



**MEDICATION
POLICIES AND PROCEDURES
(C)**



June 2019

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MEDICATION POLICIES & PROCEDURES

CATEGORY: TRAINING & ORIENTATION

POLICY # C1.01 – EMPLOYEE TRAINING

PAGE: 1 of 1

ATTACHMENTS:

APPROVAL DATE: 10.07.2011

REVISION DATE:

PROCEDURE APPROVAL DATE: 10.07.2011

REVISION DATE:

AUTHORIZATION: Executive Director

POLICY:

All employees shall have appropriate and adequate training in the administration of medications.

PROCEDURES:

1. Effective May 1, 2007 all new employees (Facilitator I) shall have successfully completed a Pharmacology Course from an accredited college or university prior to being hired by the Association.
2. If a newly hired employee (see Procedure 1) has not successfully completed a Pharmacology Course from an accredited college or university the employee must enrol in such a course at his/her expense within three months of the date of hire.
3. Successful completion of such course (see Procedure 2) shall be a requisite for successful completion of the probationary period. The probationary period may be extended pending receipt of proof of successful completion of the Pharmacology Course.
4. Proof of successful completion must be received within one month of completion of the course.

MEDICATION POLICIES & PROCEDURES**CATEGORY: TRAINING & ORIENTATION****POLICY # C1.02 – EMPLOYEE TRAINING/ORIENTATION****PAGE:** 1 of 1**ATTACHMENTS:****APPROVAL DATE:** 10.07.2011**REVISION DATE:** 01.07.2019**PROCEDURE APPROVAL DATE:** 10.07.2011**REVISION DATE:****AUTHORIZATION:** Executive Director

POLICY:

All new Association employees shall receive an orientation to medication administration.

PROCEDURES:

1. All employees shall receive a comprehensive medication in-service training from the appropriate Manager that shall cover the following:
 - i. Approved medications at the service
 - ii. Medication administration procedure
 - iii. Abbreviations approved for use
 - iv. Use of Compendium of Pharmaceutical Specialties
 - v. Medication and administration cupboard
 - vi. Administration of medications
2. The new employee shall administer medications only under the supervision of an experienced employee until he/she shall have been observed by the Manager or designate and approved to administer medications on his/her own.
3. The Manager or designate shall schedule and observe the new employee pouring/ administering medications.
4. The Manager or designate shall provide written approval in triplicate (copy to employee, personnel file and manager) before the new employee shall administer medications without supervision.

MEDICATION POLICIES & PROCEDURES**CATEGORY: ORDERING & MAINTENANCE****POLICY # C2.01 – ABBREVIATIONS****PAGE:** 1 of 1**ATTACHMENTS:****APPROVAL DATE:** 10.07.2011**REVISION DATE:****PROCEDURE APPROVAL DATE:** 10.07.2011**REVISION DATE:****AUTHORIZATION:** Executive Director

POLICY:

Only abbreviations as approved under the accompanying list shall be used within the Association.

PROCEDURES:

The following are the common abbreviations approved and used by the Association:

ABBREVIATION	MEANING
a.c.	Before meals
a.m.	Morning
b.i.d.	Twice daily
q.s.	Quantity sufficient
stat.	Immediately
tab.	Tablet
gr.	Grain
gtt.	Drop
h.s.	Bedtime
mg.	Milligram
ml.	Millilitre
mEq.	Milliequivalent
n.p.o.	Nothing by mouth
p.c.	After meals
p.m.	After noon
p.o.	By mouth
p.r.n.	Whenever needed
q.	Every
q.h.	Every hour
q.i.d.	Four times a day
q2h	Every two hours
q3h	Every three hours
q4h	Every four hours
elix.	elixir
t.i.d.	Three times a day

MEDICATION POLICIES & PROCEDURES**CATEGORY: ORDERING & MAINTENANCE****POLICY # C2.02 – MEDICATION LABELS****PAGE: 1 of 1****ATTACHMENTS:****APPROVAL DATE: 10.07.2011****REVISION DATE: 01.07.2019****PROCEDURE APPROVAL DATE: 10.07.2011****REVISION DATE:****AUTHORIZATION: Executive Director**

POLICY:

All medications shall have clear and legible labelling.

PROCEDURE:

1. All medications shall be clearly marked with:
 - i. Person's name
 - ii. Name of medication
 - iii. Strength of medication
 - iv. Date (issued/expiry/etc.)
 - v. Directions (time of administration, etc.)
 - vi. Amount or number etc.
 - vii. Doctor's name
2. The person accepting the medication from the pharmacy shall ensure that the labels match the Doctor's orders.
3. If a labelling error is found, the medication shall be immediately returned to the pharmacy.
4. If the error cannot be resolved at the pharmacy, the prescribing doctor shall be contacted.

*Residential homes using med pharmacy are to follow the protocols set out with this company.

MEDICATION POLICIES & PROCEDURES**CATEGORY: ORDERING & MAINTENANCE****POLICY # C2.03 – ORDERING MEDICATIONS****PAGE:** 1 of 1**ATTACHMENTS:****APPROVAL DATE:** 10.07.2011**REVISION DATE:** 01.07.2019**PROCEDURE APPROVAL DATE:** 10.07.2011**REVISION DATE:****AUTHORIZATION:** Executive Director

POLICY:

The Team Lead or designate is responsible for monthly ordering of medications and ensuring all medications match what doctor's order.

PROCEDURES:

1. Weekly medication requests shall be submitted to Medical Pharmacy as needed, when there is a change, or additional request. Dates will be discussed with Medical Pharmacy when change or medication is required by and agreed upon by the pharmacy. Medication requests are calculated based on the doctor's order and the projected needs of the person.
2. Medications can be ordered from Medical Pharmacy in two ways.
 - A) Telephone: the contact list with all pertinent numbers can be found at the front of each Medication Binder. Speak directly to team member and place request. Once ordered complete a communication note to team what has been completed, and write in the Black Drug Record Book.
 - B) By Fax: Staff are to use black Drug Record Book. Find a blank copy of drug record form, complete drug name, individuals name, strength and direction, staff ordering, date and any additional notes to pharmacy, RX number, and quantity. Once completed staff fax to Medical Pharmacy. Staff are to document in Communication Book once medication has been ordered. Check off Faxed box on form for staff to know it has been completed.
3. Once medications have been delivered staff receiving medications are to complete order form, who received medication and date of delivery.
4. Any delivery reports from Medical Pharmacy are to be filed in brown Shipping Report Record book.
5. Medication received from the pharmacy shall be stored in the designated locked storage area at each service location until the medication can be logged in.
6. Prior to the end of the month the Facilitator I or team lead shall log in medications and prepare the Medication Administration Record MAR sheet as follows:
 - i. Count the medication, ensuring that the correct number has been dispensed as well as checking the integrity of the packaging and appearance of the medication.
 - ii. Some medications are dispensed in pre-packaged "foil" wrapped cards or Blister Packs. For these pre-packaged cards, mark in permanent ink on or beside each dose the date on which the dose is administered.

MEDICATION POLICIES & PROCEDURES**CATEGORY: ORDERING & MAINTENANCE****POLICY # C2.04 – SECURITY OF MEDICATION STORAGE****PAGE: 1 of 1****ATTACHMENTS:****APPROVAL DATE: 10.07.2011****REVISION DATE: 01.07.2019****PROCEDURE APPROVAL DATE: 10.07.2011****REVISION DATE:****AUTHORIZATION: Executive Director**

POLICY:

All medications shall be kept in a safe and secure location, in each service location.

PROCEDURES:

1. All medications and non-prescribed medication shall be kept in a locked cabinet or case or locked container in the fridge.
2. The cabinet shall be maintained in good repair.
3. Keys to the cabinets shall be carried by the person administering medication or must otherwise be kept under lock and key.
4. Keys shall not be removed from the premises.
5. All medications received from the pharmacy shall be accounted for by the MAR or Treatment Sheets.

MEDICATION POLICIES & PROCEDURES**CATEGORY: ORDERING & MAINTENANCE****POLICY # C2.05 – DISPOSAL OF MEDICATIONS****PAGE: 1 of 1****ATTACHMENTS: Record of Medication Disposal****APPROVAL DATE: 10.07.2011****REVISION DATE: 01.07.2019****PROCEDURE APPROVAL DATE: 10.07.2011****REVISION DATE:****AUTHORIZATION: Executive Director**

POLICY:

All discontinued or not to be administered medications shall be disposed of in a proper, timely and appropriate manner.

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PROCEDURE:

1. The Team Lead or designate shall be responsible for identifying expired, unnecessary, discontinued or wasted medications to the Team Lead.
2. Expiration dates on medications shall be checked monthly by the Team Lead or designate
3. The Team Lead shall record the disposal on a Record of Medication Disposal Sheet and shall ensure that they are returned to the pharmacy.

MEDICATION POLICIES & PROCEDURES**CATEGORY: ORDERING & MAINTENANCE****POLICY # C2.06 – COMPENDIUM OF PHARMACEUTICAL SPECIALTIES****PAGE:** 1 of 1**ATTACHMENTS:****APPROVAL DATE:** 10.07.2011**REVISION DATE:** 01.07.2019**PROCEDURE APPROVAL DATE:** 10.07.2011**REVISION DATE:****AUTHORIZATION:** Executive Director

POLICY:

All Association service/support locations shall have access to the current Compendium of Pharmaceutical Specialties.

PROCEDURES:

All services will be provided the link to the current online Compendium of Pharmaceutical Specialties found at the following link:

<https://www.pharmacists.ca/products-services/compendium-of-pharmaceuticals-and-specialties/>

MEDICATION POLICIES & PROCEDURES

CATEGORY: ERRORS**POLICY # C3.01 – DEFINITION OF MEDICATION ERRORS****PAGE:** 1 of 1**ATTACHMENTS:****APPROVAL DATE:** 10.07.2011**REVISION DATE:** 01.07.2019**PROCEDURE APPROVAL DATE:** 10.07.2011**REVISION DATE:****AUTHORIZATION:** Executive Director

POLICY:

The Association recognizes “8 wrongs” that constitute a medication error.

PROCEDURES:

1. The following are considered medication errors:
 - i. Administered to the WRONG PERSON.
 - ii. Administered at the WRONG TIME.
 - iii. Administration of the WRONG DOSAGE.
 - iv. Administration of the WRONG MEDICATION.
 - v. Administration by the WRONG ROUTE.
 - vi. Administration for the WRONG REASON.
 - vii. Administered at the WRONG FREQUENCY.
 - viii. WRONG DOCUMENTATION recorded

MEDICATION POLICIES & PROCEDURES

CATEGORY: ERRORS**POLICY # C3.02 – EMPLOYEE ERRORS****PAGE:** 1 of 2**ATTACHMENTS:****APPROVAL DATE:** 10.07.2011**REVISION DATE:** 01.07.2019**PROCEDURE APPROVAL DATE:** 10.07.2011**REVISION DATE:****AUTHORIZATION:** Executive Director

POLICY:

Medication errors shall be recorded, followed-up and appropriate consequences pursued.

PROCEDURES:**INITIAL OCCURENCE**

1. In the event of an initial medication error, an incident report shall be completed and given to the Manager.
2. The Manager shall convene a meeting with the offending employee(s) and work with the employee(s) to:
 - i. Acknowledge the error
 - ii. Review the cause of the error
 - iii. Review the six rights
 - iv. Discuss actions that shall be taken to avoid a similar occurrence in the future
 - v. The Manager shall document the meeting and place a copy of the document in the employee's personnel file. The employee shall provide written documentation on how they will avoid medication errors in the future.

SECOND OCCURENCE

1. In the event of a second error within a year of the first error, an incident report shall be completed and given to the Manager and a meeting with the Manager and Human Resource Manager shall be held to:
 - i. Cover the same points as the meeting in initial offence.
 - ii. Determine if there is a problem that can be corrected
 - iii. The Manager shall document the meeting and place a copy of the documentation in the employee's personnel file.
 - iv. The employee shall provide written documentation as in initial offence.

THIRD OCCURENCE

1. In the event of a third medication error within two years of the first occurrence, an incident report shall be completed and given to the Manager.
2. The employee shall be required to complete an approved pharmacology course from an accredited college or university, at the employee's expense.
3. Proof of enrolment of such a course shall be provided to the Manager within three months of the third occurrence.
4. Proof of successful completion of the course within six months of the third occurrence shall be provided to the Manager.

MEDICATION POLICIES & PROCEDURES

CATEGORY: ERRORS

POLICY # C3.02 – EMPLOYEE ERRORS

PAGE: 2 of 2**ATTACHMENTS:**

5. If the employee fails to successfully complete such a course within six months of the third occurrence, he/she shall not continue to work until successful completion of such course. He/she shall not be paid.

FOURTH OCCURRENCE

1. If a fourth medication error occurs within twelve months of such a course, an incident report shall be completed and given to the Manager and the employee shall be suspended without pay for two weeks.
2. The Manager shall document the process and place a copy of the documentation in the employee's personnel file.

FIFTH OCCURRENCE

1. If a fifth medication error occurs, within a twelve-month period, of the fourth medication error an incident report shall be completed and given to the Manager.
2. The Manager, Manager of Human Resources and the Executive Director shall meet with the employee to inform the employee that termination of employment shall take place.

If an error occurs outside the above timelines, the error shall be considered an initial error and step one shall be implemented.

MEDICATION POLICIES & PROCEDURES**CATEGORY: DISPENSING****POLICY # C4.01 – MEDICATION ORDERS****PAGE:** 1 of 1**ATTACHMENTS:****APPROVAL DATE:** 10.07.2011**REVISION DATE:****PROCEDURE APPROVAL DATE:** 10.07.2011**REVISION DATE:****AUTHORIZATION:** Executive Director

POLICY:

All medications shall be administered only upon the order of a doctor.

PROCEDURE:

1. There shall be a written doctor's order for each medication being administered and each prescribed treatment including over-the-counter medications.
2. Employees shall ensure that the doctor's orders are legible.
3. Controlled drugs (narcotics) shall have a Controlled Substance Counting Sheet used.
4. Controlled drugs shall be counted every 24 hours by 2 staff and signed off by such staff.

MEDICATION POLICIES & PROCEDURES**CATEGORY: DISPENSING****POLICY # C4.02 – DISPENSING OF MEDICATION****PAGE:** 1 of 1**ATTACHMENTS:****APPROVAL DATE:** 10.07.2011**REVISION DATE:****PROCEDURE APPROVAL DATE:** 10.07.2011**REVISION DATE:** 01.07.2019**AUTHORIZATION:** Executive Director

POLICY:

Administration of medications and medical treatments shall be carefully recorded.

PROCEDURE:

1. Each service shall use Medication Administration Record (MAR) sheets.
2. There shall be a MAR sheet for each person receiving medications and there shall be a treatment sheet for each person receiving a prescribed treatment.
3. Each medication/treatment shall be signed for separately.
4. These sheets shall be set up on a monthly basis by the Team Lead, or designate, and shall be kept in the Medication Administration Record binder.
5. The MAR sheets shall be set up with a person's name. On the left side shall be either a pharmacy label or transcribed doctor's order. On the right side all staff shall sign and initial on each sheet when a medication is administered.

MEDICATION POLICIES & PROCEDURES

CATEGORY: DISPENSING

POLICY # C4.03 – PHYSICAL ADMINISTRATION OF MEDICATION**PAGE:** 1 of 2**ATTACHMENTS:****APPROVAL DATE:** 10.07.2011**REVISION DATE:****PROCEDURE APPROVAL DATE:** 10.07.2011**REVISION DATE:** 01.07.2019**AUTHORIZATION:** Executive Director

POLICY:

The administration of medication shall be carried out in a safe manner so as to prevent or minimize possible errors.

PROCEDURES:

1. General guideline: following the “Rights of Medication Administration”: administer medication at the prescribed time, and by following the doctor’s orders; identify, acknowledge, pour, administer, and document (sign off) all medications for one person at a time.
2. Place each pill directly into a medication cup. If pill is to be crushed, use pill crusher. Should a medication be administered with food (yogurt, pudding, applesauce), please place pills on top of the substance used for administration.
3. Be sure medication is swallowed (ensure individual supported has flushed mouth with water after the medication administration has occurred). All medications should be administered while the individual supported is seated upright or in the standing position.
 - a. For liquids
 - i. Read the label, and follow administration directives
 - ii. Shake bottle, if/as required
 - iii. Remove cap
 - iv. Pour required medication into a medication cup
 - v. Measure amount: poured liquid at eye level, and at lowest point where liquid sits
 - vi. Replace the cap, wipe the bottle, and store medication, as directed
 - vii. Dot MAR sheet to acknowledge liquid to be administered
 - viii. Administer medication, as prescribed
 - ix. Sign MAR sheet
4. Record medication on MAR sheet as soon as administered, not before and not later, according to recording procedure.
5. Know side effects, contraindications (condition or factor that serves as a reason to withhold a certain medication or treatment), and the desired effects of medication administered. If in doubt, check the available pharmacy resources or Compendium of Pharmaceutical Specialties.
6. Medication can be administered 60 minutes on either side of the prescribed time.
7. Medications administered over 60 minutes on either side of the prescribe time shall be considered a medication error.
8. Failure to comply with the aforementioned guidelines/procedures will result in a medication error.

MEDICATION POLICIES & PROCEDURES**CATEGORY: DISPENSING****POLICY # C4.03 – PHYSICAL ADMINISTRATION OF MEDICATION****PAGE: 2 of 2****ATTACHMENTS:**

9. Only employees of the association are to administer medications (not students or volunteers), and only after a medication test has been performed in the residence, or on the site they are orientated in.

Medication Administered out of Service:

Should medication be administered out of service, staff are required to follow all steps of administration required, as noted above. When leaving a service with medication, the medication must be safely transported, and in the person's charge that is responsible for any given medication(s).

Should there be a transfer of medication, from site to another person (ie: family), within service (ie: residential setting to day service setting), or with an outside association, please ensure a Transfer of Medication form is complete, and filed accordingly. When medication is administered out of service, a 1 must be placed on the MAR sheet, and a copy of the MAR sheet should be provided to the person responsible for the medication administration. Additionally, documentation of a Leave must be noted in AIMS, should the person be away for an extended period of time.

MEDICATION POLICIES & PROCEDURES**CATEGORY: DISPENSING****POLICY # C4.04 – ORAL MEDICATIONS****PAGE: 1 of 1****ATTACHMENTS:****APPROVAL DATE: 10.07.2011****REVISION DATE:****PROCEDURE APPROVAL DATE: 10.07.2011****REVISION DATE: 01.07.2019****AUTHORIZATION: Executive Director**

POLICY:

Oral medication shall not be administered to any person who is in a semi-conscious or unconscious state, with the exception of a doctor's orders (i.e.: seizure protocols).

PROCEDURES:

1. Staff shall ensure that the person is conscious before administering oral medications.
2. If in doubt withhold the medication until a second opinion is given regarding the consciousness of the person.

MEDICATION POLICIES & PROCEDURES

CATEGORY: DISPENSING

POLICY # C4.05 – MEDICATION ADMINISTRATION RECORDS (MAR SHEET)

PAGE: 1 of 2

ATTACHMENTS: Medication Administration Record (MAR Sheet)

APPROVAL DATE: 10.07.2011

REVISION DATE:

PROCEDURE APPROVAL DATE: 10.07.2011

REVISION DATE: 01.07.2019

AUTHORIZATION: Executive Director

MAR sheets is a report that serves as a legal record of drugs administered, and cannot be altered in any way (ie: no white out, no pencil), for an individual supported within the variety of programs and services within the Community Living Association. The MAR sheets are a part of an Individual's permanent record.

A MAR sheet is a formal record of administration of medicine within a care setting and may be required to be used as evidence in clinical investigations and/or court cases. It is therefore important that they are clear, accurate, up to date, and filed accordingly.

MAR sheets are provided in different intervals: monthly, or for prescription purposes. It is important that all people using MAR sheets for dispensing medications have been trained, tested, and continue to follow dispensing protocols placed in the service.

When dispensing medication, staff providing this support are required to:

1. Be familiar and aware of the person and medications associated to that person.
2. Have an understanding of the MAR sheets and their purpose.
3. Be able to accurately document on the MAR sheet.

Documentation/Dispensing of Medication on the MAR sheet:

1. Commence medication administration by ensuring staff hand hygiene is complete.
2. Begin with signing and dating, using the appropriate colour code on the Medication Administration Double Check Sheet (found in the first section of the MAR book). Colour Code Identifiers:
 - a. 0800 hours (or AM medication): blue
 - b. 1200 hours (or mid-day medication): black
 - c. 1700 hours (or dinner medication): green
 - d. 2000 hours (or evening/bedtime medication): red
 - e. PRN medication: red
3. Commence medication administration in order, as it appears in the book. Exceptions may vary situationally.
4. Begin dispensing medication by ensuring all "Rights of Medication Administration" are met.
5. Dot to acknowledge pill being dispensed on the MAR sheet.
6. Administer the medication acknowledged.
7. Sign, by initial, that the medication has been administered.
8. Carry on to the next person supported.
9. Once all medication has been administered, staff administering the medication must complete a primary medication sign off check. After that check has been complete, have a secondary staff must double check. To confirm a double check is complete the double checker must verify medication has been administered (packaging is empty and all dot and sign offs have been

MEDICATION POLICIES & PROCEDURES

CATEGORY: DISPENSING

POLICY # C4.05 – MEDICATION ADMINISTRATION RECORDS (MAR SHEET)

PAGE: 2 of 2

ATTACHMENTS: Medication Administration Record (MAR Sheet)

10. complete), then the double checker must sign the Medication Administration Double Check Sheet, followed by disposing of any medication packaging required.

Protocol for Dispensing PRN medication:

1. Ensure all PRN guidelines have been followed, or seek guidance from the residence/sites pharmacy, doctor, or emergency department, if required.
2. Commence medication administration for a PRN by ensuring hand washing guidelines have been followed.
3. Begin dispensing medication by ensuring all “Rights of Medication Administration” are met.
4. Dot to acknowledge pill being dispensed on the MAR sheet.
5. Administer the medication acknowledged.
6. Sign, by initial, that the medication has been administered.
7. Should the medication be a treatment, the effects are not required to be noted on the back of the MAR sheet. Should the medication be administered orally (pill/capsules), the effects should be noted on the back of the MAR sheets in 30 minute, 1 hour, and 2 hour intervals. Effects should be noted by identifying a “P” for Poor Result, “F” for Fair Result, or “G” for good result. Should the medication be prescribed due to a Behavioural Support Plan, staff are required to document as a Direct Support: Face to Face; Behavioural Support Note in AIMS. This note must identify
 - The Antecedent: what transpired prior to,
 - The Behaviour: what happened during, and
 - The consequence: what happened after the occurrence, including what debriefing took place.

Additionally, should the medication prescribed be a controlled substance (identified in the Behavioural Support Plan), a Restraint Incident Report must also be completed, in full.

8. All staff must be aware of any PRNs administered day to day, and it is the responsibility of the team working to ensure the 30 minute, 1 hour, and 2 hour follow-ups are complete (on both the behavioural support note and the restraint support note, if required).

Medication Error: _____

Date of Medication Error: _____

Staff Responsible for the Medication Error: _____

I acknowledge that I have completed Medication Training and have been given the opportunity to discuss my medication error.

I acknowledge the importance of completing an accurate Medication Administration and Double Check.

I have reviewed all pertinent policies and procedures on Medication Administration, including but not limited to: The Rights to Medication Administration, and how to properly dispense medications.

I understand the impact to my employee record and all subsequent steps the association must adhere to, should another, or multiple medication errors occur during the identified timeframe.

Employee Sign off Date

Witness Date

Managerial Sign Off

MEDICATION POLICIES & PROCEDURES**CATEGORY: DISPENSING****POLICY # C4.06 – MEDICATION OFF-SITE/TRANSFER BETWEEN SERVICES****PAGE:** 1 of 1**ATTACHMENTS:** Record of Offsite/transfer of Medication**APPROVAL DATE:** 10.07.2011**REVISION DATE:****PROCEDURE APPROVAL DATE:** 10.07.2011**REVISION DATE:** 01.07.2019**AUTHORIZATION:** Executive Director

POLICY:

There shall be a limited number of medications sent off-site.

PROCEDURES:

1. Medication sent off-site shall only be given for a specified period.
2. Medication sent off-site shall be administered by a designated support person such as a family member or agency support staff.
3. Medication sent off-site shall be stored in a locked designated safe storage place; medication will be accessed by the designated support person or agency support staff only.
4. Medication transferred to day programs will be for a period of one-month maximum at a time or for specified period of time. The following procedure is to be followed:
 - a. Transfer of medication between services' form is to be filled out each time medication is switching from one service to another.
 - b. Staff transferring and staff accepting medication will sign the form and verify the medication that is being transferred.
 - c. A copy of the MAR sheet is to be sent to the day service for the medication that is being administered. At the end of each month the signed MAR sheets will be sent back to home to be filed in the person's file.
 - d. Any medication that is not administered will be transferred back to the home using the same process.
 - e. Any expired medication should be return to the home for disposal using the 'Transfer of medication between services' form.
5. Specified times (as indicated above) is identified as the period of absence from the residence for plus 2 days.

MEDICATION POLICIES & PROCEDURES**CATEGORY: DISPENSING****POLICY # C4.07 – TRANSPORTATION OF MEDICATIONS****PAGE:** 1 of 1**ATTACHMENTS:** Transfer of
Medication Record**APPROVAL DATE:** 10.07.2011**REVISION DATE:****PROCEDURE APPROVAL DATE:** 10.07.2011**REVISION DATE:** 01.07.2019**AUTHORIZATION:** Executive Director

POLICY:

All medications transported off-site shall be accounted for.

PROCEDURES:

1. Individuals supported shall not transport medications to/from day services unless they are on an approved self-medication program.
2. The Facilitator I is responsible for informing other services involved, when a person is self-medicating.
3. Medications given on outings must be transported and accounted for by the staff on duty.
4. Transferring of medication will be recorded on the Transfer of Medication Record form by the service transferring the medication and kept by the service receiving the medication (i.e. residential home will complete form and day service will retain form for medication to be administered by day service staff).

MEDICATION POLICIES & PROCEDURES

CATEGORY: PERSON SUPPORTED**POLICY # C5.01 – REFUSAL TO TAKE MEDICATION****PAGE:** 1 of 1**ATTACHMENTS:****APPROVAL DATE:** 10.07.2011**REVISION DATE:****PROCEDURE APPROVAL DATE:** 10.07.2011**REVISION DATE:** 01.07.2019**AUTHORIZATION:** Executive Director

POLICY:

Refusal to take medications shall be fully documented.

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PROCEDURES:

1. All refusals to take medications shall be recorded.
2. An appropriate number located at the bottom of the MAR shall be in correct box to explain reason medication was refused.
3. The incident must be recorded in the file notes of the person refusing the medication
4. The person refusing the medication must be fully informed of the reason for taking the medication as well as the side effects of not taking the medication.
5. Strategies will be put in place for people who regularly refuse medications. Strategies will include but are not limited to:
 - a. Staff will ensure they inform the person of the at least one hour before administration time. This will give the person time to prepare for administration.
 - b. Staff will inform people of the importance of and the functions of the medication.
 - c. All medication administration will be started in ample time to satisfy all Associations Medication Policies and Procedures. C4.03.

MEDICATION POLICIES & PROCEDURES**CATEGORY: PERSON SUPPORTED****POLICY # C5.02 – MEDICATION REVIEW****PAGE: 1 of 1****ATTACHMENTS:****APPROVAL DATE: 10.07.2011****REVISION DATE:****PROCEDURE APPROVAL DATE: 10.07.2011****REVISION DATE: 01.07.2019****AUTHORIZATION: Executive Director**

POLICY:

Any person for whom the Association works, except those for whom another agency has been designated “case manager”, shall have a medication review on at least an annual basis.

PROCEDURES:

1. A doctor’s appointment shall be made at least annually and at that time the doctor shall review all medications, prescriptions and treatments and sign off on it.
2. If the association is not the designated case manager for the person, the Facilitator I shall encourage the designated case manager to ensure that 1 above occurs. This must be documented