

945.0	MEDICATION ADMINISTRATION	945.0
Application: Support Workers - CBS		References: Drug Scheduling Act

POLICY:

Employees may be required to administer medication as prescribed by a Practitioner, to a person receiving service on site or while out in the community.

Employees are not permitted to administer over the counter medication to a person receiving service with out prior written approval from the parent or their legal guardian.

The NSDRC does not assume responsibility for medication administered by advocates, friends or family members in and away from the program site.

REASON FOR POLICY:

The NSDRC adheres to applicable legislation to ensure employees carry out the safe administration of medication to the people we support.

DEFINITIONS: Refer to Glossary of Definitions located in Volume 1 Association Structure and Supports for further information.

PROCEDURES:

Identification and Authorization:

1. Where an employee is required to administer medication to a person receiving service the employee obtains prior written permission from the parent or the legal guardian by having either party complete **Form 945.0.A Authorization to Administer Prescribed Medication**.
2. The completed document is signed and dated by the employee and submitted to their Team Leader for filing purposes. The original document is placed on the person receiving services file, copied to the employee's personnel file and the parent or legal guardian.

Medication Preparation for Transport:

3. Where an employee is picking up a person receiving service from their home, the employee is provided with the individual's medications by the parent or the legal guardian.
4. The parent or legal guardian prepares the medication for transport using a sealed envelope to include the following information:
 - Person receiving services name
 - Practitioner's name and phone number
 - Medication name and dosage

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- Date and time administration is required
 - Date medication was issued
 - Space for employee to initial completed administration.
5. Once dispensed the sealed envelope is given to the employee for safe keeping or (where applicable) located with the person receiving service for self administration at the appropriate time.
 6. Where an employee administers the medication to the person receiving service the employee initials the envelope after the medication has been administered. The empty envelope is returned to the parent/guardian.
 7. The allowable window period for all medication administration is a half an hour (1/2 hour) on either side of medication administration time unless other wise specified.

Best Practise:

8. Medication administration is completed in its entirety for each person receiving service before administering medication to the next person receiving service.

Altering Forms of Medication:

9. Altering the form of a medication (e.g. crushing or halving a tablet) when required for the comfort and safety of the person receiving service is discussed with and authorized by the parent or legal guardian prior to administration.

PRN Orders:

10. Where a person receiving service requires a PRN medication (e.g. Ativan for seizure activity) a written protocol is required to include the indication, the dose, the frequency and the maximum duration of use.

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(Sample form altered to fit)
Print to letter head

Form 945.0A

Authorization to Administer Prescription Medication

I, **John Sample** give my authorization to **Mary Small** while providing service/activities with
Parent/Guardian Name Please Print (Employee Name Please Print)

Tommy Sample, to administer **Ativan**
(Person Receiving Services Name Please Print) (Medication Name Please Print)

at **1300 hrs** according to the doctor's orders and instructions
(Specific Time)

I **John Sample** agree to prepare the medication for transport using a sealed
(Parent/Guardian Name Please Print)

envelope to include the following information:

- Person receiving services name
- Practitioner's name and phone number
- Medication name and dosage
- Date and time administration is required
- Date medication was issued
- Space for employee to initial completed administration

Date: **July 13, 2006**

Parent/Guardian Signature

Date: **July 13, 2006**

Employee Signature