COMMUNITY LIVING
Guelph Wellington

Medication Administration Resource Manual

Contents

Section 1- Introduction

Community Living Guelph Wellington (CLGW) endeavors to provide the safest and most effective care possible to the individuals we support. To achieve this quality of support, policies and procedures have been developed and implemented to guide direct support professionals (DSPs) in the service they deliver. DSPs are expected to deliver service in accordance with the established principles, policies, and procedures.

The scope of support is broad, given the respective needs of the people we support (PWS). The administration and supervision of medications for PWS is one of the most important services provided. Medications are only administered by DSPs if ordered by a medical doctor. This applies to regularly prescribed medication, PRNs (as needed), over-the-counter medication, herbal medication, and all controlled acts (e.g., inhalers, glucometers, Epi-Pens).

Individualization of support, based on key principles, is a focus which addresses the diverse needs of the PWS. CLGW acknowledges the need for flexibility in providing individualized support. PWS should be at the centre of the decision for their personal and medical care. If a doctor feels that the PWS is not able to consent or needs more support when making a medical decision, it is up to the physician to contact an appropriate decision maker (including family or PGT). See CR33 - Who Decides Consent and Capacity for more information.

To ensure the best possible standard of service, CLGW routinely reviews and revises policies and procedures related to the administration, recording, and reporting of medications. Reviews take into consideration the application of service across the agency.

This manual has been developed to assist DSPs in providing a high standard of service. All DSPs will be provided with an initial in-service training and then ongoing annual training.

See policy and procedure E430 - Medication and Health Care.

Section 2 - Practice Standards and Expectations

Practice standards are expectations which contribute to safety and protection of the person receiving medication. These standards apply to prescription and over-the-counter medications, as well as herbal preparations. Safe practice for administration of medication includes: knowledge of personal competency level and knowledge of and commitment to following agency policies and procedures.

DSPs must possess the basic competencies of knowledge, technical skill, judgement, and competence (the combination of knowledge and safe practice) in order to administer medication to PWS. They must be able to determine the appropriateness of a medication for a PWS at any given time. As an example, DSPs must understand the purpose, risk, and side effects of medication, as well as the routine for administering.

DSPs are responsible for knowing their personal competency and skill level. DSPs should regularly review all aspects of safe medication practice. This could include discussions or training at team meetings. In addition, they are responsible for familiarizing themselves with each medication they are administering. The onus is on the DSP to seek support and training when they are unsure. CLGW will strive to set up best practices for administering, preparing, and storing medication to ensure a safe and successful process.

All PWS receiving medications must have at least one comprehensive medication review annually, preferably at the individual's annual physical. Participants in the review would include: physician (and/or appropriate specialists), the PWS, and a DSP. The PWS may also wish to include a family member or other advocate, if applicable. Ideally, a pharmacist should be consulted as well. All documentation of this review is to be captured in the consultation notes for that appointment.

Section 3 - Rights of Medications

DSPs are required to follow the rights to medication administration:

- Right PERSON
- Right MEDICATION to be given
- Right DOSE
- Right ROUTE
- Right TIME and FREQUENCY
- Right DOCUMENTATION
- Right to REFUSE

DSPs are also required to be familiar with the allergies of PWS and any potential side-effects of medications given. Potential side-effects of medications can be found at https://www.drugs.com/ or by contacting the pharmacy or prescribing doctor.

Section 4 - Medication Administration Record and PWS Medication Binders

The Medication Administration Record (MAR) is the official document used for the recording of medications as they are administered. It is an expectation that all DSPs review all MARs at the beginning of their shift.

MARs are not to be colour coded (with the exception of green for PRNs) and, since it is considered a legal document, only blue or black ink can be used. Please do not use correction tape/liquid (e.g., Wite-Out).

The purpose of the MAR is to ensure the following:

- All medications are given and recorded according to the physician's order(s);
- All medication administration procedures are followed as directed (route and schedule);
- Documentation is completed in accordance with Ontario Regulation 299/10 Quality Assurance Measures, Part ii, Health Promotion, Medical Services and Medication.

The MAR will be created electronically at the dispensing pharmacy. It will be a comprehensive document of the medication(s) the individual is to receive. All other documentation in regard to care can be recorded on the Daily Personal Care Chart (HE14) or on the Vital Signs Record form (HE09).

Location of MAR

Current month: In the PWS's individual medication binder (see below).

Current calendar year: Retained in the PWS's binder.

Previous years: Retained in designated files in the agency (removed from active files).

Long term: See policy and procedure E320 - Resident Files, Maintenance of Files & File Audit

Post demission or death: Retained for seven (7) years in designated storage.

PWS Medication Binders

Individual medication binders will be maintained for each PWS. This will be a concise binder consisting only of:

- **Front of binder:** Name and current picture of PWS
- **Section 1:** Medication Support Agreement (CR24) (if applicable), current month's MAR, PRN sheets (HE10, CR07)
- **Section 2 (Charting):** Daily Personal Care Chart (HE14), Vital Signs Record (HE09), Epileptic Seizure Record (HE03), Bowel Records
- **Section 3:** Data sheet, health card (copy of health card kept in PWS's binder)
- **Section 4:** Yearly Health Summary (HE08) and consultation notes (current and previous year)
- **Spine of Binder:** Medium that the PWS uses for administration (this is a quick reference)

Note: Table of Contents (HE15a) is available in Forms online.

Exceptions

Residential: If a PWS is not regularly prescribed medication, it is best practice to still maintain a PWS medication binder in the event they are prescribed a PRN and for regular charting (section 2). It is also important to review these binders regularly in case there are changes to medication.

Day Services: If a PWS is not regularly prescribed medication, then they do not need a PWS medication binder. It is best practice to keep empty binders on hand for those PWS in the event they are prescribed a new medication and you need to make a binder quickly.

Bowel Care Records

As advised by Prime Care Pharmacy, there should be no additional charting on the MAR except medication. Please keep separate records for personal care charting, like bowel maintenance and care.

When creating a Bowel Record, it is recommended to consider or include the following:

1. Person, date, time
2. Size
3. Consistency
4. Colour
5. Number of days without a BM
6. If PRN was used

It is important to always consult a doctor or pharmacist when creating a Bowel Record. Remember to keep these records in Section 2 of the individual medication binders.

Examples of Bowel Records can be found online in the Forms folder, under HE20, HE21, and HE22.

Section 5 - Procedure for Preparation and Administration of Medications in Multipacks

Multipacks are transparent packages that hold all medications. Narcotics and controlled substances will be stored in separate blister packages for easier counting.

Process

1. Wash hands or sanitize hands.
2. Refer to MAR and gather all medication (those in multi-packs, liquids, creams, inhalers, etc.), equipment (i.e., for measuring liquids or crushing pills), water or medium for consumption. Tear off single multipack from strip, but do not open.
3. Check date and ensure all the information is the same on both the MAR and multipacks and medication labels (if there is a discrepancy, please call pharmacy for further clarification and instruction).
4. Put a dot in the corresponding MAR for each medication.
5. Secure dispensing area before leaving to administer medication and take all medications, equipment, and water/medium to the right PWS.
6. When with the right PWS, tear open the multipack and pour medication into dispensing cup or into hand of PWS (do not throw out the multipack packaging).
7. Observe the PWS and make sure that they have consumed the medication (check mouth, inside cheeks).
8. Upon returning to the dispensing area, double check the MAR and then initial the MAR for each medication administered.
9. Do a compete check of all meds given and MARs.
10. After the above is completed, prepare medication for the next person using the same procedure until all PWS have been administered their medication(s).
11. Revisit each PWS to observe their wellbeing (tolerance of the medications they have received).

Notes:

- If you wear gloves to prepare or administer medication, please wash or sanitize your gloves in between PWS. Single-use gloves can be used for one full medication pass.
- MARs will usually be generated and delivered by the pharmacy. In the event a MAR was not delivered or it was damaged and there is no time to replace it by pharmacy, please use form HE06 Non-Computerized MAR sheet.
- Please also refer to video for Medication Administration.

Section 6 - Administration of PRNs and Spare Cards

PRN (Latin term pro re nata) means “when necessary.”

The procedure for administering a PRN, including over-the-counter medications (OTC) and herbal preparations, is the same as the procedure for administering any medication. Examples would include cough candies, essential oils, and mineral oil.

They must all be documented on the Medication Administration Record, have a pharmacy label, and follow the proper steps for administering medication. PRN medication is to be highlighted in **GREEN** on the Medication Administration Record. When administering a PRN from a blister pack, please dispense from the bottom of the card (i.e., the 30th to the 1st). The blister pack space from which the medication was popped **must be dated and initialed on the face of the blister pack**.

All PRNs require a Medical PRN Protocol (Cr07) to ensure DSPs are aware of all details related to the medication and consistency of when they are to be given. DSPs are required to monitor and record the effects of the PRN on a PRN Medication Administration Record (He10). Please document in the Communication Book that a PRN was administered. Records are to be stored in Section 1 of the PWS medication binder. Documentation of the effects of the PRN medication should also be done in the individual's observation notes.

It is important to note that if any PRN is used for an extended period of time, the PWS’s doctor or pharmacist should be consulted and made aware.

PRN Medication Protocol for Managing Challenging Behavior

PRN Medications prescribed specifically to help manage challenging behaviour for an individual is considered an intrusive measure (chemical restraint). There must be a Behaviour Support Plan (BSP) signed by the prescribing physician that clearly outlines the circumstances that would result in the PRN medication being administered. There is a specific PRN Protocol included in the Behaviour Support Plan used for challenging behaviour. See Policy E150 - Behaviour Supports.

PRN Expiry Dates

All PRN medications will be checked at minimum, monthly for expiry dates. All expired medications will be returned to the pharmacy and documented as outlined in Section 11 of this manual.

Spare Cards

In the event you need to administer medication from a spare card, please initial, date, and sign the card. When the card has expired or needs to be replaced, please return to pharmacy. The pharmacy will advise how many spare (extra) medication to have on hand, but DSPs should monitor the spare cards and re-order as needed.

Section 7 - Procedure for Recording the Starting, Changing, Discontinuing of a Medication on the Medication Administration Record

Starting a New Medication

If a new Medication Administration Record or pharmacy label has not been received:

1. Print the name of the medication, dose, frequency (including all administration times), prescribing doctor's name.
2. Draw a horizontal line with arrow to the start date and time.
3. Specify start date and time.
4. DSP making changes to the MAR must initial.

MED OR TREATMENT GIVEN	HOUR GIVEN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Penicillin	800	---------->																														
150mg Cap #2222222			Start on Jan 9 at 1200																													
DIN 12345	1200	---------->																														
Give 3Xday					JH																											
Dr. Roberts	1800	---------->																														

Discontinuing a Medication

1. Draw an "X" through the medication being discontinued.
2. Write "d/c" after the last administration time(s) and draw a horizontal line to the end of the month.
3. Specify the end date and time.
4. DSP making changes to the MAR must initial.

Note: For medication that has been stopped, store it safely, complete the Medication Return form and return both the medication and the form to the pharmacy, as per procedure.

MED OR TREATMENT GIVEN	HOUR GIVEN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
~~Penicillin~~	800	JH	JH	JH	JH	JH	JH	AB	AB	JH d/c	----------																					
~~150mg Cap #2222222~~																Discontinue on Jan 8 at 1200																
~~DIN 12345~~	1200	JH	JH	JH	JH	JH	JH	AB	AB	d/c	----------					as per Dr. Robert's orders																
~~Give 3Xday~~																			JH													
~~Dr. Roberts~~	1800	PK	PK	PK	PK	PK	PK	SD	SD	d/c	----------																					

Medication Administration Record Update for Change of Dose

Follow the same procedure as for discontinuing a medication and starting a new medication.

Example of a medication with an automatic stop order (i.e., give for 7 days):

Follow the same procedure for starting a medication and discontinue after 7 days. Note you do not need to include instructions to stop medication as the order to discontinue in the doctor's orders.

MED OR TREATMENT GIVEN	HOUR GIVEN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Penicillin	800	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	->								d/c	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------
150mg Cap #2222222				Start on Jan 13 at 1200																												
DIN 12345	1200	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	->							d/c	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------
Give 3X day for 7 days						JH																										
Dr. Roberts	1800	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	->							d/c	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------

Procedure for Recording Regular, PRN, Over-the-Counter and Herbal Medications

The handling, administration and documentation for PRN, over-the-counter and herbal medications is the same as for regular medications. All must be prescribed by a doctor, have a pharmacy label, and be recorded on the MAR. Once recorded on the Medication Administration Record, the PRN medication is to be highlighted in green.

Section 8 - Labelling Medication Packaging/Devices

Any medications stored or administered by a DSP must have a pharmacy label and the medication details printed on the MAR. One purpose of the labels is to tell us when a medication will expire. Some medications like drops, sprays, controlled acts, or creams expire after a certain amount of time after opening the packaging. In these cases, the pharmacy will send a small label for DSPs to write the 'opened on' date and then the expiry date. Below is a list of common expiry dates, however, please note that the pharmacy will tell you when medications will expire.

Common Expiry Dates

Eye and ear drops must be discarded 3 months (90 days) after opening. There are some exceptions, please refer to pharmacy label.

Nasal sprays can be used until the expiry date listed by the manufacturer (on packaging). There are some exceptions, please refer to pharmacy label.

Insulin must be discarded 28 days (4 weeks) after opening/after being removed from the fridge. There are some exceptions, please refer to pharmacy label.

Creams in tubes can be used until the expiry date listed by the manufacturer (on packaging). Exception:

Cream	**Expiry**
Cream in pharmacy container	1 year
Compounded cream (ingredient added)	1 month
Compounded ointment (ingredient added)	6 months

Note: Antifungal and antibiotic creams should be discarded after treatment is complete if duration indicated on Rx

In addition to expiry dates, labelling medical devices is also equally important to ensure that we use the right device on the intended PWS (i.e., glucometers, thermometers, hearing aids, etc.). Please make sure all devices are clearly labelled with the PWS's name and, if applicable, the device should be listed in the Mechanical Supports/Assistive Device Inventory Record (CR42).

Section 9 - Narcotics and Controlled Substances

Narcotics and controlled substances are drugs that have the potential for abuse or addiction. They are regulated under the Controlled Drugs and Substances Act (Canada). In Ontario, there is the Narcotics Safety and Awareness Act, 2010 and the Ontario Narcotic's Strategy. It is the responsibility of agencies to put into place practices and procedures to mitigate risk.

All narcotics or controlled substances are to be counted and then signed for when delivered to the home or are picked up at the pharmacy. DSPs are required to show identification when receiving narcotics and controlled substances. After the narcotics have been received, they are to be added to the Monthly Narcotic Tracking Sheet (HE13) immediately and stored in a double locked location. DSPs are required to count by the whole tablet of narcotics (i.e., 6 half tablets are counted as 3). All Narcotic Count Sheets are to be kept in one binder for all PWS in one home/site.

Narcotics are to be counted at the change of every shift by the DSP ending their shift and witnessed by the DSP commencing their shift. This count must be done together and by all DSPs on site who have access to narcotics. All DSPs must sign the appropriate columns on the count sheet to indicate the count is correct. If there are more than 2 DSPs on site at shift change then the DSP that has been on site the longest will be the counter. **All other DSPs will witness the count and sign the form. All DSPs who have access to the area where narcotics are stored must count narcotics at shift change.** This is done to reduce risk of abuse, theft, and contamination of narcotics.

Some sites may choose to use a 'limited access narcotic key system' where only 1 DSP on site has access to the key where the narcotics are stored. This system is typically implemented in larger sites and only works if the designated DSP always keeps the key on them during their shift. The key is passed on to the next DSP at shift change, thus eliminating everyone on site counting narcotics.

If a site is single staffed and does not have consecutive staffing, then the DSP will count at the beginning and end of their shift with no witness (put a line through the witness column).

A direct support supervisor or back-up must be notified immediately if there are any discrepancies in the count or on the Monthly Narcotic Tracking Sheet.

Cannabis (Medical Marijuana)

In Canada, it is legal for a person to use "fresh or dried marijuana or cannabis oil" for medical purposes, if prescribed by a physician. Cannabis is a controlled substance and therefore must be stored, managed, and administered the same as a narcotic. It is regulated under *Access to Cannabis for Medical Purposes Regulations* in the Controlled Drugs and Substances Act.

If a PWS is prescribed cannabis, a copy of the medical marijuana drug card and all documentation from the prescribing doctor is to be kept in the PWS's medication binder for easy and reliable access. All cannabis should be stored in pharmacy containers with a pharmacy label.

CLGW and its DSPs are considered agents for the PWS and *a home can be in possession of thirty times the daily amount prescribed or 150 grams of dried marijuana, whichever is less*.

When possible, cannabis should come in premeasured and sealed doses to simplify counting. CLGW strongly discourages the storage use of loose cannabis and therefore having to weigh it by scale. When an oil is prescribed, the pharmacy will advise approximately how many doses are poured.

PWS who choose to smoke medical marijuana must follow CLGW's policy and procedure D830 – Smoke-Free Work Environment for a list of locations where smoking is permitted. Even though smoking marijuana is exempt from smoking bylaws, CLGW does reserve the right to designate smoking areas to protect DSPs, PWS, and visitors from second-hand smoke. If PWS self- administer their own medication, DSPs should encourage them to store it in a locked container.

Section 10 - Controlled Acts

A controlled act is defined as an act (or acts) that could cause harm if performed by those who do not have the knowledge, skill, and judgment to perform it. A regulated health professional is authorized to perform a portion or all of the specified controlled acts appropriate to their profession's scope of practice. Because some scopes of practice overlap, some professionals are authorized to perform the same or parts of the same controlled act(s).

CLGW will provide third-party training to DSPs who need to perform a controlled act. DSPs cannot perform a controlled act until they have received this training. Training is typically provided by Prime Care Pharmacy and is offered on a monthly or as-needed basis. Currently Prime Care is training on the following:

1. Subcutaneous Injectable Medications
2. Hypoglycemia
3. Glucometers
4. Epi-Pen
5. Inhalers
6. Suppositories and enemas
7. Nasal sprays
8. Eye drops
9. Naloxone

Initial training is provided to those DSPs who will or could be administering a controlled act. Ongoing training is provided when the supervisor or DSP feels it is needed.

DSPs will not perform intramuscular injections as they are beyond our scope of practice. DSPs may perform subcutaneous injections providing they have proper instructions and training. DSPs may also administer medication through an injection port as they are only administering medication subcutaneously (providing the port has been applied by a third-party health professional).

For additional resources, please refer to the following on the CLGW Admin page, Resource tab:

1. CLGW Controlled Acts Device Training Video Links
2. CLGW Controlled Acts Training

Section 11 - Safe Handling of Medication from Receipt to Disposal (Return to Pharmacy)

This section will review the safe handling of medication from receipt to disposal.

Receipt of Medication from a Pharmacy

This process involves working in partnership with the prescribing physician as well as the pharmacist to ensure that the correct medication is obtained for the PWS.

Steps in receiving the medication include:

1. DSP who received the medication must count and check that all narcotics are accounted for before signing for them (this means before the delivery driver leaves the home). By law, DSP will be required to show identification in order to receive narcotics. DSP must document the narcotics on the Narcotic Count Sheet (HE13) and doubled lock the narcotics (see "Storage of medications" below).
2. DSP who received the medication must check the medication against the MAR. New MARs should also be checked against current MAR to ensure nothing was missed. The DSP must then initial and date the bottom of the MAR to show that the first count has been done. The 'summary pack' (last package of the multi-strips) must be initialled that they were counted and compared against the MAR. All discrepancies should be reported to the pharmacy immediately.
3. Double check should be done by DSP on the immediate next shift. This DSP must initial and date the bottom of the MAR to show that the second count has been done. All discrepancies should be reported to the pharmacy immediately.

Note: any discrepancies or follow up need to be communicated in the DSP communication book.

Labeling: All medications must be clearly labeled with an official pharmacy label. Label details must include the name of the person for whom the medication is intended, the dose, the frequency and the dispensing date.

For ointments, direction regarding site of application must be specified on the medication packaging. Injectables, inhalers, and glucometers should be clearly labelled with the PWS's name and instructions.

Storage of medications: All medication is to be stored in a double-locked system. Double lock is defined as two separate areas/containers being locked (i.e., a locked cupboard within a locked room not accessible to PWS/visitors). PWS medication binders should be kept in close proximity to medication.

Cleaning products, food, or other things that can cross-contaminate should never be stored with medication. Medication that needs to be refrigerated must also be stored in a double-locked system (i.e., lock box in a fridge in a locked room).

Keys to medication cupboards/cabinets/lock boxes are to be kept out of sight and in a safe place in a locked room (i.e., desk drawer or closed cupboard). Keys should never be stored in the medication cupboard lock (or hanging from the door). All keys for locking medication should be different from other keys in the home, this includes both locks, and be kept on a different key ring. No visitors should have

access to this locked area. This system is designed to eliminate risk of tampering, contaminating, or stealing medication, in particular narcotics.

Narcotics must always be labeled as narcotics and stored in a double-locked system. In the event that narcotics need to be administered while off site, they should either be kept in a PWS or DSP's bag/purse or locked in a vehicle out of sight (keeping in mind temperature of the vehicle). Labeling and packaging would be done as for a regular medication.

It is important to always limit unnecessary access to all medication, but especially narcotics. In the event other DSPs (not scheduled in the home) or volunteers are on-site, ensure the key is kept with the person responsible for medication for that shift (or designate a DSP responsible for this).

Administering medication: Please refer to section 5.

Returning Medication to Pharmacy for Safe Disposal

Expired, discontinued, unused, or spoiled medication must be returned to the pharmacy for safe disposal. This can be done with the pharmacy driver at the time of delivery of new medication. Medication should never be disposed of down sink drains, toilets, or unprotected in the garbage (meaning accessible to PWS, DSPs, and visitors). See section 13 for how to safely handle and dispose of spoiled medication.

DSPs are responsible for preparing medications for return to pharmacy. A Medication Return to Pharmacy form (HE12) must be completed for each medication being returned. DSPs are to complete this form in its entirety. A second DSP must co-sign the form, thus verifying the information as correct. Delivery driver and the pharmacist are to sign the form acknowledging that they have received the medication being returned. This Medication Return form should be retained in a file within CLGW.

Note: If a medication is unidentifiable then write 'unknown' on the form.

Medication waiting to be returned to the pharmacy can be stored in its original multipack or plastic baggie, which should be labelled with the PWS's initials and name of medication. The multipack or baggie can then be stapled to the return to pharmacy form. All medication waiting to be returned to the pharmacy must follow the double-lock procedure.

Medication should be returned to the pharmacy regularly and at a minimum once a month. DSPs are responsible for checking the medication storage area to ensure that there are no medications that are expired or waiting to be returned to the pharmacy. This includes checking expiry dates on creams, ointments, drops, puffers, and lotions.

Hospitalizations and Medical Appointments

DSPs are to notify the pharmacy as soon as possible if a PWS is hospitalized and notify the pharmacy of annual physicals or other medical appointments where medication may be adjusted.

Section 12 - Medication Refusal

PWS have the right to refuse a medication and it is our responsibility to learn how PWS communicate 'No.' Should this happen, DSPs should attempt to understand the reason for refusal as we recognize that medication is a part of many PWS's lives and health. In these cases, DSPs should make two attempts (if possible) to administer the medication. If unsuccessful, a second DSP can attempt to administer and if the PWS is still refusing, then call the pharmacy for follow-up. Make sure to document on the MAR, and the follow-up (directions) in the communication book and observation notes.

While a medication error report is not necessary to complete (since the refusal is documented on the MAR), DSPs must notify their direct support supervisor and discuss the circumstances of refusal.

Repeated refusal of medication must be discussed between the PWS (when possible), pharmacist or doctor, and DSP to determine an appropriate (safe and effective) plan of care.

See section on returning medication to pharmacy for safe disposal in section 11.

Section 13 - Handling Spoiled Medication

A medication may be spoiled if it is dropped, contaminated, vomited or spit out, or otherwise unsuitable for consumption. Please note that if a medication is administered and then vomited or spit out, you do not administer a new dose of medication. In these cases, DSPs are to call a doctor or pharmacist for direction.

When cleaning medication that has been vomited or spit out, DSPs should follow the steps outlined in section "Cleaning of Blood or Body Fluids" in CLGW's *Infection Prevention and Control Resource Manual (located in the Resources folder, CLGW Admin page)*. Always ensure that you are using proper PPE when cleaning up any contaminated medication. Please refer also to policy and procedure G190 - Infection Control as well as policy and procedure G220 - Hand Hygiene and Use and Disposal of Gloves.

If spoiled medication is retrievable, it must be returned to the pharmacy for proper disposal. Please do not leave medication spoiled in bodily fluids in the home to be returned. When returning spoiled medication, please complete form HE12 - Medication Return to Pharmacy form in its entirety.

If spoiled medication is not retrievable, please follow the steps to clean up body fluids and remove from home/program. Please do not dispose of spoiled medication in sink drains or toilets, this may cause contamination in public water supplies. Always follow the process outlined in "Cleaning of Blood or Body Fluids" in CLGW's *Infection Prevention and Control Resource Manual (located in the Resources folder, CLGW Admin page).*

Please refer to section 11 for instructions of how to return medication to pharmacy.

Section 14 - PWS Who Self-Administer Medication

Community Living Guelph Wellington practices an individualized approach for PWS who wish to self-administer their medication(s). The Medication Support Agreement (CR24) will be individualized and created in consultation with the PWS's doctor or pharmacist and will be signed by the PWS as well as a DSP. These steps should be documented in their consultation notes as well as noted in their ISP. Medication Support Agreements will be reviewed annually with the ISP.

Storage: Typically, PWS will store their medication in their bedrooms. We encourage PWS to use lock boxes and to keep medication out of sight. The PWS and DSP should look at mitigating the risk of roommates having access to their medication.

How to complete MAR and record when medication is given to a PWS: When DSPs are preparing medication for a PWS an '11' can be written on the MAR to document that medication was given to the PWS, but that it was not administered at that time (i.e., DSP gives Sue her 8pm meds before they leave their shift at 6pm). The DSP will then enter a note in CAPS stating what medication was given to the PWS. It is important to follow the directions in the Medication Support Agreement and to document in CAPS so that everyone knows that medication was given to the PWS, when it was handed to them, and by whom. To do this go to the 'Client' (PWS) in CAPS, select "Care Delivery", go to "Note Type" and select "Medication Self Admin Log". Please include a note about all med passes that were handed to the PWS.

When an error is discovered: If a DSP has discovered an error (PWS missed taking their medication or it was taken in error), complete a Medication Error Report and give to the supervisor. These should also be reviewed annually with the ISP or if DSP notices patterns or an increase of errors. If a pattern does develop, discuss with the person supported, the DSP, direct support supervisor, pharmacist or doctor to decide next steps for support for the person in an effort to prevent further errors.

SIL: For those DSPs that support individuals in our communities (SIL), they must complete a Medication Transfer Record (HE05) and Narcotic and Controlled Substance Count Sheet (HE13) when picking up or delivering medication. This system will help properly track the delivery of medication. This should also be clearly outlined in the Medication Support Agreement (CR24).

Section 15 - Medication Transfer Procedure

When a PWS is accompanied by a DSP (CLGW employee) and medication is to be given, a medication transfer form is not needed. When a PWS is going out with a DSP from Passport, Day Services, EO, or another home, then the medication just needs a supplementary MAR (could be non-computerized or request one from Prime Care) when leaving the home. It is important to make a note in the communication book in these instances to avoid miscommunication regarding where the medication is located (especially important for narcotic counts). Make sure to properly document on the original/main MAR and attach the supplementary MARs to it.

When a DSP is responsible for medication outside of the home, it should be in a single locked container/bag and kept on the DSP at all times. When preparing medication, it is important to package it to prevent medication from being damaged (e.g., crushed). It is also important to ensure that when outside temperatures are extreme (hot or cold) that medication will not spoil.

Medication transfer forms may be required when medication will be administered by a non-CLGW employee. If requested, Prime Care can prepare and/or deliver medication to other addresses, thus eliminating the need for DSPs to transfer medication. This is particularly helpful if a PWS regularly goes to their family's home on the weekend.

Medications will be transferred directly between a DSP and the individual who will be responsible for administering the medication and when possible by/with the PWS. Medication is to be transferred in multipacks and PRNs in dosettes clearly labeled (label generated by pharmacy) and will be accompanied by a Medication Transfer Record (HE05) and a supplementary MAR.

When a PWS is transporting their own medication, the DSP preparing and the individual receiving that medication must communicate with each other.

A MAR will be provided and referenced for documenting and administering medications. The MAR is also helpful in case there is a medical emergency as it is a quick reference of all medication that the individual is prescribed, as well as Prime Care Pharmacy's contact information.

The DSP responsible for preparing the medication(s) will be responsible for preparing a Medication Transfer Record for all medication being sent. The person responsible for transferring the medication(s) will be responsible for checking to confirm that everything is correct (prepared medication, packaging, and transfer record). The person responsible for accepting the medication(s) will be responsible for checking and confirming that there are no discrepancies before signing acceptance of the medication(s).

Note: MARs must be completed and retained in the file of the PWS.

Section 16 - Medication Errors and Types of Errors

A medication error is defined as 'a preventable event' which has the potential for causing harm. An error could be related to practice (i.e., administration procedure breakdown, any weakness in the system including prescribing, communication, labeling, packaging, lack of understanding of terminology, dispensing, or distribution).

Medication error types include:

- Commission (administration of a wrong medication)
- Omission (failure to administer a medication as ordered)
- Documentation (not properly documented, sign off)

Error prevention requires collaboration and communication among DSPs, doctors, and pharmacists. To minimize/prevent error occurrence, DSPs need to prepare medications in an area where they are not exposed to distractions. DSPs should not interrupt the DSP responsible for medication preparation and administration. A quiet environment needs to be provided.

Analysis of errors by DSP, direct support supervisors, and managers serves to identify root causes of real and potential errors and to determine prevention strategies and corrective action(s). Strategies could include system changes/development, DSP training, planned in-services, individual DSP assistance, or performance management intervention.

Error prevention strategies:

- Careful reading of labels and MAR
- Awareness of meds with similar names (e.g., Digoxin, Digitoxin, Orinase, Orinade)
- Position of decimal points (e.g., 2.5mg, 25mg)
- Be alert to abrupt or large dose increases (dosages are generally increased gradually)
- Research new or unfamiliar meds
- Never administer a med if an unfamiliar or unofficial abbreviation has been used
- Never try to decipher illegible handwriting - check with the writer

Section 17 - DSP Responsibility for Medication Error Reporting

When an error is discovered by a DSP, it is that DSP's responsibility for documenting the error on the Medication Error Report form (HE04) and providing proper follow-up (calling the pharmacy, monitoring PWS).

After an error is discovered, DSPs are to notify their direct support supervisor or back-up immediately. It is not necessary to contact on-call unless the medication error is or could lead to a Serious Occurrence (F110-A and F110-B). Please note in the communication book that an error was found and if there is any follow-up recommended by the pharmacy. More detailed documentation should be noted in the PWS's observation notes.

Copies of the Medication Error Report are to be forwarded to the manager or designated back-up by the supervisor. The supervisor will do a more thorough follow-up once the error report has been received.

Steps when an error is discovered:

1. Check the PWS to ensure that they are ok
2. Call a pharmacy for direction
3. Complete a Medication Error Report (HE04)
4. Notify direct support supervisor (ensure you say where the form is located or when it will be delivered)
5. Debrief and direct support supervisor follow-up