

Ingersoll Support Services Inc.

Policy: Medication Access, Storage and Transfer

Policy # QAM 12-14
Section: Quality Assurance

Approved by the Board of Directors: *Sept. 22 2011*
Procedure Revision:
Review Date: March 22 2019

Ministry requirement –
QAM II.7(1)4

Prescribed medications are the personal property of those persons supported by the agency. Where a support needs assessment and support agreement have established that the agency bears responsibility for the management and administration of medications, then practices regarding access, storage, and transfer of medications between responsible parties are in place and adhered to.

Procedure:

1. Where staff persons bear responsibility for the administration of medications, then medications and treatments are stored in a manner that is safe for all parties. Medications are stored in an accessible but secure manner to prohibit unauthorized access.
2. The storage location is made known and accessible to staff persons requiring access for administration. Stored medications are labeled according to the medication, the persons' name, and dosage reference.
3. The transfer of medication from one location to another or from one responsible person to another is in accordance with Administration or Self-administration principles (as per Policy QAM 8, Administration and Self-Administration). This requires that the medication be secure, labeled according to the medication, dosage and the person, and accompanied by a Medication Administration Record.
4. When medications and the responsibility of administration thereof are transferred to a third party, sufficient administration information, labeling, and secure packaging should accompany the event of transfer. The proper notification of absence should be included on the ISSI MAR.

Destroying Medications

5. Medications may need to be destroyed for the following reasons:
 - Contaminated
 - Refused
 - Extra
 - Expired
 - Change in prescription

- Any quantity beyond one administration may need to be taken to the pharmacy for destruction.
- Complete **Destroyed Medication** sheet located in medical section of personal binder (see attached form F.QAM12).
- Notify the Manager in writing on the next business day when any medications are destroyed

6. Two staff members are required to witness medications being destroyed.

When a second staff is unavailable to act as a witness, take medications to the pharmacy to be destroyed and have pharmacy employee sign as a witness on the destroyed medications form.

Destroyed Medications

Name of Person Medications Belong to: _____

Date	Name & Dosage of Medication	Quantity	Reason	Pharmacy or Premises	Signature of two staff