REGULATION

Manitoba Regulation 484/88R, Section 20 requires that the operator of a facility ensure that each resident's medication:

Section 20(b)(i) is kept at the required temperature in a clean, well-lighted, and secure storage area.

STORAGE / SANITATION / SAFETY

Standards:

1. All medications/drugs shall be stored under proper conditions of sanitation, temperature, light, ventilation, moisture, segregation, and security:
   - be remote from direct sources of heat, moisture, and sunshine;
   - be well lighted and situated as close to eye level as possible;
   - be locked when not is use;
   - provide sufficient space to store all medications in such a way that product damage does not occur;

2. Medications/drugs requiring refrigeration shall be segregated from food products in the refrigerator and stored in a locked container designated for the purpose.

3. The medication/drug storage facility shall be used primarily for the storage of medications/drugs.

Guideline: Since a majority of Residential Care Facilities are ordinary homes, a kitchen cabinet is the area most often selected for the storage of medications. Some facilities install a cabinet or use a drug cart designed for this purpose. While there is some latitude of choice, all medication/drug storage facilities shall meet the preceding standards.

Section 20(b)(ii) is kept in the original labeled container provided by the dispensing pharmacist; and

DISPENSING SYSTEM

Standards:

1. The system established as the standard for the dispensing of scheduled prescription and non-prescription medications shall be a controlled dosage bubble pack, specifically a "weekly pill pack". Medications shall be dispensed for a minimum of twenty-eight (28) days in four (4) weekly pill packs.

2. Prescription and non-prescription drugs may be dispensed in alternate packaging in situations where medications are:
   (a) required to be administered for more than four standardized administration times;
   (b) should not be combined with other medications;
   (c) dispensed to cover emergency situations;
   (d) dispensed as a temporary supply pending re-dispensing of pill packs;
   (e) dispensed for short term (less than ten days);
   (f) pre-packaged and safety sealed at point of manufacture; i.e. oral contraceptives, pain relievers, cold and vitamin preparations;
   (g) ordered on a "PRN" (as required) basis;
   (h) controlled or narcotic drugs requiring control counts and double lock storage for security;

3. Medications shall be maintained in the original labeled container.

4. Licensees and staff shall not alter the label, as provided by the dispensing pharmacist, or re-label any medication container.

Section 20(b)(iii) is administered by a responsible adult at the time and in the dosage prescribed and that a medication record is maintained of the time and dosage administered.

ADMINISTRATION OF MEDICATIONS

Standards:

1. Residential care staff who administer medications shall be at least 18 years of age.

2. Prescribed medications shall be administered only on the order of a qualified physician or licensed prescriber.

3. Non-prescription medications may be administered providing that approval has been received from a qualified physician, licensed prescriber, or dispensing pharmacist. Written standing orders and documentation of verbal approvals shall be maintained on the resident(s) file and updated and revised as necessary.

4. Approval is acceptable in the form of a written standing order or a verbal order/recommendation.

5. Administrative procedures requires staff to:
   (a) identify the resident by name and cross check the name on the pill pack/original labeled container (hereafter referred to as container) to ensure it matches the person identified;
   (b) select the correct day and time on the pill pack or instructions on the label;
   (c) punch out the contents of the correct bubble or remove the correct dosage from the container;
   (d) administer the contents of the bubble or container as per the labeled instructions.

6. Residents may self administer their medications provided that the care plan documents the required authorizations from the attending physician and Supervising Agency and an appropriate level of drug security is maintained to prevent unauthorized access and risk to others.

   Maintenance of drug security is the responsibility of the Licensee.

7. The Licensee shall consult with the dispensing pharmacist to establish procedures for the management of residents' medication needs:
   - the systematic filing and delivery of prescriptions;
   - the return and re-packaging of pill packs when new prescriptions are ordered, medication(s) discontinued, or dosages revised.

   The Licensee shall confirm the level of pharmaceutical services provided with respect to consultative support, drug counseling and information, and materials related to the residents' drug treatment.

8. Medications, which are prescribed for one resident, shall not to be administered to any other person.

9. Medications refused, spoiled, or removed from the original labeled container, but not given; or which are outdated, unused, or discontinued shall be documented and appropriately disposed.

10. The Licensee shall maintain a monthly Medication Administration Record (MAR) documenting the time and dosage administered.

11. The Licensee shall ensure that a system is established to provide for an adequate supply of medications to residents during periods of planned absence from the facility. (Refer to Page 6 – Planned Absences)

12. Drug injection apparatus and needles used in administering medication must be disposed of using proper containers and procedures.*

13. The Licensee shall ensure that medication errors and incidents are documented and reported as required. (Refer to Appendix B and Appendix D – Page 8)

    * - Check with your pharmacist for proper procedures in your area.

RECORDS

Preface

A monthly Medication Administration Record (MAR) must be maintained for each resident of whom medication administration services are provided. The MAR will list all current medications, the dosage and the time they are to be administered, and indicate standardized codes to be entered under specific circumstances where a drug is not administered; examples social leave, resident refusal, hospitalization, etc.

Standards:

1. Pharmacists providing services to Residential Care Facilities shall supply a monthly Medication Administration Record (MAR) with each resident's prescriptions. The MAR shall list all current medication, the dosage and the time they are to be administered.

2. In emergency situations where the MAR is not immediately available through the pharmacist, the Licensee shall complete a MAR for each resident listing all current medications, the dosage and the time(s) they are to be administered.

3. The Licensee shall record the administration of all medications; prescribed, non-prescription and PRN, immediately following administration by initialing the appropriate date and time slot on the MAR.

4. Where revisions are made to the resident's medication regime; dosage increased or decreased, a new medication ordered, or a medication discontinued the Licensee shall contact the pharmacist to arrange for re-dispensing of the medications and;

   (a) where the dispensing pharmacist provided the MAR, arrange to have an updated MAR provide to reflect the change(s).
   (b) where the Licensee is using the MAR provided by the Licensing Authority, the Licensee shall update the MAR to reflect the changes.

MANAGEMENT OF MEDICATIONS DURING PLANNED ABSENCES

Preface

The Licensee will ensure that a system is established to provide for the management of residents' medication during the periods of planned absence from the facility when attending day services or while on social leave.

DAY PROGRAM / SERVICES

Standards:

1. Where Day Program/Services staff are responsible for administering residents' medication(s), the Licensee shall request that the pharmacist deliver medications for week day administration hours, 0900-1600 hours, in weekly pill packs, directly to the Day Program/Services Supervisor.

2. Where Day Program/Services staff are not responsible for administering residents' medication(s), the Licensee shall consult with the pharmacist to determine if administration times could be adjusted to eliminate the need for administration during Day/Program/ Service hours.

3. Where it is not possible to adjust administration times, the Licensee shall consult with the Supervising Agency to establish an appropriate alternate procedure for the administration of residents' medications during Day/Program/Service hours.

4. The approved plan procedure shall be documented and maintained on the resident(s)' facilities file and updated as required.

SOCIAL LEAVE

Standards:

1. Where a resident will be absent from the facility for one (1) month or less the Licensee shall provide the person, responsible for supervising the resident's care during their leave, with sufficient weekly pill packs for the period of the resident's absence.

2. Where a resident will be absent from the facility for more than one (1) month the Licensee shall consult with the Supervising Agency and the pharmacist to initiate arrangements to have medications dispensed directly to the person supervising the resident's care for the period of the leave.

3. The Licensee shall indicate the resident's absence by charting the appropriate code on the MAR.

4. On the resident's return to the Residential Care Facility, the Licensee shall contact the pharmacist and arrange for medication delivery.

DISPOSAL OF MEDICATIONS

Preface

Where any medication or drug, prescribed or non-prescription, is refused by a resident, accidentally spoiled, removed from the original labeled container but not given, is outdated, unused or discontinued the Licensee is responsible to ensure appropriate procedures for segregation from current drug stocks and appropriate disposal.

Standards:

1. Remove the medication from the current stock of medications at the time of the occurrence.

2. Store the medications in the drug storage facility in a manner which separate the spoiled medication from current stocks.

3. List the spoiled medication(s) noting name, strength, number of pills, and the name of the individual for whom they were prescribed on the Inventory of Drugs For Disposal Form.

4. Return the medication(s) to the pharmacy for disposal at regular intervals as established with the pharmacist.

5. Maintain a copy of the Inventory of Drugs For Disposal Form on file for all drugs returned.

Manitoba Regulation 484/88R, Section 18 (1)(f) and (g) requires the operator of a facility to:

(f) advise the Supervising Agency of any serious change in condition, illness or death, or unauthorized absence of a resident within 24-hours of the occurrence thereof; and

(g) the operator of a facility shall advise the Licensing Authority of, and investigate, any accident or incident which jeopardized the health or life of a resident to ascertain the circumstances of the accident or incident and institute appropriate measures to prevent similar occurrences in the future.

MEDICATION ERRORS / INCIDENTS

Medication errors are either Resident Specific or System Specific.

A Resident Specific medication error is defined as the administration of the wrong medication or dose of medication to the wrong resident of at the wrong time; or the failure to administer a resident's medication at the specified time or the manner prescribed.

A System Specific medication error is defined as an incident which does not directly affect a resident to the extent that no wrong medication was administered to a resident. It would include, but not be limited to, such situations as missing medications which cannot be accounted for, a pharmacy dispensing error, a missing drug storage facility key.

Standards:

1. Medication errors shall be documented on the Incident Report Form and reported as required in the Incident and Accident Policy. (Refer Appendix B).

2. Where a Resident Specific error is made, the Licensee shall take immediate action to protect the life and health of the resident.

   The resident's physician, pharmacist or the poison control center shall be contacted immediately to report the error, request direction and initiate intervention as directed.

3. Where a System Specific Error, involving a dispensing error, occurs the Licensee shall contact the pharmacist to report the error and return the medication containers to the pharmacy for re-dispensing.

4. Where other system errors involving facility procedures occur, the Licensee shall investigate the incident and take such action as may be necessary to prevent future occurrences.

Preface

The Narcotic Control Act and the Food and Drugs Act regulate the handling of narcotics and controlled drugs by manufacturers, prescriber, pharmacists, and hospitals. There is no legislation governing storage and recording of these drugs in Residential Care Facilities. This is because a Residential Care Facility is considered to be the residence of the person for whom the drugs are supplied. Licensees of Residential Care Facilities are responsible for ensuring the safety of residents and the security of drugs.

The purpose of these standards is to provide procedures for the control and handling of narcotics and controlled drugs in Residential Care Facilities.

Where narcotic or controlled drugs are ordered for a resident the Licensee shall maintain the following standards with respect to documentation, storage, and disposal.

STORAGE

Standards:

1. All narcotics and controlled drugs shall be stored under double lock; a locked container inside the locked drug storage facility; and kept separate from all other medications.

2. Keys to the narcotic/controlled drug storage area shall be carried by designated staff person(s) on each shift.

RECORDS

Standards:

1. A separate Narcotic/Controlled Drug Inventory Record shall be maintained for each narcotic or controlled drug order.

2. A Narcotic/Controlled Drug Record Book shall be maintained with a separate inventory record for each drug.

3. The Narcotic/Controlled Drug Inventory Record shall contain the following information:
   a) drug name and strength (where applicable);
   b) dosage form of the medication (tablet, syrup, suppository, etc);
   c) name of the resident;
   d) name of the prescriber;
   e) quantity received;
   f) present count;
   g) dose administered;
   h) date and time of administration;
   i) signature of person administering the medication;
   j) balance remaining.

4. A Control Count shall be done to verify that the actual inventory of each drug balances with the remaining balance documented on the Narcotic/Controlled Drug Inventory Record not less than once per week.

   The Control Count shall be signed by the person conducting the count and, where possible, countersigned by another staff observer.

5. When all of the Narcotic/Controlled medication has been administered the Inventory Record shall be filed.

Guideline: Other drugs subject to abuse may be controlled by the use of the Narcotic/Controlled Drug Inventory Record.

DISPOSAL OF NARCOTIC AND CONTROLLED DRUGS

Standards:

1. All unused, discontinued, and out-of-date narcotic or controlled drugs shall be returned to the pharmacy for disposal.

2. A record shall be maintained of all narcotic and controlled drugs returned for disposal on the Inventory of Drugs for Disposal Form.

3. Where narcotic or controlled drugs are returned to the pharmacist for disposal, both the Narcotic/Controlled Drug Inventory Record and the Inventory of Drugs for Disposal Form shall be signed by the receiving pharmacist and copies maintained on file in the facility.

Preface

Referral and admission of an insulin dependent person with diabetes to a Residential Care Facility shall be based upon assessment of the Licensee's ability to provide the required care and a determination that residential care is the most appropriate site for care. The assessment should include care planning, education and training requirements of the insulin dependent person, the Licensee and residential care staff. The assessment should also address referral to a Diabetes Education Resource (if applicable) and follow up of the resident throughout placement. Wherever possible residents are taught self-management skills through the Diabetes Education Program.

Provision of this type of specialized care is not an expectation for all Licensees and Residential Care Facilities.

Where admission, of an insulin dependent person with diabetes, to a Residential Care Facility is planned the following standards apply.

Standards:

1. Residential care placement is assessed, by the Supervising Agency, the most appropriate site for care.

2. A care plan has been developed and the referral process meets regional program requirements and guidelines.

3. The person with diabetes, the Licensee and residential care staff have received instruction in the care and management of diabetes to the extent assessed as necessary.

4. The person(s) responsible for administering the insulin injections has/have been identified and the need and intervals of blood glucose monitoring documented.

5. The Licensee has been assessed as capable of providing the require care.

6. A health care professional has been assigned to monitor the individual's care, specific to their diabetic condition, throughout the placement.

   Information on Diabetes Education Resources is available through regional offices of Health or Family Services in your area. Addresses and telephone numbers for Regional offices are located in the Residential Care Licensing Manual, Part 12, Appendix A-5, Page 5