration staff will verify each other's documentation and smartpacks and blister packs **following administration** to ensure accuracy of the full medication administration process.
- c. Missing medication documentation will be corrected at this time by the medication administration staff responsible for the missing documentation.
- d. Medication errors will be documented following medication error policy and forwarded to the appropriate individual immediately for follow up.

9. Administering Medications:

- a. Medication preparation must be carried out in good lighting. Medication administration employees will wash their hands and be free from distractions.

- b. The medication administration employee who prepares medication must be the same person who administers medication and signs the Medication Administration Record.
- c. The prepared medications are checked seven times:
 - Match the medication in the smartpacks or blister packs to the names on the Medication Administration Record.
 - Count the number of medications in the smartpacks or blister packs to ensure that they correspond to the number indicated on the Medication Administration Record.
 - Review the client's picture to verify that the picture matches the client for the correct medication before administration.
 - Verify with a fellow employee, familiar with the client to whom medications are being administered, that this is indeed the correct client.
 - Observe the client until the medication has been swallowed and check the client's mouth if necessary.
 - Initial the Medication Administration Record after medication has been administered to the client.
- c. Unless otherwise stated in a **General Skill Development Plan** (GSDP) or **Health Care Support Plan** (HCSP), employees will ensure that clients in residential services that self administer medications initial a duplicate Medication Administration Record after taking their medication(s).
- d. Employees will inventory and record all PRN medications in the following way:
 - All PRN medication will have inventory counts done on each shift to maintain an accurate inventory while quickly and effectively identify missing medications. Medication administration employees will initial after counting the medication on the PRN Count Sheet.
 - All PRN counts will be verified and initialled by the incoming medication administration staff **following night shifts and** in services where there is only one medication administration employee on shift. In services where two medication administration employees are on duty, the medication administration employee will verify and sign off on each other's PRN counts.
 - If a PRN is given, it must be charted on the Medication Administration Record and the PRN Administration Sheet.

10. Always follow the seven rights (7R's) when administering medications:

1. The right client
2. The right medication
3. The right dose
4. The right time and frequency
5. The right route
6. The right form
7. The right documentation/date

Leave of Absence Medication Preparation

1. Medications will be prepared for clients going on a Leave of Absence (LOA) following the same procedures used during medication preparation for onsite administration.
2. Only the amount of medications needed for the LOA stay plus one additional full day will be prepared and packaged if the LOA is a length of 24 hours or more.
3. Medication will be prepared and packaged for LOA's of less than 24 hours which will include all medications for the medication administration time periods for which the client will be away from service plus one additional medication administration time period. i.e. if a client is away from service between 07:30 and 15:00 the following medications would be packaged and provided to the client, 08:00, and 12:00 plus 17:00 medications.
4. Smartpacks will be sent for each medication administration time period. If applicable, PRNs will be packed and labelled with client number, dose, frequency and appropriate administration directions.
5. The medication administration staff on duty will review the medication being released with the client or the individual accepting the medications for the client's LOA.
6. The medication review will include the following items:
 - i) The medication administration record (MAR)
 - ii) Purpose of each type of medication
 - iii) Medication administration times
 - iv) Special instructions for medications if any
 - v) Process for obtaining additional medications for emergencies or unexpected prolonged LOA's.
7. Employees will ensure that the individual accepting the medications for the clients LOA has read and signs the *Medication Release Agreement* form before releasing the medications. Employees will also sign the form.
8. Employees will provide the individual accepting the medications with the medications for the duration of the LOA along with a photo copy of the clients MAR.
9. Medication returned to the service following a LOA will not be administered and must be destroyed following the Medication Destruction policy. Employee will complete the *Medication Return Inventory* form with both the employee and the individual returning the medications signing the form.
10. *Medication Release Agreement* forms and *Medication Return Inventory* forms will be stored in the client's file under the case note section attached to a case note.