**The Salvation Army Canada and Bermuda Territory**

**Territorial Headquarters**

**Social Services Department**

**Medication Management Guidelines**

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**Medication Management Guidelines**

# Preamble

Many of the clients who attend or reside in our programs have underlying medical conditions requiring the use of prescription or non-prescription medication. In order to keep our clients as safe as possible from medication overdose and to protect against theft or diversion of medication, we generally require clients to allow us to be the custodian of their medications during the time that they attend or reside in our programs.

We do not generally dispense medications as legally this can only be done by the appropriate Registered Health Professionals (e.g. RN, RPN, MD). However, we do provide client access to their medication as required and we do supervise the taking of that medication by the client.

As we are the custodians of medication, we have an obligation to be accountable to the

client, our funders, and other stakeholders in the management and storage of the medication that is entrusted to us.

# Safe Storage Of Medication

All medication, whether prescription or non-prescription that is stored on Salvation Army properties must be stored in a safe and secure manner. It is essential that medication be stored in a locked, cupboard, drawer, room or refrigeration.

The medication storage area should only be accessible to authorized staff. Only authorized staff should have a key to the medication storage locations. In some facilities, Ministry Units may consider having a single key that is passed to the authorized staff person as part of a shift change process. The keys to medication storage locations should not be on the master key system as this would provide wider access than is required to the medication that is being stored on the premises.

There should be a separate container (e.g. basket) for each client that is clearly labelled with the client’s name. All medication in the baskets should be in their original containers. Where possible this should be the original prescription bottle that is labelled with the client’s name and dosage. In the case of non-prescription medication, the original packaging should be used. Clients should not be permitted to store or consume medication that is not labelled or in the original bottles unless it has been reviewed by a pharmacist and the contents have been verified. Medications kept in a refrigerator must be stored away from food products and be kept in a locked container. It should be recorded and tracked along with all other medication.

When new medications are received by the facility, these should be clearly recorded on the client’s medication record form and the medication should then be added to the client’s basket for future access.

All clients must complete and sign a Client Medication Agreement Form that records what medication is brought into the facility and on discharge what medication is returned to the client or disposed of and the manner of disposal. Any medication that is disposed of by staff must be witnessed by two staff and recorded in the Client Medication Agreement Form. A sample form to use for this purpose is shown at the end of this document and a Word Document for use is attached. If the Ministry Unit already has a process in place to record the medication received and returned to the client, they do not have to switch to using this form. It is provided for those Ministry Units who may not have a similar process in place. Although the example provided is a stand-alone document, the process that is used does not have to include a separate form. It may be integrated into Intake and Discharge forms if the Ministry Unit wishes to do it in that manner.

# Medication Administration Record

Ministry Units must have a method of recording medications stored on their premises and accessed by clients. A Medication Administration Record (“MAR”) form should be created for each client for whom we are the custodians of medication. This form should include the following information:

* Client’s name and date of birth
* Name of Ministry Unit
* Month for which the record is kept
* Name of each medication and applicable dosage
* Prescription start date and end date for each medication
* Time of day that medication is accessed
* Initials of client upon receipt of medication
* Initials of staff person supervising client access to medication

A sample MAR form is shown at the end of this document and the applicable spreadsheet is attached to this document. Ministry Units who already have a similar system of MAR in place do not have to switch to using this form. This is provided for those Ministry Units who do not already have an appropriate method of documenting medications that they are storing on behalf of clients.

These completed forms should be maintained as part of the client file and kept as long as Operating Policies, funder requirements and legislation require.

# Medication Reconciliation

Each Ministry Unit should have a system of reconciling the medication stored on the premises with the MAR. This system of reconciliation will be performed on a regular basis. The size of the Ministry Unit will determine the frequency of the reconciliation, but it should happen no less than monthly. Smaller Ministry Units may be able to do the reconciliation process more often than monthly. A Medication Reconciliation is the process of counting and accounting for all stored medications. It should include the following:

* Name of Client and DOB
* Name of each medication listed separately
* Quantity of medication present at the beginning of the review period
* Quantity of medication used/consumed by the client during the review period
* Quantity of medication that should still be present in the facility
* Staff member initials as verification that the applicable amount of medication is present on site.

In cases where pharmacy provided bubble packs or pill packs are used, it is not necessary to reconcile each medication individually but a check to ensure that all of the required bubble packs are present should be done regularly. A sample form to be used for this purpose is shown at the end of this document and a Word Document is attached. Ministry Units who already have a system in place for the reconciliation of medication do not have to switch to using this form. It is provided as a resource for those Ministry Units who do not currently have a Medication Reconciliation process in place.

The Medication Reconciliation process should be completed by a Supervisor or Manager or other authorized staff. In addition and in accordance with best practices, management may choose to conduct spot checks and reconciliation of the stored medications at any time.

The Ministry Unit management staff is responsible for ensuring that the Medication Reconciliation process is completed on a regular basis.

These completed forms should be maintained as part of the client file and kept as long as Operating Policies, funder requirements and legislation require.

# Procedures For Prescription Refills

Where possible, Ministry Units should have a relationship with a designated local pharmacy which is managed by a licensed pharmacist and who is able to provide compliance packaging also known as blister packs for client medication. There should be a process in place at the Ministry Unit for requesting a refill of the monthly blister pack, whether done by the client or a staff member. The Ministry Unit should contact the designated local pharmacy to determine the applicable policy to obtain the prescribed blister packs and refills.

Any prescription or non-prescription medication provided by the client outside of the regular blister packs should be recorded and managed as per the previous guidelines in this document.

# Medical Cannabis

Medical Cannabis is a legally prescribed medication and should be stored and recorded in the same manner as any other prescription medication. For more information on issues pertaining to Medical Cannabis in Salvation Army programs, see the THQ FAQ Medical Cannabis (2018) document located in the Social Services Toolkit on the salvationist.ca website and attached to this document.

# Narcotic Medications

Some of our clients may have prescription medications which are Narcotics. These medications should be stored and recorded in the same manner as any medication. However, due to the increased risk of harmful overdose, diversion and theft with these medications, staff members should be extra careful to adhere to the medication guidelines and policies in the storing, recording and provision of client access to these medications.

Where narcotic medications are included in the client’s blister packs, they are to be treated as with any other medication.

# Medication In Liquid, Cream or Injectable Formats

Medication that is provided in liquid or cream format will normally have instructions as to dosage / application. (eg apply cream sparingly, take 10 ml 3 times per day). These instructions should be recorded in the MAR in the same manner as any medication dose instructions. When clients are using liquid medications, they should use a pharmacy provided measuring spoon or syringe to ensure that the correct dose is taken.

Some clients may have prescribed medication which must be taken in injectable form. This medication should be recorded in the same manner as any other medication. The client should administer his/her own injection according to the prescribed instructions. The client should use standard medical syringes / auto-inject pens for this purpose. The Ministry Unit should provide a sharps container in which the client is able to safely dispose of the used syringe / sharps. When the sharps container is close to full, the Ministry Unit should return it to their local Pharmacy for safe disposal and a replacement unit will be provided.

# Disposal Of Client Medication

Where client discharges are planned, all medications belonging to the client should be returned to the client. The client should sign a document stating that they have received from the Ministry Unit all of their medications at the time of discharge.

In the case of an unplanned discharge or other circumstances where a client abandons their medications, this medication should continue to be stored by the Ministry Unit in the locked medication storage area. The medication should be kept for the number of days according to the Ministry Unit’s policy on the storage of client belongings after discharge. This amount of time may vary from place to place. The Ministry Unit must continue to audit (count and record) medication regularly when in storage.

Once the required number of days has passed, any client medication, not claimed by the client, should be returned to the local pharmacy for safe disposal. The Ministry Unit should keep a written record of the medications and amounts that were returned to the pharmacy. The written record should be witnessed by two staff.

# Reporting Incidents Of Non-Compliance to Medication Management Policy

If a staff member becomes aware of any non-compliance to the Medication Management Policy by a staff member, he/she should report this to their supervisor or management.

Management is responsible for following up with the applicable staff members. Where additional training is required, management will ensure that this training is immediately provided to the staff member.

Where disciplinary action is required, Management is responsible for ensuring that appropriate discipline takes place (e.g. verbal or written warning). This should be done in consultation with the Divisional Employee Relations Department.

When a staff member becomes aware of a client not taking his / her medication correctly, this should be reported to the supervisor or client case worker so that this can be followed up with the client according to the Ministry Unit’s behaviour based guidelines.

In cases of client overdose of medication, all standard emergency procedures should be followed.

**Please see the Manual On Controlled Substances for completed sample forms.**