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Medication Assistance Program Manual (MAP)



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**Seniors Health &
Continuing Care**



Policy, Practice, Access
& Case Management

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Purpose

This manual was developed to provide a consistent and standardized approach to medication assistance services across Alberta's continuing care system.

This document guides leaders, educators, and members of the health care team within AHS home living, home care, non-designated and designated supportive living, and long term care programs to understand evidence-informed best practices, and provincially agreed-upon recommendations required to meet Medication Assistance Program (MAP) service expectations.

Applicability

Principles of medication assistance are applicable to all settings within continuing care and may be relevant to other settings such as acute care and addiction & mental health. Programs and settings providing medication support services. These program and settings are welcome to adopt this manual for use in guiding practice, including related education and resources. Settings may establish policy or program processes to support setting specific practices.



Please refer to the [Glossary](#) for definitions.

Introduction

Continuing care offers a range of services to support the health and wellbeing of individuals living in a variety of care settings. The provincial continuing care Medication Assistance Program (MAP) is one of a range of available service options which promotes client independence and optimal level of functioning.

The goals of the MAP are to:

- support safe medication management
- enhance client abilities
- support the client to maintain or improve health



Medication assistance facilitates the client's ability to meet their medication management goals. Medication support services are provided based upon the client's assessed unmet need(s) and are intended to support those whose independence with medication management is impacted by changes in physical and/or cognitive abilities.

Unregulated health care providers, competent in medication assistance, are assigned medication assistance tasks and activities under the supervision of a regulated health care provider. These tasks and activities should only be assigned for clients that are stable and predictable in response. Levels of medication assistance that can be assigned to an unregulated health care provider are medication reminder, some/partial assistance, or full assistance.

Key Principles

1. Medication support services are provided based upon the client's assessed unmet need(s), as determined by a regulated health care provider in collaboration with the client.
2. Unregulated health care providers can support medication assistance activities based on four conditions:
 - medication assistance is in their job description
 - employer policy, procedure and/or processes are in place
 - appropriate training is provided
 - an appropriate level of supervision must be provided
3. Regulated health care providers who assign or supervise unregulated health care providers in medication assistance activities must work within their scope of practice and role, and be competent in the medication activities assigned, or collaborate with other regulated health care providers who are competent in the medication activities assigned.
4. All members of the health care team, service providers/employers and housing/accommodation providers are accountable to adhere to:
 - federal and provincial legislation relevant to the care setting
 - established service agreements, accreditation standards, practice standards and relevant policy, procedure, or operational process in the care setting



Coordinating Care & Services

Medication assistance is a personal care service provided to continuing care clients based on their assessed unmet need for support in the care setting.

A regulated health care provider, working in a case management role and practicing within scope, is responsible to lead the process for coordinating client care and services.

The *Health Professions Act* defines overlapping scopes of practice to provide greater flexibility in health service provision. Regulated health care providers are expected to know and work within their scope of practice which allows the performance of interventions they are authorized, educated, and competent to perform. When the care requirements exceed their own level of competence, are outside of their professional standards of practice, or when there are limitations through employer policy, regulated health care providers are obligated to consult with or refer to others on the health care team whose expertise will meet the care needs (AHS, 2012).

Example:

A social worker working in a case management role in-home care should collaborate with a registered nurse when support is required for components of medication management such as medication review, or supervision of unregulated health care providers providing full assistance with medication.

Client Assessment

Clients receiving continuing care program services may request an assessment for medication support at any time. A need may also be identified during client reassessment.

Individuals within the community (or anyone on their behalf) who do not currently receive continuing care services may request an assessment by making a referral to the Alberta Health Services (AHS) home care program within their community. Contact information is available on the [AHS external website](#).

Each client is assessed by a regulated health care provider using the appropriate tool(s) for the program or clinical situation. The family is present whenever possible, to help inform a complete history and understand the supports available to the client in the care setting.



Refer to the *Medication Risk Assessment Documentation Resource Guide* on Insite and on the [Continuing Care Connection \(CCC\)](#) website under Practice Resources>Medication Management.

The regulated health care provider collaborates with other members of the health care team to ensure all assessment information is documented, including allergies and medication reconciliation in accordance with policy, procedure and established process in the care setting.

Following the assessment, the regulated health care provider works with the client and family to identify their strengths and goals, determining the client's unmet need in relation to their existing care setting and support system.

Care Planning

A regulated health care provider leads the development of the care plan, in collaboration with the health care team. The care plan is client-centred and strength-based, promoting independence, quality of life, and personal dignity. Information about the client's care is shared with health care team members (e.g., pharmacy, authorized prescriber, etc.) to support effective collaboration in care planning and coordination of medication support services.

Clients may require assistance with some or all of their medications, or different levels of assistance for different medications. A combination of support services may be necessary to meet their needs. Medication assistance may be assigned to an unregulated health care provider or may require a regulated health care provider to administer some or all the client's medications.

The regulated health care provider identifies interventions on the care plan including level(s) of medication assistance, frequency of support required, and any individualized instructions for the unregulated health care provider assisting the client. Instructions should include activities such as observing and reporting medication effects and how and when to report a change in the client's acuity. Refer to established care planning resources in the care setting.



See [Quick Reference for Assigning Medication Assistance](#) (Appendix 3) for an overview of the conditions for assignment, and the roles and responsibilities for regulated and unregulated health care providers.

Supervision of Unregulated Health Care Providers

A regulated health care provider must supervise unregulated health care providers performing medication assistance activities.

Supervision by regulated health care providers has been articulated by the three nursing regulatory bodies (College and Association of Registered Nurses of Alberta [CARNA], College of Licensed Practical Nurses of Alberta [CLPNA], and College of Registered Psychiatric Nurses of Alberta [CRPNA]). It is defined as “consultation and guidance in the practice setting” (CARNA, CLPNA, CRPNA, 2010), and can be accomplished in the following three ways:

- **Direct supervision:** present in the practice setting at the point of care.
- **Indirect supervision:** readily available for guidance and consultation in the same physical location where care is being provided but is not directly at the point of care.
- **Indirect remote supervision:** readily available for guidance and consultation but is not physically located at the care setting but can be easily contacted using technology such as telephone, pager, or other electronic means to provide verbal assistance or guidance as required.

Regardless of the care setting, prompt, and reliable means of supervision with a regulated health care provider must be available when unregulated health care providers assist with medications. Where the service provider does not have a regulated health care provider who is accessible to supervise in the care setting, collaboration with other service providers and/or an AHS regulated health care provider may be required.

Client Monitoring and Reassessment

The need for client monitoring and reassessment is based on several factors, including:

- medical condition(s)
- health status
- client acuity and predictability
- drug regimen
- established requirements in the care setting

Regulated health care provider participation in medication reviews is critical, as information assists the health care team in evaluating the effectiveness of medication therapies and medication support services. A review of all medications taken by the client should be conducted, including prescription, OTC, and natural health products at the frequency required in the care setting at minimum, and more often as indicated based on individual client need.

- Any changes in the client's care needs or medication regimen (e.g., new order, or prescription changes) must be communicated to the regulated health care provider. Any member of the health care team, including the client, family, and the unregulated health care provider should communicate any change in care to the regulated health care provider. The regulated health care provider is then responsible to determine if there is a need to reassess the client and/or medication support services.
- The regulated health care provider evaluates the effectiveness of medication support services using information from the client, family, and unregulated health care providers, outcomes of assessments (e.g., Outcome Scales and Clinical Assessment Protocols [CAPs] when available), observation and documentation in the client health record.
- The client's care plan must reflect the current needs of the client, in accordance with the Continuing Care Health Service Standards (CCHSS, 2018). Any changes made to the care plan must be communicated to appropriate members of the health care team in a timely manner, and in accordance with established service agreements.

Should the client no longer require medication assistance due to a change in their status, change in living situation, or the client has decided to decline services, the regulated health care provider working in a case management role shall:

- assess/assist the client to ensure they can meet their medication support needs
- ensure all MAP documentation is appropriately completed and retained in accordance with established policy, procedure, or process in the care setting
- ensure all unused medications are returned to the client, family and/or the pharmacy
- ensure all health care team members are informed when the client is no longer involved in the MAP



Education and Training

Medication support services must be provided by trained, competent health care providers. Managers/leaders are encouraged to complete education to enhance their understanding of the operational requirements of the MAP.

Regulated Health Care Providers

Regulated health care providers are responsible to assign and supervise unregulated health care providers in the provision of medication assistance activities.

Prior to assigning or supervising medication assistance, the regulated health care provider must be orientated to setting specific processes for each care setting they work in, including:

- assessment tools used
- communication processes
- collaboration with other team members

Unregulated Health Care Providers

Unregulated health care providers performing medication assistance must have education/training to safely perform the assigned activities in the care setting. Education/training may be obtained through completion of a certificate program at an educational institution, or equivalent education/training from the service provider/ employer.

Where medication assistance education/training is provided by the service provider/employer this must be completed:

- prior to the unregulated health care provider performing medication assistance activities
- in accordance with:
 - the *Continuing Care Health Service Standards* at a minimum; and
 - contractual agreements, as applicable

Prior to being assigned medication assistance activities, unregulated health care providers must be:

- orientated and aware of setting specific processes for each care setting they work in
- verified as competent in medication assistance activities, as determined by a regulated health care provider working within scope of practice

Service Provider/Employer

The service provider/employer is responsible for determining education/training requirements in the care setting, including content provided at orientation and ongoing education.

It is recommended that education/ training for both regulated and unregulated health care providers include the review of:

- applicable policies, procedures, or operational processes
- knowledge, skills and attitudes required to assist with medication
- roles and responsibilities of all team members
- regular and/or specialized equipment used for medication supports in the care setting (e.g., pill crusher)
- the approach for working with populations with unique needs in the care setting (e.g., clients with cognitive changes)
- medication safety, storage, handling, and wastage practices
- documentation requirements
- actions that need to be taken in specific situations (e.g., client refuses medication)
- observing and reporting client concerns, care needs and changes in behaviour or function in a timely manner

Provincial education materials and resources are available for use on [Continuing Care Connection \(CCC\)](#).

It is also recommended that the service provider/employer provide specific education for regulated health care providers regarding cost implications for clients receiving medication assistance (e.g., dispensing fees, insurance considerations, non-commercially available products, safety engineered devices, etc.).



Medication Support Services

Different levels of support may be provided by different team members working in collaboration according to their scope of practice and role function, to support the client's assessed unmet needs in medication management.

Medication Administration versus Medication Assistance

Activity	What is it?	Who does it?	When?
Medication administration	It is a cognitive and interactive aspect of care which involves assessing the client, making clinical decisions, and planning care based on this assessment, as well as monitoring and evaluating the care provided.	Regulated health care provider	Working within scope of practice and role.
Medication assistance	Medication assistance includes providing verbal reminders, opening packages of medication, and/or providing physical assistance. A care plan identifies the level of medication assistance required.	Regulated health care provider	Working within the scope of practice and role.
		Unregulated health care provider	<ul style="list-style-type: none"> • Within job description. • Permitted by service, provider/employer policies, procedures, or operational process. • Deemed competent through education/training. • When a regulated health care provider has: <ul style="list-style-type: none"> ○ assessed the client's unmet care needs ○ assigned the activity to an unregulated health care provider ○ provides the required level of supervision for the activity

Levels of Medication Assistance

The following levels are used to identify medication assistance through the MAP:

Medication Assistance Levels	Client Abilities and Support Needs
Level 1: Reminder	<ul style="list-style-type: none"> • Client can self-administer medication with a verbal reminder only. • Client knows what medication to take and self-directs PRN medication. • The need for a controlled dosage system is determined by the client assessment. <ul style="list-style-type: none"> ○ Client or family may prepare dosette or other medication for client to self-administer. • Client does not need to be supervised taking medication.
Level 2: Some/partial assistance	<ul style="list-style-type: none"> • Client can self-administer own medications with minimal assistance, including PRN medication. • Client needs assistance in opening containers or stand-by/hands-on assistance. • Client does not need to be supervised taking medication.
Level 3: Full assistance	<ul style="list-style-type: none"> • Medication must be removed from packaging and/or prepared. • Client requires hands-on assistance to take medication, including PRN medication. • Client needs supervision to ensure medications are taken.

Medication “Rights” and Safety Checks

When providing MAP Level 1 (reminder), the unregulated health care provider does not handle or prepare medication for the client. Therefore they do not perform the medication rights or perform safety checks.

When providing MAP Level 2 (some/partial assistance) or MAP Level 3 (full assistance), unregulated health care providers are not required to know the “right reason” for medication, but are required to follow the other seven (7) “rights” and perform medication safety checks 2 and 3.

Regulated health care providers follow the “8 Rights” identified in the *Continuing Care Health Service Standards* (CCHSS, 2018), and perform all three medication safety checks.

The “8 Rights”

Right client

The right client is confirmed using two (2) client identifiers such as the client’s name and date of birth. In some settings, a photograph may be used as a client identifier.

Right medication

Verification between the label on the medication or packaging and care plan or medication record. The client’s name on the medication label confirms the medication belongs to the client.

Right time

Verification of the date and time medication is provided, identified on the controlled dosage system or medication label, which corresponds to the care plan or medication record.

Right dose (amount)

The correct number of tablets/capsules or amount of medication (e.g., number of drops) is verified against the medication label and care plan or medication record.

Right route

The right route is the method the medication is taken into the body. The route is identified on the medication label and in the care plan or medication record.

Right documentation

Documentation of the medication assistance activity is completed immediately assisting the client, in accordance with the processes in the care setting.

The 8 Rights

when providing Level 2 or 3 medication assistance or medication administration



Right
Medication



Right
Route



Right
Client



Right
Reason*



Right
Dose



Right
Documentation



Right
Time



Right to
Refuse

Right of refusal

The client has the right to refuse medications. If the client refuses medication, document the refusal and immediately notify the supervising regulated health care provider.

Right reason*

Unregulated health care providers are not required to know the “right reason” for the medication when providing medication assistance and directions on the care plan are followed. Regulated health care providers who regularly review the medication regimen in collaboration with the client and the health care team are responsible to ensure medication is taken for the “right reason.”

Medication Assistance Activities

Medication Safety Checks

If the unregulated health care provider identifies discrepancies with the medication (e.g., the tablets/capsules in the controlled dosage system are not consistent from day to day), or the client has a concern (e.g., the medications look different than usual), they must contact the supervising regulated health care provider prior to assisting with medication.

First Safety Check

This check is done by the regulated health care provider who verifies the completeness and appropriateness of the prescriber’s order. For example, pharmacy performs this check during the dispensing process, and nursing does this in designated supportive living and long term care settings.

Second Safety Check

This check is done just before preparing the medication, while it is still in the package. The medication label is verified with the care plan or medication record. Special instructions such as “shake well”, “give first”, “right eye only”, “do not crush”, etc., are reviewed. The expiry date and beyond-use date of the medication is checked. The medication rights are reviewed.

Third Safety Check

This check is done just before medication assistance is provided. The medication is prepared according to instructions (e.g., crush and mix with applesauce). Before assisting the client, the medication rights are reviewed again to ensure the right medication is given to the right client, in the right amount, by the right route, at the right time.

Activities assigned to the unregulated health care provider vary, based on client need, employer policy, operational processes, and type of care setting. Activities included in the MAP include the unregulated health care provider performing medication assistance with:

- oral medication (e.g., solid, liquid, powder)
- sublingual and buccal medication (e.g., solid, spray, liquid)
- transdermal medication (e.g., medicated patches)
- topical medication (e.g., lotion, cream, shampoo, ointment, powder, spray)
- ophthalmic medications (e.g., drops, ointment)
- otic medication (e.g., drops, ointment)
- nasal medication (e.g., drops, spray)
- inhaled medication (e.g., Metered Dose Inhaler [MDI], dry powder, nebulized)
- assisting the client with self-administration of prepared insulin



Refer to the [Medication Assistance Activities Table](#) (Appendix 1) for additional details.

Restricted Activities

Restricted activities include invasive procedures that involve a significant degree of risk to the public, and therefore may only be performed by regulated health care providers who are authorized by their professional regulation and who have the appropriate level of competency (AHS, 2012).

Activities assigned to unregulated health care providers must be compliant with Alberta's *Health Professions Act* (HPA), the *Government Organization Act* (GOA) and the joint nursing document [Decision-Making Standards for Nurses in the Supervision of Health Care Aides](#) (2010). Medication assistance is not a restricted activity; however, the route the medication is provided may make it a restricted activity.

CARNA, CLPNA, and CRPNA (2010) have consented to allow health care aides (HCAs), as unregulated health care providers, to perform two restricted activities:

- Section 2 (1)(b) to insert or remove instruments, devices, fingers or hands
 - (vii) beyond the labia majora,
 - (viii) beyond the anal verge

[GOA, Schedule 7.1, Section 2(1)]

These restricted activities are typically performed by health care aides (HCAs) for the purposes of fecal evacuation or insertion of vaginal medication and are common in certain practice settings. Once the HCA is competent to perform these activities, they may provide this assistance, as assigned, to other stable clients within the care setting under the supervision of a regulated health care provider who is competent in medication administration. The HCA must adhere to the established plan of care. No additional client-specific training is required, unless circumstances require additional one-on-one orientation for the client, or supervision for the activity. The service provider/ employer is expected to ensure HCA competence with these restricted activities when they are common in the practice setting.

To assign the activity, the regulated health care provider must be competent to perform the activity, it must be within their scope of practice, and role to perform. The unregulated health care provider must be provided the required level of supervision from an appropriate regulated health care provider (i.e., who is competent in the activity which is within their scope and role).

Activities of Daily Living

Some restricted activities may be considered an activity of daily living (ADL) for a specific client (CARNA, CLPNA, CRPNA, 2010, p.4). The decision tree in the *Decision-Making Standards of Nurses in the Supervision of Health Care Aides* (2010, p.6) provides guidance to support decision-making. It is the regulated health care provider's responsibility to determine if a restricted activity is an ADL, and to safely assign these activities, ensuring the necessary training and supervision is provided to the health care aide (HCA). Assigning a restricted activity which qualifies as an ADL to a HCA, is done on an individual basis, when the client is stable with a predictable outcome from the activity.

The Government of Alberta (2019, p. 37) defines ADLs as activities that an individual normally performs on their own behalf to maintain their health and well-being, and includes:

- i. routine and invasive self-care activities, including but not restricted to the removal of slivers and the cleaning of wounds, and
- ii. specifically taught procedures, which generally result in predictable and stable responses, including but not restricted to catheterization maintenance of drainage tubes and administration of drugs by injection

[GOA, Schedule 7.1, Section 1(a)]

It is important to identify that the very same task or procedure may be a restricted activity or an activity of daily living depending upon the clinical situation.

The regulated health care provider is responsible to recognize and respond to changes in the client's condition which may shift the activity from an ADL back to being a restricted activity (AHS, 2012, p.7). When making decisions for safe assignment and supervision of care, client factors to consider include acuity of the client, the complexity of care needs, predictability of response, and risks of negative outcomes (CARNA, 2014).

Examples of restricted activities which may be considered for assignment to an unregulated health care provider (as an ADL) include, but are not limited to:

- injecting subcutaneous insulin
- instilling medications into a gastrostomy tube

These are client-specific activities and may not be performed with any other client (i.e., are non-transferrable activities).

The assignment of activities must comply with practice standards (e.g., *Decision-Making Standards for Nurses in the Supervision of Health Care Aides*) and established policy, procedure or operational process in the care setting.



See [Assigning Restricted Activities to Health Care Aides \(HCAs\)](#) (Appendix 2a & 2b) for examples and additional information. Additional education resources for regulated health care providers are available on Insite and CCC.



Complex Medication Assistance Activities

Certain medication assistance activities may be complex, such as assisting with controlled substances, high-alert, hazardous, and/or PRN medication. In addition to established recommendations (e.g., assessment, care planning) in [Coordinating Care and Services](#) in this document, the regulated health care provider has additional responsibilities when considering the assignment of complex medication assistance activities. The regulated health care provider in a case management role collaborates with members of the health care team to ensure medication support services are assigned safely.



See [Quick Reference for Assigning Medication Assistance](#) (Appendix 3) for information on roles, responsibilities and conditions for assignment.

Over-the-Counter (OTC) Medication and Natural Health Products

The client and/or family must be advised to inform regulated health care providers of any medication the client is using, including OTC or natural health products.

- Within designated supportive living (DSL) and long term care (LTC), these medications must be ordered/prescribed by an authorized prescriber.
- Within home living (HL) and non-designated supportive (NDSL) living settings, clients may obtain OTC medication or natural health products for their own use, without a prescription.
 - When the client receives medication assistance (Levels 2 & 3) or medication administration, the regulated health care provider must collaborate with the authorized prescriber to determine if medication support services may include OTC medications or natural health products.
 - Documentation such as notation in the client health record or facsimile is recommended, the service provider/employer may require an order/prescription to be obtained.

A regulated health care provider may assign an unregulated health care provider to assist with medication approved by Health Canada, including those with a drug identification number (DIN), natural product number (NPN), or a homeopathic medicine number (DIN-HM). Refer to [Complementary and Alternative Health Care and Natural Health Products Standards](#) (CARNA, 2018) for additional guidance.

***Note** On a case-by-case basis and depending on the context of the situation, a regulated nurse (e.g., registered nurse [RN], registered psychiatric nurse [RPN], licensed practical nurse [LPN]) may assign an unregulated health care provider to assist a client with medications not approved by Health Canada. These may include investigational or trial medication, or those obtained under a special access program (SAP). Regulated nurses assign care in accordance with provincial regulations and professional practice standards (e.g., CARNA Medication Management Standards [2021]) and established policy, practice, or processes in the care setting.

When used appropriately, any OTC or natural health product can be an effective part of a client’s health management strategy. However, any medication or health product also has the potential to be a risk, causing side effects or interactions with prescribed and OTC medication, including psychoactive substances. Natural health products may be manufactured in various ways, affecting the outcome or side effects clients may experience.

Over-the-Counter (OTC)	Natural Health Products
<p>Defined by Health Canada as “health products that can be bought without a doctor’s prescription.”</p> <p>Examples include acetaminophen, antacids, decongestants, and laxatives used to treat minor health problems at home.</p>	<p>Products can be bought without a doctor’s prescription.</p> <p>Defined by Health Canada as:</p> <ul style="list-style-type: none"> • probiotics • herbal remedies • vitamins and minerals • homeopathic medicine • traditional medicines (e.g., traditional Chinese medicines) • other products like amino acids and essential fatty acids
<p>Regulated under Food and Drug Regulations, enabled by the <i>Food and Drugs Act</i>.</p>	<p>Regulated under Natural Health Product Regulations enabled by the <i>Food and Drugs Act</i>.</p>
<p>To be sold in Canada, they require a valid Drug Identification Number (DIN) on the product label.</p>	<p>Manufacturers are accountable to label approved products with an NPN (Natural Product Number) or a DIN-HM (Drug Identification Number-Homeopathic Medicine).</p>
<p>The label must also list the drug’s ingredients.</p>	<p>Additional details on the product label include recommended dosage, length of time to take the product, known risk factors associated with the product, and any other relevant information.</p>

PRN Medication

Clients may require PRN (pro re nata) or as-needed medication, for a specific medical symptom.

- In DSL Level 4/4D or LTC, regulated health care providers (e.g., LPN, RN, and RPN) are readily accessible in the care setting and are responsible to assess the client and administer PRN medication. In these settings, PRN medication management should not be assigned to unregulated health care providers.
- In settings where a regulated health care provider is not on-site and provides indirect or indirect remote supervision (e.g., home living, NDSL or DSL Level 3), clients may require medication assistance support with PRN medication. In these settings, regulated health care providers may not be able to provide support with PRN medication at the frequency required. Assigning assistance with PRN medication to unregulated health care providers in certain circumstances may be of significant benefit to clients.



See [Quick Reference for Assigning Assistance with PRN Medication](#) (Appendix 4) for information on health care provider roles, responsibilities, and conditions for assignment.

When assistance with PRN medications has been identified as a need for a population of clients within a practice setting to support independence, quality of life, and aging in place, the health care team is encouraged to work collaboratively to establish this practice.

During regular medication reviews, PRN medication use is evaluated by the health care team to:

- ensure the client is receiving the most appropriate dosage of medication to achieve the anticipated outcome
- determine if the client requires ongoing support with PRN medication
- verify that the frequency and level of medication support services are meeting the client's care needs
- consider changing the medication to regularly scheduled doses, (when appropriate)
- to discontinue if not required

High-Alert Medication

High-alert medications (HAMs) are defined as “medications that bear a heightened risk of causing significant patient harm when used in error.” (Institute for Safe Medication Practices [ISMP], 2012). Examples of HAMs that clients in continuing care are prescribed include, but are not limited to, insulin, anticoagulants, chemotherapy agents and narcotics.

Unregulated health care providers are not responsible to know what each individual medication is prescribed for and do not perform or participate in independent double-checks of HAMs. Certain medications or methods of administration may be the sole responsibility of regulated health care providers, whereas others may be assigned to an unregulated health care provider, when assessed as appropriate.

Examples where medication administration should be the responsibility of a regulated health care provider include, but are not limited to:

- a client discharged from hospital with a new prescription of a HAM and requires monitoring to determine their response to the new medication
- a client requires medication assistance, and they take one or more HAMs with frequently changing dosages
- a client requires frequent assessment due to fluctuating care needs with a potential need for higher level of care than an unregulated health care provider can perform

High-alert medication resources are available on AHS Insite and the [Continuing Care Connection](#) website under [Practice Resources > Medication Management](#).

Prior to assigning assistance with HAMs to the unregulated health care provider, the regulated health care provider must consider client acuity and predictability of response, risks associated with performing the activity in the setting, and ensure appropriate care plan interventions and the required level of supervision are in place.



In addition to the recommendations provided in the [Quick Reference for Assigning Medication Assistance](#) (Appendix 3), the regulated health care provider:

- collaborates with the client’s authorized prescriber to determine any monitoring parameters (e.g., glucose monitoring) required, including test ordering and review of results

- collaborates with the client's pharmacy to provide HAM dispensed in a ready-to-use or unit dose format, when appropriate and available (*Note: preparing injectable ready-to-use medication may require the use of a compounding pharmacy*)
- coordinates care with the client when they can prepare HAM, just prior to assistance from an unregulated health care provider (e.g., prepare a dose of insulin)
- provides required education/training for the unregulated health care provider(s) assisting with the HAM



In addition to the [AHS Provincial High-Alert Medication List](#), regulated health care providers may refer to high-alert medication lists for [Community/Ambulatory Healthcare](#) and/or [Long Term Care Settings](#) from the Institute for Safe Medication Practices (ISMP).

Hazardous Medication

“Hazardous medication are those medication that can pose a health risk from exposure in the workplace due to the medication’s inherent toxicity.” (AHS, 2018, p.1). Exposure may occur in various ways (e.g., skin contact, inhalation) and be a result of a single exposure to a large amount, or cumulative result from low, frequent exposures. Regulated health care providers assigning medication assistance activities must be aware of the potential risks to unregulated health care providers, and others, when handling hazardous medication, including any generated wastes. Risk mitigation strategies must be implemented and followed.

Unregulated health care providers are not responsible to know what each individual medication is prescribed for and may be unfamiliar with medication label symbols or may not be aware of the implications of assisting with hazardous medication. Regulated health care providers and unregulated health care providers must adhere to organizational/ employer policy and procedure, hazardous medication handling resources pertinent to the care setting, and the *Alberta Occupational Health and Safety Act*, regulation, and code.

Hazardous medication is labelled in accordance with established policy and processes for the care setting. Community pharmacies are not required to apply hazardous medication labels, though some pharmacies may be able to provide this service upon request.

Hazardous medication handling resources are available on AHS Insite and the [Continuing Care Connection](#) website under [Practice Resources](#)> Medication Management.

In addition to the recommendations provided in the [Quick Reference for Assigning Medication Assistance](#) (Appendix 3), the regulated health care provider:

- determines the hazard (i.e., known, potential or reproductive hazard medication)
- collaborates with the client's pharmacy to provide:
 - commercially prepared hazardous medication or, when prepared by pharmacy, in a format which, whenever possible, requires no or minimal preparation by the unregulated health care provider
 - appropriate waste containers for medication waste
- coordinates care with the client and/or housing/accommodation provider to ensure medication storage, handling, and waste management processes are implemented and followed
- provides required education/training for the client, family, and unregulated health care provider(s) assisting with hazardous medication, including personal protective equipment (PPE), medication storage, handling, and waste management requirements pertinent to the care setting

Controlled Substances

Controlled substances are drugs that have a potential for abuse or addiction and are regulated in Canada under the *Controlled Drugs and Substances Act* (2019). Controlled substances include narcotics, controlled drugs, and targeted substances.

In addition to the recommendations provided in the [Quick Reference for Assigning Medication Assistance](#) (Appendix 3) and [Quick Reference for Assigning Assistance with PRN Medication](#) (Appendix 4), the regulated health care provider must:

- assess and mitigate risks in the environment, including diversion of controlled substances, or access by vulnerable populations. See General Safety Considerations (Appendix 6)
- determine appropriate storage locations in the care setting (see Medication Storage and Security in this document)
- adhere to relevant policy and legislation in the care setting (e.g., AHS Controlled Substances Policy and Procedure, Controlled Drugs and Substances Act) and regulatory practice standards, such as Medication Management Standards (CARNA, 2021)

Cannabis

Cannabis is a broad term used to describe the various products derived from the leaves, flowers, and resins of the Cannabis sativa and Cannabis indica plants, or hybrids of the two.

Cannabis does not have a drug identification number and is not otherwise endorsed by Health Canada. Within AHS, cannabis for medical purposes is generally considered a therapeutic treatment, therefore it is not included in the MAP. Eligible clients receiving continuing care services may be supported to receive assistance with cannabis for medical purposes in accordance with applicable legislation and established policies, procedures, or processes in the care setting.

In the event a client requires medication assistance (Level 2 or 3) with a pharmaceutical grade of synthetic cannabis which has a DIN (e.g., Sativex, Cesamet) medication support services are assigned in accordance with the MAP.



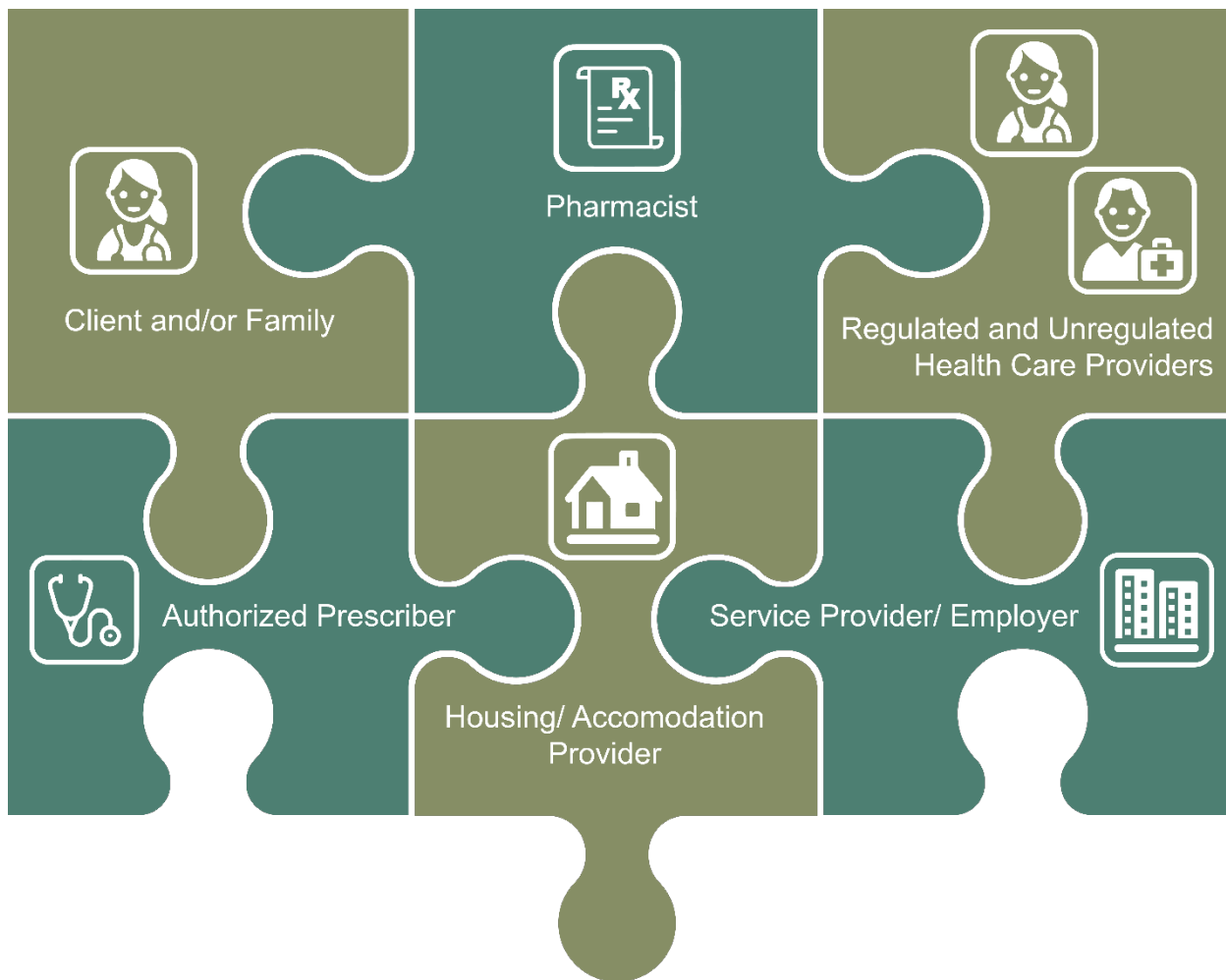
Additional cannabis resources are available on AHS Insite, the [Continuing Care Connection](#) website and the [AHS external website](#).



Health Care Team Members: Roles & Responsibilities

MAP requires a collaborative team approach crossing geographical, organizational, and program boundaries. Health care team members are accountable to work within their role and scope of practice or competency profile, optimizing efficiencies in care provision while ensuring the client receives the safest, and best possible care to meet their assessed unmet need(s).

Each care setting may need to modify or establish operational processes to clarify roles and responsibilities based on who is part of the client's health care team.



Members of the health care team will vary, depending upon the care setting and each client's unique circumstance. Each team member is expected to:

- be aware of their role and responsibilities
- understand the roles of all other team members
- clearly communicate with other team members in accordance with established processes in the care setting
- follow all relevant legislation, policy, procedure, or processes in the care setting
- be mindful of differences in community practice standards and AHS hospital or LTC standards (e.g., medication labelling and storage requirements)
- practice within their role and scope of practice or competency profile



Collaborative Practice

Collaborative practice involves respecting the unique skills and ideas of every member of the health care team, including the client, their family, regulated and unregulated health care providers. The MAP strives to provide medication support services in a mutually beneficial partnership with the client and family, in alignment with AHS' [Four Foundational Strategies](#). AHS values are represented throughout this manual and related materials.



Refer to the Collaborative Practice resources available on Insite and on the [Continuing Care Connection \(CCC\)](#) website under Professional Practice Resources>Case Management

Coordinating medication support activities involves a dedicated team of health care and service providers working with the client and their family, and with each other, to achieve client-centred goals. It is recognized that various roles may be filled by different team members, depending upon the service, and staffing model within the care setting. Within continuing care, collaborative practice resources provide additional guidance for consideration related to medication management. These documents are accessible on AHS Insite and the [Continuing Care Connection](#) website.

AHS programs, service provider/employer and housing/ accommodation provider may develop more specific roles and responsibilities, policies, or processes, based on operational needs and requirements. The following identifies the general expectations of various members of the health care team, and the variations which may be expected, given the context of the care setting. The health care team is accountable to further clarify roles and responsibilities within each care or practice setting.

Client and/or Family

For a successful collaboration in medication management, it is necessary for the client and/or family to:

- participate in the assessment to identify unmet medication needs
- agree to MAP requirements when medication assistance is indicated
- acknowledge their roles and responsibilities as a member of the interdisciplinary team
- develop a care plan with a regulated health care provider

- support the health care team in following policy, procedure, and/or established processes in the care setting
- communicate any medication changes, side effects or concerns
- assume responsibility, whenever possible, for managing medications while away from the care setting
- participate in regular medication reviews with regulated health care providers including authorized prescriber(s) and pharmacist

Home Living (HL) and Non-Designated Supportive Living (NDSL)

Additional recommendations and responsibilities for client and/or family residing in HL and NDSL settings include:

- choosing a single pharmacy to provide all medications, when possible (HQCA, 2012)
- obtaining medication from the pharmacy (i.e., pick-up or arrange delivery) and returning unused/expired medication to the pharmacy for disposal
- storing medications safely and appropriately (e.g., securely in accordance with risk assessment or legislative requirements, and/or as per pharmacy recommendations)
- arranging for payment of any medication-related expenses, including purchasing of equipment/supplies that are required for the safety of health care providers (e.g., safety-engineered devices)
- ensuring all medication changes or new prescriptions/orders are directed to the appropriate regulated health care provider and/or pharmacy for processing
- notifying the regulated health care provider working in a supervisory or case management role when there is a new or changed medication prescription/order so that medication support services can be reviewed
- maintaining an accurate up-to-date medication list in collaboration with the pharmacy and other health care providers as applicable
- assuming responsibility, whenever possible, for managing PRN medication and/or directing the use of PRN medications when assessed as safe and appropriate

Designated Supportive Living (DSL)

Clients residing in DSL settings are strongly encouraged to use the preferred or contracted pharmacy in setting, to limit the number of pharmacy providers (AHS, 2018).

Authorized Prescriber

The client's authorized prescriber may include a physician, nurse practitioner (NP), pharmacist, or registered nurse (RN) when authorized to prescribe.

The authorized prescriber is responsible to:

- prescribe medications which are then communicated to the client's pharmacy through established processes in the care setting (e.g., the client takes a prescription to the pharmacy, order form sent to pharmacy)
- ensure prescriptions (scheduled and PRN) contain all relevant information, in accordance with policy, procedure, or prescribing practice standards in the care setting
- communicate as soon as reasonably possible to regulated health care providers whose care of the client may be affected by any prescribing decision (e.g., need for therapeutic drug monitoring, behaviour tracking, request to hold medication, etc.)
- collaborate with the health care team in evaluating medication effectiveness and optimizing the client's medication management support needs through participation in medication reconciliation and medication reviews

Home Living (HL), Non-Designated and Designated Supportive Living (NDSL & DSL)

When the client resides in HL, NDSL, or DSL setting, the health care team may request the authorized prescriber review and approve the use of over-the-counter (OTC) medication, including natural health products. Refer to [Over-the-Counter \(OTC\) Medication and Natural Health Products](#) in this document for more information.

Pharmacy and Pharmacy Staff

Pharmacy staff are responsible for providing pharmacy services according to the Alberta College of Pharmacy (ACP) *Standards of Practice* and for working collaboratively with the health care team to serve the best interests of each client.

Pharmacy services needed to support a safe and effective MAP, include, but are not limited to:

- Dispensing medications (including prescription, over-the-counter (OTC), and natural health products) in a controlled dosage system for clients requiring medication assistance Level 2 and 3.
Exception: topicals, inhalers, liquids, etc. are provided in non-controlled dosage systems.
 - Manufacturer prepared unit dose medications may be left in the original packaging as determined by the pharmacy staff.
 - Controlled dosage system modifications done by pharmacy staff must be clearly labeled to reflect the change and allow unregulated health care providers to assist from the altered packaging.
 - When clinically appropriate, instructions must be provided which allow for the health care team to determine the order in which the controlled dosage

system packages need to be given (e.g., sequential numbering or specific dating).

- To minimize safety risks, the health care team should discuss if it is appropriate to separately package short-term medications (e.g., antibiotics) or those medications which may require frequent dosage changes (e.g., Warfarin).
- Dispensing medications for clients receiving MAP Level 1 (reminder) medications in various packaging options depending on client need. Packaging options include vials/containers, controlled dosage packaging, or dosettes that are prepared by the client, family, or pharmacy. Requests for controlled dosage packaging may be initiated by the client, family, or regulated health care provider working in a case management role, based upon the client's assessed unmet need. OTC and natural health products may remain in manufacturer packaging.
- Accommodating medication changes or other medication requests (e.g., prescription change or spilled/missing medications) in a timely manner, depending on the urgency of need (e.g., by the next business day, next scheduled medication delivery, or sooner if required).
- Labelling dispensed medications (including prescription, OTC, and natural health products) according to ACP Standards.
- Unregulated health care providers are not able to assist with medications that are not labelled in accordance with Standard 7 of the ACP [*Standards of Practice for Pharmacists and Pharmacy Technicians*](#).
- Communicating medication changes to the health care team through a process established with the team.
- To facilitate this communication, community pharmacies are encouraged to document on the pharmacy health care record that the client is receiving medication assistance through the MAP.
- Providing a current and complete medication list through a process established with the health care team, which includes prescriptions, OTC, natural health products, regularly scheduled and PRN medications dispensed by the pharmacy.
- Providing a medication documentation record (e.g., medication administration/assistance record), when requested and if possible.
- Collaborating with the rest of the health care team to perform medication reviews, when possible.
- Optimizing medications to reduce the frequency of administration times and improve adherence, when possible.
- Establishing a process for the client to return medications to the pharmacy for disposal.
- Upon request, providing sharps containers and safety engineered devices when health care providers are assisting with injections or other care requiring medical sharps.

Additional Requests

The health care team and pharmacy should discuss additional requests that are not part of Pharmacy Standards, but may support the unregulated health care provider when performing medication assistance, including, but not limited to:

- labelling of high alert and/or hazardous medications
- identifying area(s) of application for topical medications on labels and records
- including indications for use of PRN medications on the label(s) and records, where PRNs are permitted
- support in reviewing pharmacologic restraints in accordance with relevant policy and legislation in the care setting
- other client-specific requests (e.g., separate packaging of medication for respite care or adult day program)

Designated Supportive Living (DSL)

When the client resides in DSL, additional responsibilities for the pharmacy and pharmacy staff include complying with AHS *Minimum Comparable Pharmacy Service Requirements in Supportive Living*, available on Insite and the [Continuing Care Connection](#) website, in addition to any contractual requirements.

Long Term Care (LTC) or Other Areas with a Pharmacy Service Agreement

The community pharmacy is responsible to meet any contractual and/or program area requirements.

Regulated Health Care Provider

A regulated health care provider may perform any or all the following functions in accordance with established processes in the care setting (*Note*: more than one regulated health care provider may collaborate in these responsibilities):



See the [Roles and Responsibilities Table](#) (Appendix 5)

- ensure medication reconciliation is completed for all clients receiving medication support services (i.e., medication administration or medication assistance)
- complete an assessment to determine the client's unmet medication assistance needs while first considering options for client self-administration and self-management of medication (e.g., Medication Risk Management Assessment, Home Safety Risk Assessment)
- develop a care plan with team members which promotes the client's independence, quality of life and personal dignity
- involve the client and family in decision-making regarding MAP and confirm acceptance of their responsibilities as a collaborative team member

- authorizes and/or assigns medication assistance to a competent unregulated health care provider
- collaborate with the client and other regulated health care providers to review medication for effectiveness and optimization in care and delivery
- provide the appropriate level of supervision in the context of the requirements of the care setting, client, and unregulated health care provider
- ensure additional training is provided to the unregulated health care provided as required (e.g., assigned restricted activities)
- perform ongoing client assessment and monitoring, updating the care plan and following up with any concerns
- respond to clinical adverse events and reportable incidents, acting according to established processes in collaboration with health care team members

Home Living (HL), Non-Designated and Designated Supportive Living (NDSL & DSL)

When the client resides in HL, NDSL, or DSL settings, additional responsibilities for the regulated health care provider, working in a case management role include:

- help coordinate communications amongst the health care team
- involve the client's family, when appropriate, to provide medication supports to meet the client's assessed unmet needs in the care setting
- support the client to obtain services from an appropriate pharmacy and assist the client to obtain the necessary equipment and/or supplies (e.g., controlled dosage systems and/or safety devices)
- prepare an appropriate medication record in accordance with established processes in the care setting, when pharmacy or service provider/employer is unable to supply
- collaborate with the service provider/employer to ensure the appropriate level of supervision is provided to the unregulated health care provider performing medication assistance
- consult with members of the health care team to explore viable alternative options if medication support needs cannot be safely met in current living environment (i.e., determine if client may require a higher level of care)

Unregulated Health Care Provider

The unregulated health care provider is accountable for the following, in accordance with established processes in the care setting:



See the [Roles and Responsibilities Table](#) (Appendix 5)

- demonstrate initial and ongoing competence in medication assistance activities, including but not limited to:
 - infection, prevention, and control practices
 - medication “rights” and safety checks when assisting with medication
 - use of the care plan and medication record
 - promoting client independence and involvement as much as possible, while respecting the client’s choice to refuse
 - providing medication assistance to one client at a time, with an appropriate level of privacy for the activity
- maintain the confidentiality of the client’s personal and health information
- document at the point of care, immediately following assistance, and in accordance with established processes in the care setting
- communicate regularly with the supervising regulated health care provider regarding:
 - client or family questions or concerns
 - when unsure of procedures or competence to perform a MAP activity
 - when any directions received by family or others are not in agreement with the instructions in the care plan
- observe the client and report:
 - any concerns or unusual changes in the client from their normal function and/or behaviour
 - any specifically identified observations identified on the care plan including side effects and outcomes of medication (e.g., nausea, fatigue, dizziness, blood glucose level out of range, etc.)
 - clinical adverse events, close calls, and hazards
 - medication errors including omissions
 - unusual events including the client refusing medication, medication is missing, dropped, etc.,
- follow established processes in the care setting when a medication requires refilling (e.g., creams)
- adhere to medication storage and disposal processes established in the care setting

Home Living (HL), Non-Designated and Designated Supportive Living (NDSL & DSL)

When the client resides in HL, NDSL, or DSL settings, additional responsibilities for the unregulated health care provider may include:

- receiving medication deliveries
- performing accounting processes for certain medications (e.g., individually packaged controlled drugs and substances or PRN medication)

Unregulated health care providers:

- are not trained in pharmacology
- are not expected to know each medication effect and/or side effects
- are not responsible to assess clients
- do not teach, advise or counsel the client or family about medication, including OTC medication or natural health products

Service Provider/Employer

The service provider/employer, whether an AHS or a contracted service provider is expected to:

- provide job descriptions that identify employee roles and responsibilities related to medication
- establish policies, procedures or processes in the care setting to guide practice, in accordance with operational needs, relevant legislation and professional practice standards
- provide education/training in accordance with the CCHSS (2018)
- orientate regulated and unregulated health care providers to site/program specific medication assistance processes
- advise the client or family to contact the regulated health care provider in a supervisory or case management role regarding MAP related questions or if client medication management concerns are noted
- implement a communication process amongst the health care team regarding changes to a client's medications regimen or status (e.g., blood glucose result outside client's target range)
- provide an appropriate medication record when one is not readily available from the pharmacy, in accordance with the established service agreement
- establish standardized processes for dispensing and distribution when the client prefers an alternate pharmacy provider who can provide comparable services
- enforce reporting of clinical adverse events (inclusive of reportable incidents) in accordance with relevant policy, procedure or process and legislation
- review all adverse events to identify contributing systems factors that can be addressed through safety improvement initiatives

- ensure that a regulated health care provider, working within their scope of practice and role and competent in medication administration is available to:
 - verify unregulated health care provider competence to provide medication assistance
 - assign medication assistance activities as appropriate
 - provide the appropriate level of supervision required for the unregulated health care provider
 - provide additional training when restricted activities are assigned

***Note:** *When the service provider/employer does not have a supervising regulated health care provider competent in medication administration, they must address this need through collaboration with other service providers and/or an AHS regulated health care provider, working in a case management role.*

Housing/ Accommodation Provider

The housing/ accommodation provider of a congregate living setting (e.g., lodge, DSL, LTC) must comply with legislated requirements in the care setting (e.g., Alberta *Supportive Living Accommodation Standards, Continuing Care Health Service Standards*).

Where the housing/accommodation provider is not providing medication support services, the regulated health care provider working in a case management role collaborates with health care team members (e.g., client, housing/accommodation provider, pharmacy) to ensure required components of an appropriate and safe medication management system are established. This includes establishing a location for securely storing medication in a place within the client's living space or a central location within the care setting that is accessible to regulated health care providers and unregulated health care providers involved in medication support services.



Components of a Medication Management System

Medication management systems will vary according to the care or practice setting. The following provides general recommendations around packaging, labelling, medication times, dispensing and delivery, storage, client outings, medication disposal or returns, documentation, and additional safety considerations.

Medication Packaging and Labelling

All prescribed/ordered medications must be labeled as per the Alberta College of Pharmacy *Standards of Practice* and established policy, procedure, or processes in the care setting. Labelling practices may differ amongst care settings.

Medication Assistance Level 1 (reminder)

The unregulated health care provider does not handle or prepare medication for clients receiving this level of medication support.

- Medication may be packaged by the pharmacy in individual vials/containers or controlled dosage system, dosettes (flip-top or sliding cover compartment) prepared by client, family, or pharmacy, according to the client's assessed unmet need.
 - OTC medication and natural health products may remain in manufacturer packaging.
 - Medication packaged by the pharmacy is labelled in accordance with Alberta College of *Pharmacy Standards of Practice*.
 - Dosettes prepared by the client or family may not be labelled.

Medication Assistance Levels 2 and 3

When the client receives medication assistance (Level 2 & 3), all medication must be packaged and labelled by the pharmacy to permit the unregulated health care provider to provide some/partial or full assistance with the medication.

- Solid oral OTC medication and natural health products taken at routine scheduled times must be packaged by the pharmacy in the controlled dosage system and identified on the medication label.
- When the client is provided PRN medication assistance (Level 2 or 3) separate medication packaging for individual clients is required, including PRN OTC medication. Refer to Controlled Dosage Systems in this manual for limited exceptions* to packaging PRN medication.
- To minimize safety risks, the health care team should discuss if it is appropriate to separately package short-term medications (e.g., antibiotics) or those medications which may require frequent dosage changes (e.g., Coumadin).

Any changes made to the controlled dosage system based upon new prescription/orders by the prescriber (e.g., discontinuation or decrease in dose, etc.) must be reflected on the medication label. It is recommended that these changes are made by the pharmacy; however, they may be made by a regulated health care provider in consultation with the pharmacy, in the event the pharmacy is not readily available to accommodate these changes. Unregulated health care providers are not permitted to alter medication labels as this is not within their competency profile.

Medication may be repackaged and labelled by a regulated health care provider for the unregulated health care provider to assist, or to provide to the client for self-administration (e.g., medication for outings). Unregulated health care providers do not repackage or label medication or prepare medication for assistance by another health care provider.

Controlled Dosage Systems

Controlled dosage systems allow for solid oral medication to be provided at routine scheduled times. Common systems include:

- Dosesets: designed with flip-top or sliding cover compartments separated into days of the week, and time slots with medication times (e.g., 7:00 a.m. and p.m., etc.).
- Blister packs: designed with compartments representing the seven days of the week, and time slots for each day coinciding with meals and bedtime.
- Strip or pouch packaging: individual or multi-dose pouches containing the oral medication for a time in a tear-off package(s).

***Note:** *Dosesets prepared by the client or family may only be used when the client receives medication assistance Level 1 (reminder).*

Solid oral medication must be packaged by the pharmacy or manufacturer in a tamper-evident, controlled dosage system such as a blister or pouch pack when medication assistance Level 2 or 3 is performed by unregulated health care providers.

Medication changes made prior to the regular start day for a new package should be made by the pharmacy whenever possible or may be made by a regulated health care provider, within their scope of practice and role, when the pharmacy is unavailable.

All other options should be considered before the regulated health care provider performs medication changes in the care setting; any changes to medication packaging or labelling is considered dispensing.

The timeframe for completing medication changes is at the discretion of the regulated health care provider and is based on the context of the situation. Factors to consider include, but may not be limited to:

- client safety considerations such as time-critical medication change or urgent need to discontinue medication
- client or family access to the pharmacy to complete required changes (e.g., geographical proximity to client)
- pharmacy availability to perform required changes (e.g., time needed to process request, after-hours request)

Unregulated health care providers are not permitted to alter medication packaging (e.g., repackage medication) as it is not within their competency profile.

****Limited Exceptions:***

In limited circumstances there may be considerations for assisting a client with their medication from an individual container (e.g., client residing in their own home, capable of directing their own PRN medication use but requires assistance to open a container of acetaminophen two to three times a month). This level of support may be appropriate for specific client populations (e.g., disabled young adults), to promote independence, quality of life, and reduce unnecessary costs, when assessed as safe and appropriate to do so. Complexity in the medication regimen, the client, and the environment are key factors in determining level of risk and potential for harm. Appropriate risk mitigation strategies and rationale must be determined in collaboration with members of the health care team and documented in the client's health record and care plan.

OTC PRN medication that does not have a pharmacy generated label must be maintained in the original packaging, be easily identified, and accompanied by clear instruction for use in the care plan and/or medication documentation record.

Home Living (HL), Non-Designated and Designated Supportive Living (NDSL & DSL)

- When the client receives medication assistance Level 1 (reminder), packaging of medication is based upon the client's assessed unmet need.
- Where assistance with PRN medication is assigned as MAP Level 2 or 3, medication must be packaged separately from routine scheduled medications, with limited exceptions*.

Non-Controlled Dosage System Medication

These medications are unable to be packaged into a controlled dosage system, and include items such as topical medication, transdermal patches, inhalers, suppositories, liquids, powders and eye/ear drops for example.

The health care team should consider risk to the client from medication dosing error, ease of use/preparation, cost to the client and availability of formulation when determining if multi-dose or unit dose medication is required.

Unregulated health care providers, with appropriate training may perform the following activities:

- Powdered medication may be decanted from a multi-dose container.
 - Clear directions must be provided on the care plan such as: measure 17 grams or 1 Tablespoon of powdered oral medication and mix with 250 ml of water.
 - Or it may be provided in unit doses (e.g., packets) and accompanied by any additional preparation instructions.
- Liquid oral medication may be decanted from a multi-dose container.
 - Clear directions must be provided on the care plan such as: pour 30 ml of liquid oral medication into medication cup and add to 250 ml of juice and mix.
 - Or it may be provided as a unit dose (i.e., single-use, pre-measured container) and accompanied by any additional preparation instructions.

***Note:** *It is recommended that liquid oral high-alert medication such as narcotics be provided in unit doses by a pharmacy when clients receive medication assistance Level 2 or 3.*

- Vaginal medication may be decanted from a multi-dose container (e.g., tube).
 - Clear directions must be provided on the care plan such as: attach the applicator to the tube and fill with medicated cream.
 - Or it may be provided as a unit dose (i.e., single-use, pre-measured applicator) and accompanied by any additional preparation instructions.
- When assisting the client with self-administration of prepared insulin, the insulin must be prepared by the client in a syringe or pen just prior to administration. See [Medication Assistance Activities](#) (Appendix 1).

Medication: Obtaining, Requesting Refills and Receiving Delivery

Different processes may exist among care settings, for how a client obtains medications, how medication refills are managed, and accountabilities for receiving medication deliveries.

Medication Storage and Security

The health care team collaborates to recommend safe, reasonable medication storage options in the environment, given the context of the situation and risk(s) identified; see [General Safety Considerations](#) (Appendix 6). The pharmacy provides storage instructions for the specific medication (e.g., keep refrigerated, keep away from light) and risk assessment, applicable legislation, accreditation standards, policies, procedures, or processes in the care setting directs medication storage requirements.

Implementing additional security strategies for controlled substances may be required. Strategies may include:

- limiting the amount of dispensed medication
- establishing an accounting process for the medication (e.g., shift counts)
- implementing a double lock to secure medication inventory
- increased client monitoring
- enhancing supervision of unregulated health care providers
- restricting medication access to regulated health care providers

Home Living (HL)

Storage of medication in the home is the responsibility of the client and family. Regardless of whether the client is independent in medication management or receives medication support services, a regulated health care provider, working in a case management role should consider risk factors in the care setting and advise on safe medication storage options.

Secure storage options should be recommended to prevent intentional or unintentional access to medication by vulnerable populations.

- Options may include a lock on a cabinet, or a box, or storage in a location that is out of reach.
- The need for securing medication waste disposal should also be considered. Collaborate with the pharmacy for options when risk is identified.

Non-Designated and Designated Supportive Living (NDSL & DSL) and Long Term Care (LTC)

When the client is independent in medication management, the housing/accommodation provider establishes medication storage requirements.

When the client receives medication support services, secure storage is required to comply with relevant legislation and standards in the care setting (e.g., *Alberta Supportive Living Accommodation Standards, Accreditation Canada Medication Management Standards*). A regulated health care provider, in collaboration with the health care team, can assist in assessing risk factors in the care setting and recommending appropriate medication storage options.

- Secure storage prevents intentional or unintentional access to medication by vulnerable populations while providing restricted access for those required to stock medication and provide medication support services. The need for securing medication waste disposal should also be considered. Medication storage locations may include a:
 - location in the client's room such as a locked drawer or cupboard
 - central location within the site such as a locked medication room
 - lockable medication cart
 - a combination of systems

Medication Disposal or Return

Care settings and programs must establish processes for appropriate medication disposal or return to the pharmacy, with considerations for environmental impact and to prevent the risk of injury to others by unintended access (e.g., vulnerable persons or pets). Any packaging with client information must be de-identified before disposal in general waste disposal systems (e.g., remove label). Refer to the established policy, procedure, or processes in the care setting.

Home Living (HL) and Non-Designated Supportive Living (NDSL)

In these settings, clients should be counseled by the pharmacist and/or regulated health care provider regarding how to safely dispose of medication.

- Disposing of medicines in the trash or flushing them down the toilet is identified as an unsafe practice that can harm the environment.
- Consider the need to establish a location for wasted medication (e.g., client refuses medication) or contaminated medication (e.g., a dropped pill on the floor) when medication assistance is provided.
- Collaborate with the pharmacy to determine the type of container to use (e.g., biohazard or other) for wasted or contaminated medications for disposal. Licensed pharmacies in Alberta accept unused, expired and wasted/contaminated medications from their customers, in addition to needles or other sharps used in the administration of drugs, unless accepting these poses a health risk or hazard to pharmacy staff (Alberta College of Pharmacy, 2020).
- Clients and their families are responsible to return medications back to the dispensing pharmacy. Health care providers are generally not responsible to remove unused medications from the home or return any medications to the pharmacy on behalf of the client. Refer to the established policy, procedure, or process in the care setting.

Designated Supportive Living (DSL) and Long Term Care (LTC)

The housing/accommodation provider establishes processes for storing medication in these settings until the medication is returned to the pharmacy. Unused or expired medication should remain in existing labelled packaging.

- Medication for disposal should be stored securely until it is returned to the pharmacy.
 - When the client is independent in medication management:
 - medication may be stored in the client's room or centralized storage on site
 - medication may be picked up for return by the dispensing pharmacy or returned by the client or family
 - When the client receives medication support services: medications must be stored in a designated secure location until it is returned to the pharmacy.
- A location for wasted or contaminated medication should be identified, including:
 - the type of disposal receptacle required (e.g., “discard drug box”, biohazard container for medical sharps)
 - processes for replacing the receptacle when needed
 - location for secure storage
 - safe disposal processes (e.g., return to pharmacy)

Medication Assistance Times

The health care team collaborates in planning services and supports to optimize medication management and expected client outcomes. Long term care (LTC) and designated supportive living (DSL) settings may have established routine times for medication assistance or administration. In residential settings (e.g., home living), planning for medication assistance and care assignments for unregulated health care providers in multiple geographical settings becomes more complex. Refer to the established medication times in the care setting. Time-critical medication should be clearly identified in the care plan and/or the medication record.

It is recognized by the Institute for Safe Medication Practices (ISMP) that very few scheduled medications are truly time-critical.

- Non-time-critical medications scheduled on a once-daily, weekly, or monthly basis may be given up to two hours before or after the scheduled time.
- Medications scheduled more than once daily but not more than every four hours should be taken within one hour before or after the designated time.

- Time-critical medications must be given within 30 minutes before or after the scheduled time and may need to be coordinated with the ingestion of a meal or personal care activities. Examples of time-critical medications may include diabetic medication, scheduled narcotics for pain control, and medication for Parkinson's disease for example.

When a new medication is added or medication changes have been made, the regulated health care provider assigning medication support services is required to ensure the activity remains appropriate to assign to an unregulated health care provider, and that corresponding changes have been made to the client care plan and/or medication record.

It is recommended that the regulated health care provider consults with the authorized prescriber and pharmacy in the event there is a need to delay an initial dose of a new medication, or dosage change, based on regulated health care provider assessment and context of the situation. Communicate any decision to delay medication assistance to the client and/or family and the unregulated health care provider.

Documentation

In addition to the documentation in the records/forms, inclusive of electronic systems, the client and team members involved in medication management should have an up-to-date list of all medications the client is taking (including prescription, over-the-counter [OTC], and natural health products).

Medication Record

A Medication Administration Record (MAR), used by regulated health care providers, typically identifies individual medications and dose, including generic and trade name. When regulated health care providers administer medication, they are accountable for verifying that each medication administered matches the medication on the MAR, with space to sign each time it is provided to the client.

Unregulated health care providers must have a form or record to document the medication(s) they assisted with, at the specified time. As unregulated health care providers do not have training in pharmacology, they are not required to know medications by name and are not expected to have detailed knowledge of actions, interactions, contraindications or indications of medication. By documenting in the medication assistance record, the unregulated health care provider acknowledges assistance was provided to the client, in accordance with the care plan and/or medication record, at the specified date and time. The care plan and/or medication record provides any additional client-specific instructions, including the level of assistance the client requires.

When an unregulated health care provider documents on the medication record, it is recommended that a single signature and/or initial is required when assisting with a controlled dosage system that may contain single or multi-dose medication. *See example 1 – blister pack medication.

Example 1

Medication	Time	1	2	3	4
Blister pack #1 MAP Level 2 - assist to take pills at breakfast daily	0800				

Each non-controlled dosage medication requires a signature and/or initial. Non-controlled dosage system medication should identify the name of the medication and additional direction as required such as route and/or specific location to be applied. *See example 2 – eye drops.

Example 2

Medication	Time	1	2	3	4
Liposic Ophthalmic MAP Level 3 - ii drops to each eye 4 times a day	0700				
	1100				
	1500				
	2300				

Unregulated health care providers are not accountable to create, alter or verify the accuracy of medication records. Medication records must be prepared for use by a regulated health care provider, or provided by a pharmacy in a paper record or electronic format.

Additional Medication Documentation Recommendations

The following recommendations promote standardized documentation for effective communication and client safety:

- medication times should be identified using the 24 hour clock (e.g., 8:00 p.m. as 2000)
- medication records must be available at the point of care for the unregulated health care provider to perform required safety checks and “rights”
- assistance with medication shall be documented immediately after assisting a client, at the point of care
- additional documentation is required when the client does not take medications as per the care plan, including the specific reason and follow-up action taken (e.g., client refused morning medication, states “blue pill upsets my stomach”, supervisor M. Nurse, R.N. notified)
- documentation is only completed by the health care provider performing the activity and is never done on behalf of another health care provider
- documentation of both removal and application of transdermal patches
- track the site of application or injection when medications require rotating sites (e.g., transdermal patch, insulin, etc.)

- when documenting in paper-based systems:
 - use permanent blue or black ink; never write in pencil or use an eraser
 - initials may be used to sign when the full name, signature, and initials are recorded on an employer maintained master signature record
 - manage documentation errors according to employer policy, procedure or processes; never use white-out or felt markers to delete entries
- completed medication records be retained with the client's health record in accordance with employer policy and made available to the regulated health care provider accountable for care planning and medication reviews

Documenting PRN Medication

The following recommendations pertain to additional documentation required for PRN medication assistance when supported by policy, procedure, or operational process:

- the reason for the PRN medication
- the amount of medication provided (e.g., number of tablets or doses)
- the exact time medication was provided

Assessment and documentation of client outcomes related to the PRN medication is the responsibility of the regulated health care provider assigning the PRN activity. The unregulated health care provider may be directed (e.g., in the care plan), to observe and report client outcomes, such as response to PRN medication.

Client Outings

Formal processes for medication assistance must be established in non-designated and designated supportive living (NDSL & DSL) and LTC, to safely support clients who will be away from the site during scheduled times for medication assistance.

Prior to assigning medication assistance to an unregulated health care provider during client outings, a regulated health care provider should consider the following:

- Is the client and/or family able to assume responsibility for the medication, avoiding the need to assign this activity?
- Could the medication be given earlier or later than the indicated time to avoid the need for medication to be sent with the client?

***Note:** *This may require consultation with the client's authorized prescriber.*

When it is necessary to assign medication assistance to an unregulated health care provider during client outings:

- a regulated health care provider must ensure the medication is packaged and labelled as per the Alberta College of Pharmacy *Standards of Practice* and established policy, procedure, or operational process in the care setting
- the unregulated health care provider must have access to the care plan and/or medication record to know client care needs and perform documentation of the medication assistance completed
- the appropriate level of supervision must be provided by a regulated health care provider



Unexpected/Unusual Events

Despite best efforts, unexpected or unusual events may occur. The unregulated health care provider communicates with the supervising regulated health care provider to address problems. The following are examples of common issues that may arise.

Expired Medication

Expired medications have the potential to cause unintended consequences for a client. The unregulated health care provider checks the expiry date of medication during the second safety check. Refer to [Medication “Rights” and Safety Checks](#) in this document. If the unregulated health care provider identifies an expired medication:

- inform the client the medication has expired, and assistance cannot be provided
- decline to assist, even if the client insists on accepting the medication
- dispose of the medication according to the established process (e.g., ‘discard drug box’, set aside for the family to return to the pharmacy, etc.)
- notify the supervising regulated health care provider and follow any instructions received
- document observations and the response to the situation in the client health record

Client Refuses Medication

Clients have the right to refuse medications. If the client refuses a medication the unregulated health care provider shall:

- dispose of the medication according to the established process in the care setting (e.g., ‘discard drug box’, set aside for the family to return to the pharmacy)
- notify the supervising regulated health care provider of the refusal and any comments or reason provided by the client
- document observations and the response to the situation in the client health record:
 - documentation must indicate that the medications were offered and declined by the client, the way the medications were disposed of, and the actions taken by the unregulated health care provider (e.g., notified [name] of supervising regulated health care provider)

Spilled/Dropped or Contaminated Medication

If oral medication is spilled, dropped on the floor, or contaminated and cannot be ingested by the client, the unregulated health care provider shall:

- ensure all medication spilled/dropped are located and verified by count, shape or colour of the medications against the description in the care plan or from the label on the controlled dosage system
- dispose of the medication according to the established process in the care setting (e.g., 'discard drug box', set aside for the family to return to the pharmacy)
- report the spilled/dropped medication to the supervising regulated health care provider to ensure medications are replaced
- follow instructions from the supervising regulated health care provider regarding the client's medication (e.g., use medication from next day while awaiting replacement medication, do not give any medication)
- if medication is not provided to the client then documentation in the client health record is required

Client Vomits After Ingesting Medication

If a client vomits after ingesting medications the unregulated health care provider tends to the client's immediate care needs and is then responsible to:

- follow routine infection prevention control practices when cleaning up vomit (e.g., wear gloves and other personal protective equipment as required), in addition to hazardous medication personal protective equipment when indicated
- check the care plan for any special instructions
- notify the supervising regulated health care provider and follow the instructions provided
- document observations and the response to the situation in the client's health care record

Discontinued or Undocumented Medication

If the unregulated health care provider observes a medication that is not identified on the corresponding care plan/medication record or medication label, the supervising regulated health care provider should be contacted for further instructions. The unregulated health care provider must not assist the client with medication that has not been assigned. This includes requests by the client or family to provide assistance with medication that is not in the care plan/medication record or is not labelled.

Emergency Situations

Unregulated health care providers are required to follow established processes when the client experiences an emergency such as a suspected severe allergic reaction or severe adverse reaction. Processes vary according to the care setting and should include requirements to:

- call for assistance from another person or health care provider in the immediate care setting (e.g., working down the hall), when available
- call for medical assistance (e.g., 911 or “code blue”) if the client is in immediate danger (e.g., unable to breathe, severe bleeding or pain, loss of consciousness)
- assist the client into a comfortable position, or maintain the client in a safe and comfortable position
- remain with the client to provide comfort care and reassurance
- provide access for Emergency Medical Services (EMS) or other regulated health care providers to the client
- provide any requested observations or information to EMS responders or regulated health care provider

Once the client is under the direct care of a regulated health care provider, the unregulated health care provider must report the situation to the supervising regulated health care provider. Documentation in the client’s health record is required, including observations and the response to the situation. Additional reporting, such as an incident report or clinical adverse event reporting should be completed in accordance with established policy, procedure, or process in the care setting.



Clinical Adverse Events or Incidents

A clinical adverse event means “an event that reasonably could or does result in an unintended injury or complications arising from health care management, with outcomes that may range from (but are not limited to) death or disability to dissatisfaction with health care management, or require a change in patient care” (AHS, 2020). While not all clinical adverse events result in injury or harm, it is important to acknowledge when they occur, take steps to ensure client safety, report and learn from the event to prevent future events from occurring.

A medication-related clinical adverse event may also be known as a medication error or incident. The National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP, 2020) further identifies these events may be related to “professional practice, health care products, procedures, and systems, including prescribing, order communication, product labelling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.” The following are examples of medication-related clinical adverse events:

- a missed dose of medication, or an omission, unrelated to client refusal or client not being present in the care setting to receive medication
- medication assistance was provided to the client after the medication was expired, discontinued, or past the stop order date
- failure to supervise client ingestion of oral medication when assigned to provide full assistance (MAP Level 3)
- accumulation of unlabelled, unpackaged medication discovered in the client’s room
- medication assistance was provided either too early or late (e.g., as determined by established time frames for assisting with medications in the care setting, or outside the instructions in the client care plan or medication record)
- failure to document medication assistance on the medication record, resulting in medication assistance provided twice to a client for the same time frame
- medication assistance was provided via a route or applied to a site other than indicated in the care plan and medication record
- the dosage or amount of medication assisted with was different than what was ordered and detailed on the medication record
- transdermal patch was not removed at the prescribed time
- the client received a medication that was intended for a different client

Close Calls and Hazards

A close call sometimes referred to as a “near miss” is defined as “an event that has potential for harm and is intercepted or corrected prior to reaching the patient”, and a hazard “means a situation that has potential for harm and does not involve a patient” (AHS, 2020).

Examples of close calls and hazards include, but are not limited to:

- medication removed from the wrong date on the controlled dosage system, but the mistake was realized before it was given to the client
- the client has two or more controlled dose systems which are not clearly labeled
- the amount of medication in the controlled dose system does not correspond to the label or medication record

Reporting

The AHS ‘Just Culture Philosophy’ supports an environment where everyone feels safe, encouraged, and enabled to discuss quality and safety concerns; reporting and learning are key elements. This means that reporting is conducted within a psychologically safe environment where there is demonstrated respect and support for the individual, and the potential for human and systems fallibility is acknowledged. Everyone can trust that those within the organization will demonstrate, through their behaviours and decisions, a fair and consistent approach to responding to issues raised. (AHS, [Just Culture Guiding Principles](#)).

When clinical adverse events, close calls or hazards involving medication assistance occur, prompt intervention is required for client safety and care. Unregulated health care providers are expected to take the following steps:

- notify the supervising regulated health care provider
- follow instructions provided by the regulated health care provider and report back if required
- document what was observed, instructions received, care provided, the names and roles of the person(s) contacted
- complete an incident/adverse event report according to service provider/employer policy

The supervising regulated health care provider is responsible to perform or arrange for the client assessment and/or follow up when required, and complete the required reporting, as required in accordance with legislation (e.g., CCHSS), policy (e.g., AHS *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events* Policy Suite), and established processes in the care setting.



The service provider/employer is accountable to ensure any adverse event considered a “reportable incident”, is reported in accordance with the [Alberta Health Reportable Incident Decision Process](#), using the form identified.

Home Living (HL), Non-Designated and Designated Supportive Living (NDSL & DSL)

Incidents/adverse events which occur in these settings, while contracted service providers are performing client care, must be reported to AHS within a timely manner for appropriate client follow-up, in accordance with contractual requirements and established processes.

Clinical adverse events involving specifically identified medications on the care plan (e.g., high-alert medications), must be reported immediately to the supervising regulated health care provider. The supervising regulated health care provider is responsible to notify other health care team members as required (e.g., authorized prescriber, regulated health care provider working in a case management role, etc.) for prompt intervention. Reportable incident reporting to Alberta Health is the responsibility of the contracted service provider.

When a medication-related clinical adverse event, close call or hazard is reported to an AHS regulated health care provider working in a case manager role, the details of the adverse event should be entered into the Reporting and Learning System (RLS) for tracking and trending purposes. The contracted service provider documents incidents/adverse events in accordance with service provider/employer established processes in the care setting.

Quality Improvement

Trending of medication-related adverse events at a site, agency, organization, or program level is required to promote client safety and evaluate practices for quality improvement. AHS and contracted health service providers are responsible to establish systems for investigating and trending adverse events and close calls and implementing quality improvement initiatives based upon information obtained during this process.

Service providers/employers are recommended to trend errors made to ensure staff receive appropriate training and support to fulfill their job duties.

The health care team is encouraged to work collaboratively to identify opportunities for improvement, reduce medication-related clinical adverse events and improve client safety.

Glossary

Activity of daily living: means an activity that an individual would normally perform on their own behalf to maintain their health and well-being and includes routine and invasive self-care activities and specifically taught procedures, which generally result in predictable and stable responses.

Assign(ment): to transfer responsibility for completion of a task or set of tasks to another health care provider.

Assessed unmet need: means the care requirements that remain after the strengths and resources of the client and family and the community has been considered in relation to the functional deficits identified on assessment. The assessment includes the client's ability to learn the skills necessary for self-care and the willingness, ability and availability of the family and community to participate or learn.

Authorized prescriber: means, for the purpose of this manual only, a regulated health care provider who is permitted by federal and provincial legislation, their regulatory college, service provider/ employer, and practice setting (where applicable) to prescribe medications.

Care plan: means a comprehensive, coordinated plan of care which is developed, shared and managed collaboratively across the continuum of service. It is based on patient assessment and documents the patient's needs and goals, the interventions to meet these needs, and outcome measures.

Case management: means a collaborative, person-centred strategy for the provision of quality health and supportive services through the effective and efficient use of available resources in order to support the client's achievement of goals.

Competent/competence: means the ability to demonstrate the requisite knowledge, skills, judgement and attitudes to perform a specific function.

Continuing care: means an integrated range of services supporting the health and well-being of individuals living in their own home, a supportive living or long term care setting. Continuing care clients are not defined by age, diagnosis, or the length of time they may require service, but by their need for care.

Designated supportive living: means, for the purpose of this manual only, a congregate setting in the continuing care system that provides publicly funded health and support services appropriate to meet the patient's assessed unmet needs; 24 hour nursing care is available. The level of care is accessed through a standardized assessment and single point of entry process and consists of Designated Supportive Living Level 3 (DSL3), Designated Supportive Living Level 4 (DSL4) and Designated Supportive Living Level 4.

Dispense(-ing): means to provide a medication pursuant to a prescription for a person but does not include the administration of a medication to a person. Dispensing is a restricted activity under the law.

Diversion: means the redirection of controlled substances from the legitimate distribution chain for medical use into illicit channels. This can occur by giving the client less than what is ordered, falsifying forms or records, substituting the actual ordered drug, etc.

Family(ies): means one or more individuals identified by the patient as important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends, and informal caregivers.

Home care: means, for the purpose of this manual only, publicly funded personal and healthcare services for clients of all ages living in a private residence or another residential setting, such as suites in a retirement residence. Home Care helps people remain well, safe and independent in their home for as long as possible. Home Care philosophy promotes client independence, and supplements care and support provided by families and community services.

Home living (HL): means, for the purpose of this manual only, a living arrangement where an individual resides alone or with others in a private residence such as a private home or apartment. Publicly funded health and support services may be provided to meet the client's assessed unmet needs.

Long term care (LTC): means, for the purpose of this manual only, a congregate setting in the continuing care system that provides publicly funded health and support services appropriate to meet the patient's assessed unmet needs; 24-hour nursing care is provided. LTC is accessed through a standardized assessment and single point of entry process.

Medication administration: is the activity of supplying to a client a dose of a medication for the purpose of immediate ingestion, application, inhalation, insertion, instillation, or injection. The administration of medications is more than just a psychomotor task of giving a medication to a client. It is a cognitive and interactive aspect of care and involves assessing the client, making clinical decisions, and planning care based on this assessment. Medication administration requires the knowledge and skills of a competent regulated health care provider.

Medication assistance: means, for the purposes of this manual only, a service provided to a client to facilitate the client's ability to self-administer medication for as long as possible and to promote medication taken as intended by the prescriber. Medication assistance includes medication reminders, some/partial assistance, or full assistance.

Medication review: is a critical examination by the interdisciplinary team of a client's medications for appropriateness, effectiveness, interactions, and adverse reactions for the purposes of optimizing the impact of medications and minimizing the number of medication-related problems.

Non-designated supportive living (NDSL): means, for the purpose of this manual only, a congregate setting that includes a variety of communal living options that provide housing and hospitality services such as lodges, group homes, and retirement communities. Health and personal support services may or may not be available from the accommodation provider. Publicly funded health and support services may be provided to meet the client's assessed unmet needs.

Over-the-counter medication (OTC) medication: medication that does not require a prescription that is taken to treat minor health problems at home.

Predictable: is the extent to which one can identify in advance a client's response on the basis of observation, experience, or scientific reason. It involves assessment of how effectively the health condition is managed, the changes likely to occur, and whether the type or timing of changes can be anticipated.

Regulated health care provider: means a member of a regulated health profession in Alberta and is required to practice in accordance with the *Health Professions Act*.

Stable: means not changing or fluctuating.

Unregulated health care provider: means a health care provider that is not registered or licensed by a regulatory body. An unregulated health care provider does not have a legally defined scope of practice and must work under the direct or indirect supervision of a regulated health care provider.

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Appendix

Appendix 1 | Medication Assistance Activities Table

This table provides details about medication preparation and medication assistance activities that a competent unregulated health care provider can perform.

Task/Activity	Description	Unregulated Health Care Provider may:
Oral medication	Solid pill, capsule, or tablet	<ul style="list-style-type: none"> Assist with medication packaged for the type of medication and level of assistance required. Crush and/or mix the medication with food or fluid as directed.
	Liquid or powder medication	<ul style="list-style-type: none"> Measure the medication dose required. Mix or reconstitute medication with food or fluid as directed. <ul style="list-style-type: none"> <i>Note:</i> unit-dose medication may be indicated in some instances.
	Sublingual/buccal medication (e.g., solid, spray, liquid)	<ul style="list-style-type: none"> Assist with medication packaged for the type of medication and level of assistance required. Measure drops or provide sprays as directed.
Ophthalmic (eye) medication	E.g., drops and ointments	<ul style="list-style-type: none"> Measure drops and apply ointment as directed.
Otic (ear) medication	E.g., drops and ointment	<ul style="list-style-type: none"> Measure drops from a container via dropper/nozzle or apply ointment as directed.
Topical medication	E.g., cream, lotion, shampoo, ointment, powder, spray	<ul style="list-style-type: none"> Measure amount/dose and apply to the area of the body as directed.
Transdermal (skin) medication	E.g., medicated skin patches, ointment	<ul style="list-style-type: none"> Measure amount/dose and apply to the surface of the body as directed; and Apply/remove medicated skin patch(es) as directed.
Inhaled medication	E.g., dry powder, metered-dose inhaler, nebulizer	<ul style="list-style-type: none"> Measure and provide doses for inhalation as directed; and Operate/use equipment to provide medication for inhalation, when required (e.g., aero-chamber/ spacer or nebulizer machine).
Nasal medications	E.g., sprays, drops into the nasal passage	<ul style="list-style-type: none"> Measure drops or provide sprays as directed.
Assisting client with self-administration of prepared insulin <i>Note:</i> does not include verifying insulin dose, preparing or injecting insulin	Insulin prepared by client or pharmacy	<ul style="list-style-type: none"> Assist as directed, that may include: <ul style="list-style-type: none"> bringing the prepared insulin and supplies to the client; preparing the site for injection; and assisting the client to dispose of needle/sharps into a biohazard container

Appendix 2a | Assigning Restricted Activities Table: Rectal and Vaginal Medication

Assigning Restricted Activities (Determined to be Activities of Daily Living) to Health Care Aides (HCAs): Rectal and Vaginal Medication			
Task/Activity	Examples	Comments	
Rectal medication is a Restricted Activity. The nursing colleges in Alberta (CLPNA, CARNA and CRPNA) consent to assign to HCAs when appropriate.	Rectal suppository, small volume enema	<p>Transferrable</p> <p>Once the HCA has been deemed competent in this activity, the HCA may be assigned to perform this with other stable clients in the care setting with similar care needs, under the required level of supervision.</p>	<ul style="list-style-type: none"> • The HCA may prepare, measure and/or provide rectal medication as directed. • The regulated health care provider must provide any specific instructions in the client care plan. • The HCA is responsible to review and follow the client care plan. • The client must be stable with predictable outcomes from the intervention. • If the client becomes unstable or response is unpredictable, this activity must be performed by a regulated health care provider.
Vaginal medication is a Restricted Activity. The nursing colleges in Alberta (CLPNA, CARNA and CRPNA) consent to assign to HCAs when appropriate.	Vaginal suppository Cream	<p>Transferrable</p> <p>Once the HCA has been deemed competent in this activity, the HCA may be assigned to perform this with other stable clients in the care setting with similar care needs, under the required level of supervision.</p>	<ul style="list-style-type: none"> • The HCA may prepare, measure and/or provide vaginal medication as directed • The regulated health care provider must provide any specific instructions in the client's care plan. • The HCA is responsible to review and follow the client care plan. • The client must be stable with predictable outcomes from the intervention. • If the client becomes unstable or response is unpredictable, this activity must be performed by a regulated health care provider.

Appendix 2b | Assigning Restricted Activities Table: Examples

Assigning Restricted Activities (Determined to be Activities of Daily Living) to Health Care Aides (HCAs): Examples of Specifically Taught Medication Activities			
Task/Activity	Examples	Comments	
Preparing a dose of injectable medication for the client to self-administer.	Preparing a dose of insulin	Non-transferrable Requires client specific training and explicit instructions in the care plan.	<ul style="list-style-type: none"> • The HCA may prepare/measure a dose or verify a dose prepared/measured by the client. • Should only be considered when a regulated health care provider or family is not available and there are no other options.
Providing drugs by injection.	Injecting a subcutaneous injection of insulin	Non-transferrable Requires client specific training and explicit instructions in the care plan.	<ul style="list-style-type: none"> • Providing drugs by injection when: <ul style="list-style-type: none"> ○ provided in a ready-to-administer format (e.g. prepared by pharmacy); ○ prepared by HCA (if identified as an ADL) ○ prepared by the client just before administration • Should only be considered when a regulated health care provider or family are not available and there are no other options.
Instilling medication into gastrostomy or jejunostomy tube.	Liquid acetaminophen	Non-transferrable Requires client specific training and explicit instructions in the care plan.	<ul style="list-style-type: none"> • May include: <ul style="list-style-type: none"> ○ measuring a dose of medication ○ crushing medication ○ mixing liquid medication ○ reconstituting powdered medication ○ flushing with water before, after, and between doses of medication as required • Should only be considered when a regulated health care provider or family are not available and there are no other options.
Refer to the joint nursing document Decision Making Standards of Nurses in the Supervision of Health Care Aides (CARNA, CRPNA & CLPNA, 2010).			

Appendix 3 | Quick Reference for Assigning Medication Assistance

Conditions for Assignment

Medication assistance must be:

- in the unregulated health care provider job description; and/or
- permitted by the service provider/ employer policy, procedure or operational process; and
- an assessed unmet need which is an agreed-upon service option for the client

The unregulated health care provider must receive the:

- appropriate training to perform the assigned activities
- appropriate level of supervision for the task by a regulated health care provider

Regulated health care provider *working within their role, scope of practice, and competent in medication administration assigns and/or supervises the unregulated health care provider performing medication assistance*

Assesses the client as appropriate to receive medication assistance from an unregulated health care provider. This includes (but may not be limited to):

- identifying the client's assessed unmet needs
- determining that assigning medication assistance is appropriate in the situation, considering the activity, the client, and the role of the unregulated health care provider
- ensuring the client is in stable health, with predictable outcomes from the medication recognizing any actual or potential risks/hazards given the context of the situation

Collaborates with:

- the authorized prescriber for medication order/prescription needs and medication reviews;
- the client and family to determine care planning parameters and discuss pharmacy and medication packaging requirements;
- other regulated health care providers involved;
- the Housing/accommodation provider for medication storage, disposal and other requirements
- the Pharmacy/Pharmacist for:
 - communicating use of OTC medication and/or natural health products
 - obtaining additional information regarding medication as needed (e.g., contraindications, interactions, monitoring requirements, etc.)
 - provision of medication in unit dose, ready-to-use format or other preparation needs
 - separate packaging of PRN medication for an individual client (in HL or SL settings)
 - packaging and labelling requests (e.g., high-alert or hazardous medication); and
 - additional medical equipment when required (e.g., safety engineered devices)

Provides the unregulated health care provider with:

- a care plan with instructions for the activity and specific observations to report
- education/training relevant to the medication assistance activity assigned, and
- the appropriate level of supervision for the assigned activity

Is responsible to perform:

- medication reconciliation at required intervals
- ongoing client monitoring, reassessment and evaluation of medication effects
- review of any issues/concerns, response to medication support services and outcome measures available (e.g., CAPs, interRAI Outcome Scales)
- care planning with the health care team to optimize medication effectiveness and client outcomes

Unregulated Health Care Provider

- follows the client care plan and medication record when providing assistance with medication
- observes and reports as directed in the client care plan (e.g. specific side-effects)
- documents in accordance with established processes in the care setting
- contacts the supervising regulated health care provider for questions or support (e.g., an activity is outside their competency, unclear about instructions, medication is missing, request from client and family not in the care plan, etc.)

Appendix 4 | Quick Reference for Assigning Assistance with PRN Medication

Conditions for Assignment	Regulated Health Care Provider	Unregulated Health Care Provider
Must be permitted by service provider/ employer policy, procedure or operational process.	Assesses the client as appropriate to receive medication assistance from an unregulated health care provider.	Follows the established care plan for providing assistance with PRN medication. Provides the PRN medication for the indication identified.
Family is not available to support the client. A regulated health care provider is not available to administer the PRN medication to the client with the required frequency of need.	Collaborates with the authorized prescriber when required, to obtain or clarify medication order/ prescription.	Observes and reports general or specific side effects, and/or expected outcomes as directed in the client's care plan.
<p>The client must:</p> <ul style="list-style-type: none"> • be able to self-direct the use of PRN medication; • be in stable health; • be capable of communicating the need (i.e., indication) for the medication; and • have predictable outcomes from the medication 	<p>Collaborates with the Pharmacy/Pharmacist for:</p> <ul style="list-style-type: none"> • separate PRN medication packaging for individual clients, including PRN OTC medication (with limited exceptions*- refer to Controlled Dosage Systems); and • verification there are no contraindications to the use of the PRN medication; and • awareness and documentation on the client's medication list 	<p>Documents assistance provided and observations in accordance with established processes in the care setting, including but not limited to:</p> <ul style="list-style-type: none"> • the reason the client requests the PRN medication • the number of tablets/capsules or amount of medication provided • time the medication was provided; and • specific observations noted, as directed by the client's care plan
Assignment of this activity is associated with a specific individual client and is non-transferrable to other clients.	Collaborates with the client and family to determine care plan and discuss pharmacy support and medication packaging requirements.	Refers the client and family to the regulated health care provider when assistance is requested outside of the parameters on the care plan.
<p>The regulated health care provider is accountable to provide:</p> <ul style="list-style-type: none"> • a care plan with instructions for the activity and specific observations the unregulated health care provider is responsible to report • education/training as needed for the unregulated health care provider(s) performing assistance with PRN medication • client monitoring, including evaluation of the effectiveness of the medication; and • the appropriate level of supervision for the activity and the unregulated health care provider 		

Appendix 5 | Unregulated & Regulated Health Care Provider Roles & Responsibilities Table

This table provides an overview of the roles and responsibilities of unregulated health care providers performing medication assistance and regulated health care providers assigning and/or supervising medication assistance as part of the MAP.

Unregulated Health Care Provider	Regulated Health Care Provider
<ul style="list-style-type: none"> • Provide medication assistance as assigned, in accordance with the client’s care plan. • Adhere to 7 of the “8 Rights” and perform safety checks 2 and 3 when providing MAP Level 2 or 3. • Report observations as detailed in the client care plan, including identified general or specific side effects and expected outcomes. • Document assistance given and observations of side effects or medication outcomes as identified on the care plan. • Immediately report clinical adverse events. • Receive the appropriate level of supervision from a regulated health care provider working within their scope and role. • Request help when activity assigned exceeds level of competence, for questions or client concerns. • Immediately communicate change in client status/condition or medication concerns with the regulated health care provider. 	<ul style="list-style-type: none"> • Working within scope of practice and role, assess the client’s medication support needs • Be knowledgeable about the client’s medication(s), including “right reason” or indication for each medication. • Identify client stability and complexity of care required. • Determine if medication assistance can be assigned to an unregulated health care provider. • Perform medication administration, when required, following the “8 Rights”, based on client’s assessed need. • Develop the care plan and make ongoing adjustments as necessary, including directing the unregulated health care provider to observe and report general or specific side effects and expected outcomes. • Organize medication timing for optimal care and unregulated health care provider scheduling. • Provide education/training for the client, family and unregulated health care provider. • Provide the appropriate level of supervision for the unregulated care provider (e.g., direct, indirect, or indirect remote). • Immediately respond to clinical adverse events • Reassess client response to medication, document and report to authorized prescriber and health care team in accordance with program processes. • Participate in medication management, in collaboration with health care team, including medication reconciliation, and review of medication for effectiveness and optimal client outcomes.

Appendix 6 | General Safety Considerations | Medication Assistance

The regulated health care provider, in collaboration with members of the health care team identifies and documents any risk(s) based on the client, the activity, the care setting, or the health care provider performing care, and then implements risk mitigation strategies. Strategies will vary depending upon the care/practice setting and risk(s) identified.

A risk assessment should be performed when considering assigning medication assistance with controlled substances, hazardous or high-alert medications that have the potential to pose a significant risk to the client and/or the unregulated health care provider.

Assessment(s):

- Medication Risk Management Assessment (or equivalent)
- Home Safety Risk Assessment (e.g., safety risk assessment, environmental risk assessment)
- Drug monograph, provincial medication safety resources, Safer Practice Notices, etc.

Interventions:

Interventions are determined by the health care team based on individual client needs and/or care setting requirements. Examples that may be considered include, but are not limited to:

- locked storage to prevent unauthorized access to medication by vulnerable populations, including persons with cognitive impairment, children and pets
- medications provided in tamper-evident controlled dosage system
- dispensing limited amount of medication to reduce stock in the care setting
- use of safety-engineered devices and biohazard disposal container when required
- access to personal protective equipment (PPE) and appropriate waste containers for disposal (e.g., hazardous waste disposal)
- education/instruction for the client, family and unregulated health care provider(s)
- appropriate level of supervision for the health care provider performing the assigned activity (i.e., direct supervision as needed initially then decrease to indirect or indirect remote as indicated)
- use of specific documentation tools for activities such as:
 - transdermal patch removal and application
 - rotation of medication injection sites; and
 - accounting processes for PRN controlled substance medication assistance
- establishing a frequency of client reassessment by a regulated health care provider(s) in the context of the situation to review:
 - effectiveness of medication support services in meeting client needs; and
 - medication appropriateness, effectiveness, interactions and adverse events
- consider medication packaging requirements to reduce errors and disruption in care and
- dedicate required equipment (e.g., space chamber for metered-dose inhaler) to the client, to be cleaned according to manufacturer's recommendations, and stored in a manner that prevents transmission of organisms (e.g., stored in a disposable plastic bag labeled with the client's name)