
Registrant Handbook

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POLICY 7

Medication Services

7.1 Policy statement

Registrants must deliver medication services in accordance with *Medication Services* and in such a way as to promote the safety and independence of residents.¹

7.2 General requirements

The following apply to all levels of medication service.

The registrant must have written policies and procedures that:

- describe the scope and level of medication services offered to residents;
- support/promote the self-administration and in suite storage of medications with access controlled by residents;
- detail the requirements for certification^{2, 3} and/or in-service training⁴ for staff involved in delivering medication services; and
- address how medication errors⁵ are handled (e.g., monitor, record and follow up).

Staff may physically assist residents who are fully able to self-direct the taking of their medications (e.g., open medication packaging, put medications in resident's hand, steady a resident's hand).

A resident's medication service must be documented in their personal services plan. Registrants must monitor resident's ability to manage their medications. Incidents or a decline in health status will trigger the registrant to review with the resident, their family and/or physician/pharmacist whether a change in medication service is needed. The registrant must notify the resident's pharmacist of any apparent negative reaction to medication.

Registered nurses and licensed practical nurses (LPNs) employed or contracted by a registrant may administer narcotics, PRN⁶ medications, or injectable medications (e.g., daily insulin, monthly B12 or annual vaccines).

The *Personal Assistance Guidelines*⁷ apply to practice and professional oversight of medication assistance in assisted living residences.

1 See Policy Tab 4, outcome 6.2.

2 Successful completion of a medication administration module for home support workers/residential care aides from an accredited educational institution.

3 The unregulated care provider must have successfully completed a medication administration module for home support workers/residential care aides from an accredited educational institution.

4 General orientation and training on the safe and effective storage, handling and administration of medications.

5 Errors in the storage, handling or administration of medications.

6 PRNs are medications that do not have to be taken at a certain time and are taken as needed.

7 See Policy Tab 6.

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7.3 Outcomes by level of service

Level of service	Occupant profile	Description	Storage	Requirements
Support services				
1 – Self administration	<p>Resident participates in and directs own service plan.</p> <p>Resident is cognitively alert, with no memory impairment.</p>	<ul style="list-style-type: none"> Resident is fully independent in medication administration. Registrant provides no assistance, except physical assistance, if required. Resident orders and receives medications from pharmacy or registrant receives medications from pharmacy on behalf of resident. 	In suite; resident controls access.	<ul style="list-style-type: none"> Resident has choice of own or residence pharmacist. Compliance packaging⁸ is not required but resident may choose to arrange it with their pharmacy.
2 – Reminder with no follow-up or documentation	<p>Resident participates in and directs own service plan.</p> <p>Resident is cognitively alert, with minimal short term memory impairment.</p>	<ul style="list-style-type: none"> Resident is relatively independent in medication administration. Registrant provides periodic support: reminders with no follow up or documentation and physical assistance if required. Resident orders and receives medications from pharmacy or registrant receives medications from pharmacy on behalf of resident. 	In suite; resident controls access.	<ul style="list-style-type: none"> Resident has choice of own or residence pharmacist. Compliance packaging is not required but resident may choose to arrange it with their pharmacy.

⁸ Compliance packaging means that all medications for a given medication time are packaged together.

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Level of service	Occupant profile	Description	Storage	Requirements
Prescribed services				
3 – Remind, observe and record whether medications are taken or not	<p>Resident participates in and directs own service plan with ongoing staff support, support from live-in spouse, or family support.</p> <p>Resident experiences mild memory impairment and/or is in the early stages of dementia, requiring cues and reminders on a consistent basis.</p>	<ul style="list-style-type: none"> • Registrant provides a reminder, observes and records whether a resident takes their medications for a given date and time, and follows up on missed medication as directed in the resident's personal services plan. • Registrant provides physical assistance, if required. • If resident is unable to secure own medications, registrant must secure the medications in resident's room or centrally. • Registrant observes/reports effects of medications on resident. • Registrant may provide PRN prescription medication. 	<p>In suite with access controlled by resident.</p> <p>In suite or central with access controlled by registrant.</p>	<ul style="list-style-type: none"> • This level of medication administration must be done by a registered nurse or a LPN who is certified in medication administration.⁹ Registered nurses can delegate medication tasks to an unregulated service provider. LPNs can assign medication tasks to unregulated service providers who are trained in medication administration.³ • Registrant may recommend using residence pharmacist (so that all compliance packaging is the same) but resident retains choice of pharmacy. • If resident wants registrant to initiate refills and/or receive medications from the pharmacy, the registrant must obtain the resident's written designation. • If medications are centrally stored, registrant must consult with a pharmacist regarding the registrant's medication storage and distribution policy. A record of the pharmacist's consultation must be available for review by the Registrar on request. • If medications are centrally stored, policies and procedures exist for return of expired or unused medications to the pharmacy. • If medications are centrally stored, either staff take medication to resident or resident obtains it from staff and medications are provided to residents at indicated times. • Compliance packaging is required for non-PRN prescription medications. • Registrant must document the protocols associated with staff administration of PRN medications and train staff to follow the protocols. • PRN prescription medication must be monitored-dose packaged¹⁰ or appropriately labeled by the pharmacist in those instances when the form of the medication does not permit such packaging (e.g., liquids, inhalers, eye drops).

⁹ See *Personal Assistance Guidelines* set out at Policy Tab 6.

¹⁰ Each pill is placed in a separate blister so the rate of use is clearly evident.

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Level of service	Occupant profile	Description	Storage	Requirements
4 – Temporary administration	Residents may be palliative, convalescent, or transitional (awaiting placement in a residential care facility) and are unable to make decisions about taking medications.	<ul style="list-style-type: none"> • Provided by exception. • Registrant determines medications for a given time, gives to resident, and records medications by person, date and time. • If resident is unable to secure own medications, registrant must secure the medications in resident's room or centrally. • Registrant may use residence pharmacist or resident's own pharmacist. • Registrant initiates refills and receives delivery of medications. • Registrant observes/reports effects of medications on resident. • Registrant may provide PRN prescription medication. 	<p>In suite; access controlled by registrant.</p> <p>Central; access controlled by registrant.</p>	<ul style="list-style-type: none"> • Registrant must maintain a log of all medication errors and make the log available for review by the Registrar on request. • Registrant must notify the resident's pharmacist of any apparent negative reaction to medication. • Registrant must report to the Registrar errors in the administration of medications that result in emergency intervention or transfer to hospital. <hr/> <ul style="list-style-type: none"> • This level of medication administration must be done by a registered nurse or by an LPN.⁹ Registered nurses can delegate medication tasks to an unregulated service provider. LPNs can assign medication tasks to unregulated service providers who are trained in medication administration.³ • Registrant may use residence pharmacist or resident's own pharmacist. • Drug information sheets are stored with the resident's medications and other medical records. • If medications are centrally stored, registrant must consult with a pharmacist regarding the registrant's medication storage and distribution policy. A record of the pharmacist's consultation must be available for review by the Registrar on request. • If medications are centrally stored, policies and procedures exist for return of expired or unused medications to pharmacy. • Compliance packaging is required for non-PRN prescription medications. • Registrant must document the protocols associated with staff administration of PRN medications and train staff to follow the protocols. • PRN prescription medication must be monitored-dose packaged¹⁰ or appropriately labeled by the pharmacist in those instances when the form of the medication does not permit such packaging (e.g., liquids, inhalers, eye drops). • Registrant must maintain a log of all medication errors and make the log available for review by the Registrar on request.

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				<ul style="list-style-type: none">• Registrant must report to the Registrar errors in the administration of medications that result in emergency intervention or transfer to hospital.• Registrant notifies the resident's pharmacist of any apparent negative reaction to medication.