# OPA Best Practice Guidelines for Long-Term Care

## Inspections of the Medication Management System

For provisions as found in the Ontario Regulation 79/10 under the *Long-Term Care Homes Act, 2007*

ONTARIO PHARMACISTS ASSOCIATION

Advocating Excellence in Practice and Care

Updated November 23, 2021

# TABLE OF CONTENTS

## SUMMARY OF CHANGES

The following changes are reflected in this update from November 23, 2021:

| Section | Description of Update |
|---|---|
| Long-Term Care Homes Quality Inspection Program | Updated Background and added Building Blocks of the LQIP and Types of Inspections. Removed drug and pharmacy-related provisions and associated non-compliance data. |
| A. Medication Management System | Added in the need to have a written policy for the storage, administration and disposal of fentanyl patches. Updated links to NIOSH lists and ISMP Canada's MSSA-LTC. |
| B. Quarterly Evaluation | Updated information regarding review of medication incident(s) and adverse drug reaction(s); updated language about medication reviews. Added information on reviewing glucagon usage and incidents of severe hypoglycemia or unresponsive hypoglycemia. |
| C. Annual Evaluation | Updated link to ISMP Canada's MSSA-LTC; updated information regarding review of medication incident(s) and adverse drug reaction(s). Added information on reviewing glucagon usage and incidents of severe hypoglycemia or unresponsive hypoglycemia. |
| G. Responsibilities of Pharmacy Service Provider | Revised information related to medication assessments. |
| M. Packaging of Drugs | Revised language referencing the nursing practice standard for medication. |
| S.1 Recreational Cannabis | New section |
| S.2 Medical Cannabis | New section |
| U. Residents' Drug Regimes | Updated information related to medication reviews |
| W. Drug Destruction and Disposal | Added information that the written policy for drug destruction and disposal should address the destruction and disposal of insulin cartridges; added general instructions on how to dispose of insulin; added information that the home must have a written policy for the disposal of fentanyl patches. |
| References and Direct Links | Updated references and links |

# LONG-TERM CARE HOMES QUALITY INSPECTION PROGRAM

**Background:**

The *Long-Term Care Homes Act, 2007* ("LTCHA"), including the Ontario Regulation 79/10 ("Regulation") is the governing legislation for all Long-Term Care Homes ("LTCHs"). A copy of the LTCHA and the Regulation can be obtained at **http://www.e-laws.gov.on.ca**. *(Direct links identified at the end of this document.)*

The Ministry of Long-Term Care ("MLTC") developed the **Long-Term Care Homes Quality Inspection Program ("LQIP")** with a focus on compliance and enforcement activities for the more than 600 LTCHs in Ontario to safeguard resident rights, safety, security and quality of life. LQIP inspectors ensure that LTCH licensees are in compliance with the LTCHA including its Regulation. Enforcement measures are taken for every LTCHA provision in non-compliance.

Inspectors use **inspection protocols ("IPs")** as inspection audit tools when conducting any type of inspection (i.e., Resident Quality Inspections (RQI), Complaint Inspections, Critical Incident System Inspections and Follow-up Inspections). There are currently 31 different IPs. The higher risk regulatory drug and pharmacy requirements are outlined in the **"Medication IP",** which LQIP categorizes as a "Home-Related Mandatory IP". The regulatory provisions under the LTCHA that relate to drugs and pharmacy can be found in sections 114-137 of the Regulation.

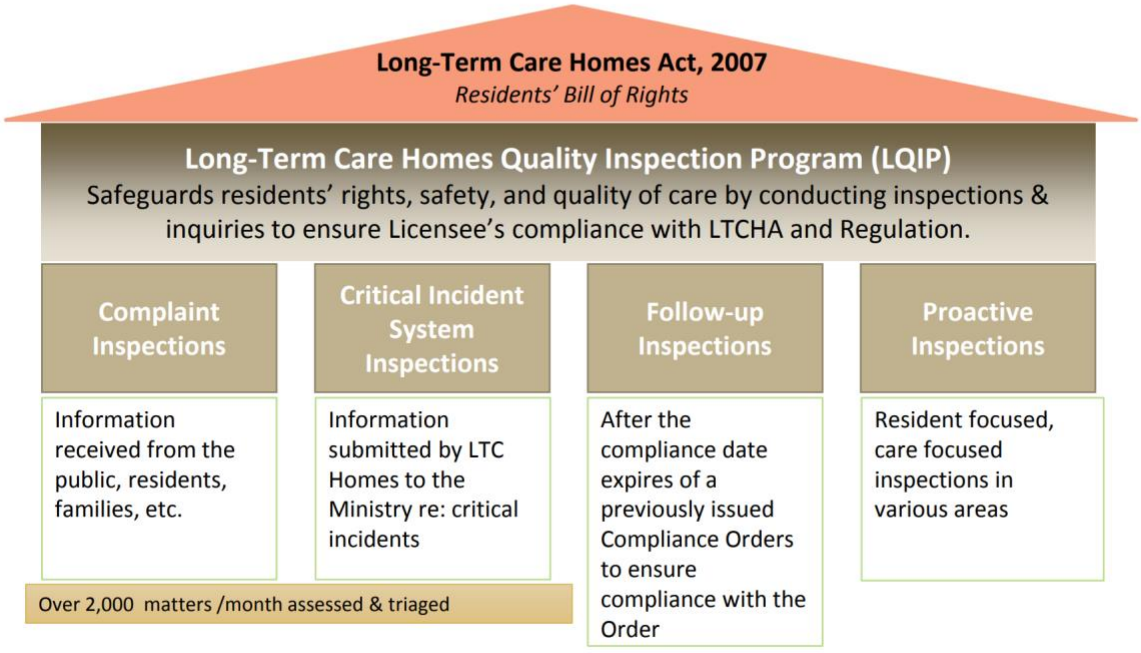
Following an increasing number of LTCHA regulatory provisions being issued in non-compliance, the Ontario Pharmacists Association's Long-Term Care Working Group agreed to develop best practice guidelines in consultation with LQIP staff to assist both LTCHs and pharmacies in obtaining and maintaining compliance with the drug and pharmacy related regulatory requirements.

The information below is provided to enhance pharmacists' understanding of the inspection process and legislative requirements and to provide recommended options/best practice guidelines for compliance.

**Terminology:**

In this document "Long-Term Care Home" and "Licensee" will be referred to as "home" for ease of reference.

# Building Blocks of the LQIP




# Types of Inspections

All inspections are **unannounced**
and
All LTC homes receives receive **at least one inspection a year**

**Reactive**

**Complaint Inspections**
- Responds to information the ministry receives from public, residents/ families, etc.
- Via Action Line, correspondence, etc.

**Critical Incident System Inspections**
- Responds to information submitted by LTCHs
- Mandatory reports and reportable critical incidents as per LTCHA

**Follow-up Inspections**
- Occurs when Compliance Orders are issued
- Inspection conducted after compliance due date expires to ensure non-compliance is corrected and Order is complied with

**Proactive**

**SAO Initiated Inspections**
- Inspections of specific areas of concern as identified by the Service Area Office

**Resident Quality Inspections (RQI)**
- 2-stage inspection; resident-focused

**Other**
- Director Order Follow-Ups, etc.

**Inquiries**
are conducted for lower risk complaints and critical incidents

*Source: Ministry of Long-Term Care. Long-Term Care Inspections Branch Briefing for LTC Commission. Revised September 2020. Accessed November 5, 2021. http://www.ltccommission-commissionsld.ca/presentations/pdf/LTCIB_Briefing_Commission.pdf*

**The fundamental principle is to be considered when applying any part of the legislation, including the Regulation as stated in section 1 of the LTCHA:**

"The fundamental principle to be applied in the interpretation of this Act and anything required or permitted under this Act is that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met."

## A. MEDICATION MANAGEMENT SYSTEM

| Regulation | Description |
|---|---|
| **s. 114** | (1) Every licensee of a long-term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents.<br>(2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home. |
| **Best Practice Guidelines** | • *Ensure policies and procedures provide a safe interdisciplinary medication management system.*<br>• *The interdisciplinary model for the medication management system should include healthcare team members that contribute expertise in a manner that best responds to the needs of the residents.*<br>• *Each individual interdisciplinary team member works within their respective scope of practice to address resident care and optimize medication therapy outcomes for the resident.*<br>• *Ensure policies and procedures manuals are comprehensive and are in compliance and cover all areas listed above. Particular areas of focus include drug destruction and disposal as well as the safe and secure storage of medications by the home.*<br>• *Ensure the home has a written policy establishing a medication management system for the storage, administration and disposal of fentanyl patches.*<br>• *Ensure policies and procedures reflect the necessary steps to support the healthcare team in applying the process consistently.*<br>• *Ensure policies and procedures are readily accessible to the healthcare team and there is clear communication on policy changes/updates.*<br>• *Ensure ongoing education is provided on policies and procedures to reflect current practices.* |

| Regulation | Description |
|---|---|
| **s. 114** | (3) The written policies and protocols must be,<br>(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and |
| **Best Practice Guidelines** | • *Policies are established, practiced, reviewed and updated on a regular schedule and as needed to ensure that all medication administered to residents of the home is acquired, dispensed, received, stored, administered, destroyed and disposed of in accordance with legislation and best practices/prevailing practices.*<br>• *Policies are continually updated, particularly in areas where new evidence mandates change. One such area is the administration and handling of potentially cytotoxic and biohazardous medications, where National Institute* |

*of Occupational Safety and Health (NIOSH) guidelines and medication lists change annually.* ***https://www.cdc.gov/niosh/topics/hazdrug/default.html***

- *Ensure the home has the most recent copy of the Policy and Procedure Manual and that it is readily accessible to staff either in hardcopy or electronically.*
- *A written record of all policy and procedure updates and any changes or additions to existing policies are documented and filed.*
- *The home is responsible for ensuring that all employees are aware of and comply with the revised policies and protocols.*
- *Evaluate existing policies and procedures in the LTC Home and compare them using evidence based practices such as ISMP Canada's MSSA-LTC* ***https://mssa.ismp-canada.org/ltc*** *and/or Accreditation Canada Standards or CARF standards (e.g., walk through the entire process of narcotic ordering, receiving, administration, storage and destruction and see if there are areas where drug diversion is possible).*

| Regulation | Description |
|---|---|
| **s. 114** | (3) The written policies and protocols must be,<br>(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. |
| **Best Practice Guidelines** | • *The* ***Professional Advisory Committee (PAC)*** *meets quarterly. During these meetings written policies and procedures are developed, reviewed, updated and approved on a regular schedule and on an as needed basis. The review schedule is determined by the committee members (e.g., annually or quarterly and as needed).*<br>• *A written record of all policy and procedure updates and any changes or additions to existing policies are documented and the records are retained in the Home.*<br>• *Once Policy and Procedure updates are approved by the PAC, it is the Home's responsibility to ensure the new processes are communicated through education and implemented.* |

## B. QUARTERLY EVALUATION

| Regulation | Description |
|---|---|
| **s. 115** | (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.<br>(2) Where the pharmacy service provider is a corporation, the licensee shall ensure that a pharmacist from the pharmacy service provider participates in the quarterly evaluation. |
| **Best Practice Guidelines** | • *The* ***Professional Advisory Committee (PAC)*** *meets* ***quarterly*** *to develop, implement, review and evaluate the medication management system of the home and identify any changes to improve the current system. This interdisciplinary team determines how best to serve the residents' medication therapy and medication management needs in compliance with the LTCHA, 2007.*<br>• *Membership of the PAC consists of but is not limited to:* |

- *Director of Nursing and Personal Care (DONPC)*
- *Clinical Pharmacist*
- *Medical Director*
- *Administrator*
- *Registered nursing staff and other healthcare team members are called upon to join the PAC meeting on an ad hoc basis*

- *The PAC meeting dates are set well in advance to ensure attendance by all committee members.*
- *Minutes are taken and a copy of the minutes distributed to committee attendees and appropriate staff. A written record of the minutes must be retained by the home and be readily retrievable.*

| Regulation | Description |
|---|---|
| **s. 115** | (3) The quarterly evaluation of the medication management system must include at least,<br>(a) reviewing drug utilization trends and drug utilization patterns in the home, including the use of any drug or combination of drugs, including psychotropic drugs, that could potentially place residents at risk;<br>(b) reviewing reports of any medication incidents and adverse drug reactions referred to in subsections 135 (2) and (3) and all instances of the restraining of residents by the administration of a drug when immediate action is necessary to prevent serious bodily harm to a resident or to others pursuant to the common law duty referred to in section 36 of the Act; and<br>(c) identifying changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. |
| **Best Practice Guidelines** | ***PAC Meeting**: Terms of reference are drafted and approved by PAC. They describe the purpose and structure of the committee (membership), roles and responsibilities of the members, meeting schedule (quarterly) and reporting structure.*<br><br>***Quarterly evaluation of the medication management system include but is not limited to:***<br>• *The review of **medication utilization trends** and patterns in the home by the interdisciplinary team. Pharmacy is responsible for presenting statistical reports on medication utilization as mentioned in point (a) above. These statistical reports are used by the team for trending, benchmarking and clinical decision making to optimize therapeutic outcome for the residents. They can be provided upon request, monthly or quarterly.*<br>• *Quality indicators for the home may be developed and monitored by the team with the common goal of **improving therapeutic outcome** for the residents. These **quality or performance indicators** are usually tracked quarterly with historical data compiled and reports customized for any indicator requested by the home. Examples of reports include antipsychotic, antibiotic, benzodiazepines and cytotoxic drug usage.*<br>• *Review all incident reporting, identifying and documenting trends/patterns, and necessary changes for improvement including determining if further investigation is required and with follow-up to prevent the likelihood of a recurrence.*<br>➢ ***Medication Incident(s)***<br>➢ ***Adverse Drug Reaction(s)***<br>• *Review all incident reporting, identifying utilization trends and patterns, and necessary changes to improve treatment and care. All corrective actions identified in the quarterly review must be implemented and documented accordingly.* |

- ***Glucagon Use***
- ***Severe Hypoglycemia or unresponsive hypoglycemia***

- *Review all instances of the **restraining of residents** by the administration of a drug as described above. A policy is developed to ensure all regulations with respect to restraint by a drug are met in Section 36. (e.g., prescribing, administration, documentation, education/training on the policy and quarterly evaluation).*

*In addition to the above, the PAC members work together to implement additional **risk management and continuous quality improvement initiatives** such as:*

- *The review, update and approval of **written policies and procedures** for the medication management system (receipt, administration, storage, destruction, disposal, documentation, etc.)*
- *The review of medication management system **quarterly audits**, including medication reconciliation, monthly controlled substances audit count sheets, medication room/cart audits, etc.*
- *Assistance with **accreditation standards** and best practice initiatives*
- *Committee representation and provision of reports (e.g., falls prevention committee, palliative care team, infection prevention and control committee, ethics committee)*
- *The development and review of medical directives*
- *The review of after hour calls and the emergency supply medication list (at least annually)*
- *The review of high-alert medications and associated risks*
- *The identification of **educational/training needs** for healthcare staff involved in medication management*
- *Completion of **medication reviews**, including a more comprehensive review when required with the objective of evaluating the therapeutic outcome of the resident's medication and improving medication therapy for residents*
- *The review of systems for renal dosing, warfarin and INR monitoring, if applicable.*
- *The introduction of various technology updates and opportunities*

| Regulation | Description |
|---|---|
| **s. 115** | (4) The licensee shall ensure that the changes identified in the quarterly evaluation are implemented.<br>(5) The licensee shall ensure that a written record is kept of the results of the quarterly evaluation and of any changes that were implemented. |
| **Best Practice Guidelines** | • *Any quality improvement initiatives identified and approved in the PAC meeting (quarterly evaluation of the medication management system) must be communicated to staff.*<br>• *There is a clear action plan for the changes with associated timelines (e.g., define the change, explain why it is required, and outline the process for implementation and staff responsible for the change as well as the timelines).*<br>• *Education and training are provided to the staff and the policies are implemented within a reasonable timeframe.*<br>• *A written record is maintained at the home outlining the changes that were identified and implemented (e.g., changes from the previous PAC meeting) and the results of such changes. This documentation process can be part of the minutes of each PAC Meeting.* |

## C. ANNUAL EVALUATION

| Regulation | Description |
|---|---|
| **s. 116** | (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.<br>(2) Where the pharmacy service provider is a corporation, the licensee shall ensure that a pharmacist from the pharmacy service provider participates in the annual evaluation.<br>(3) The annual evaluation of the medication management system must,<br>(a) include a review of the quarterly evaluations in the previous year as referred to in section 115;<br>(b) be undertaken using an assessment instrument designed specifically for this purpose; and<br>(c) identify changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.<br>(4) The licensee shall ensure that the changes identified in the annual evaluation are implemented.<br>(5) The licensee shall ensure that a written record is kept of the results of the annual evaluation and of any changes that were implemented. |
| **Best Practice Guidelines** | • *The interdisciplinary team consists of the Professional Advisory Committee (PAC) members (see subsection 115 (1)) and a registered dietitian who is a member of the staff of the home.*<br>• *Meet annually to evaluate the effectiveness of the medication management system in the home and must include:*<br>➢ *A review of the quarterly evaluations in the previous year*<br>➢ *A review of the medication management system using an assessment instrument such as ISMP Canada's Medication Safety Self- Assessment for Long-Term Care (MSSA-LTC). See* ***https://mssa.ismp-canada.org/ltc***<br>➢ *Review all incident reporting, identifying and documenting trends/patterns, and identify any changes for improvement including determining if further investigation is required and with follow-up to prevent the likelihood of a recurrence.*<br>○ ***Medication Incident(s)***<br>○ ***Adverse Drug Reaction(s)***<br>➢ *Review all incident reporting, identifying utilization trends and patterns, and necessary changes to improve treatment and care. All corrective actions identified in the annual review must be implemented and documented accordingly.*<br>○ ***Glucagon Use***<br>○ ***Severe Hypoglycemia or unresponsive hypoglycemia***<br>➢ *Identification and implementation of recommended changes as a result of the evaluation described above, to improve the medication management system. Education and training are provided if required.*<br>➢ *A written record of the results of the annual evaluation and any recommended changes that were identified and implemented is retained in the home.*<br>➢ *Monitoring and follow-up is required to ensure continuous quality improvement in the medication management processes.* |

## D. MEDICAL DIRECTIVES AND ORDERS - DRUGS

| Regulation | Description |
|---|---|
| **s. 117** | Every licensee of a long-term care home shall ensure that,<br>(a) all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act; and<br>(b) no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs. |
| **Best Practice Guidelines** | • *Review all medical directives/drug orders quarterly and reauthorize with the signature of the Prescriber and the date of the review. All medical directives are also reviewed at any time when the resident's condition is assessed or reassessed in developing or revising their care plan.*<br>• *Medical directives or orders for the administration of a drug are individualized for each resident (e.g., the prescriber indicates specifically which orders apply to the resident and indicates any exceptions).*<br>• *Medical directives for the administration of a drug, although individualized for each resident are intended for short term use only. If a resident requires regular use of a medical directive medication, the prescriber must be contacted.* |

## E. INFORMATION IN EVERY RESIDENT HOME AREA OR UNIT

| Regulation | Description |
|---|---|
| **s. 118** | Every licensee of a long-term care home shall ensure that the following are available in every resident home area or unit in the home:<br>1. Recent and relevant drug reference materials.<br>2. The pharmacy service provider's contact information.<br>3. The contact information for at least one poison control centre or similar body. |
| **Best Practice Guidelines** | • *Up-to-date, accurate and current drug information is available for registered nursing staff to reference.*<br>• *There must be easy access to the drug reference materials and all staff involved in the administration of medication must be aware of the location.*<br>• *Drug reference material can be supplied electronically or in hard copy and includes but is not limited to:*<br>  ➢ *A Pharmacy Policy and Procedure Manual*<br>  ➢ *A Drug Reference such as the CPS, eCPS, Nursing Drug Handbook*<br>  ➢ *Pocket Reference Guides or Clinical Tools/Posters*<br>  ➢ *On-line or eLearning educational portals*<br>• *The Poison Control Centre for the area should be posted in a visible place in the home (e.g., poster in the medication room) along with the pharmacy service provider's contact information.* |

## F. RETAINING OF PHARMACY SERVICE PROVIDER

| Regulation | Description |
|---|---|
| **s. 119** | (1) Every licensee of a long-term care home shall retain a pharmacy service provider for the home.<br>(2) The pharmacy service provider must be the holder of a certificate of accreditation for the operation of a pharmacy under section 139 of the *Drug and Pharmacies Regulation Act*. |

(3) There must be a written contract between the licensee and the pharmacy service provider setting out the responsibilities of the pharmacy service provider.
(4) The written contract must provide that the pharmacy service provider shall,
  (a) provide drugs to the home on a 24-hour basis, seven days a week, or arrange for their provision by another holder of a certificate of accreditation for the operation of a pharmacy under section 139 of the *Drug and Pharmacies Regulation Act*; and
  (b) perform all the other responsibilities of the pharmacy service provider under this Regulation.
(5) If, on the day this section comes into force, a licensee's pharmacy service provider does not meet the requirement in subsection (2), the licensee shall retain a pharmacy service provider that meets the requirement within three months of the coming into force of this section.

**Best Practice Guidelines**

- *An accredited pharmacy service provider must be retained for the home.*
- *There must be a written contract between the home and the accredited pharmacy service provider that is current.*
- *The written contract between the LTC Home and the accredited pharmacy service provider must set out the responsibilities of the pharmacy service provider including their obligation to:*
  - *Provide drugs to the home 24/7 or arrange for the provision by another accredited pharmacy.*
  - *Perform all the responsibilities of the accredited pharmacy service provider under this Regulation.*

## G. RESPONSIBILITIES OF PHARMACY SERVICE PROVIDER

| Regulation | Description |
|---|---|
| **s. 120** | Every licensee of a long-term care home shall ensure that the pharmacy service provider participates in the following activities:<br>1. For each resident of the home, the development of medication assessments, medication administration records and records for medication reassessment, and the maintenance of medication profiles. |
| **Best Practice Guidelines** | ***For each resident in the home, the pharmacy service provider must participate in:***<br><br>***Medication Administration Records (MARs):***<br>• *A MAR/eMAR is maintained for each resident.*<br>• *Pharmacy provides paper MARs that are stored in a MAR binder and electronic MARs (eMARs) are accessed through a tablet or laptop designed for that purpose.*<br>• *The MAR/eMAR must accompany the medication cart when medication is being administered.*<br>• *The MAR/eMAR shall be current for each resident based on the resident's current medication profile.*<br>***Maintenance of Medication Profiles:***<br>• *The pharmacy service provider shall maintain a medication profile for each resident. The profile is comprehensive and includes all relevant information such as allergies, adverse drug reactions, medication list, medical conditions, swallowing status, etc.*<br>• *The Pharmacy utilizes pharmacy software that is fully compliant with all regulations related to documentation of resident medication profiles.*<br>• *O. Reg. 79/10 under the LTCHA, 2007 subsection 122 (1) states that drugs acquired, received or stored by or in the home or kept by a resident under* |

*subsection 131 (7) (administration of drugs) has been prescribed for a resident. The provision of such drugs is by the pharmacy service provider, Government of Ontario or through an arrangement made by the pharmacy service provider. This ensures that the pharmacy has a complete medication profile and can monitor for therapeutic duplications, drug interactions, etc.*

- *The pharmacy is notified quickly by the home of any changes to a resident's status (e.g., swallowing status, medical conditions, allergies, adverse drug reaction, room change, leave of absence, etc.). In the case of a medical absence, psychiatric absence, discharge or death of a resident, the pharmacy service provider must be notified within 24 hours. The resident's medication profile is updated by the pharmacy to reflect all changes. Communication of resident status changes are via phone, fax, electronically or with the use of forms such as:*
  - ***A Resident Status Form** designed by the pharmacy that provides all the necessary information to update the resident's medication profile whenever there is a change*
  - ***An Admission Form** designed to provide the pharmacy with all the information necessary to initiate a resident medication profile. It is completed in full and faxed to the pharmacy as soon as possible following a resident's admission*
- *The Home ensures that all resident medication profiles in the home (either paper chart or electronic chart/record) are current*

***Medication assessments and records for medication reassessment:***

- *Medication assessments and reassessments provide interdisciplinary collaboration in resident care and improve/optimize medication therapy for the residents.*
- *Medication assessments are generated for each resident of the home by the pharmacy service provider on a quarterly basis. In some cases, the home generates the medication assessments electronically.*
- *Medication assessments must be completed and signed by the Physician in a timely manner, faxed to the pharmacy and a copy is filed in the resident record.*
- *There must be at least a quarterly documented reassessment of each resident's drug regime (O. Reg. 79/10 Section 134 (c)).*
- *A comprehensive medication assessment allows the pharmacist to work in collaboration with the healthcare team to review the resident's medication regime and provides access to relevant information from the frontline staff and resident record (e.g., MAR, care plan, progress notes, lab reports). Additional input from the healthcare team regarding resident specific information such as falls, sedation, confusion and pain is also considered when performing medication assessments.*
- *All medication assessments or reassessments shall be part of the resident's record at the home.*

| Regulation | Description |
|---|---|
| **s. 120** | Every licensee of a long-term care home shall ensure that the pharmacy service provider participates in the following activities:<br>2. Evaluation of therapeutic outcomes of drugs for residents.<br>3. Risk management and quality improvement activities, including review of medication incidents, adverse drug reactions and drug utilization.<br>4. Developing audit protocols for the pharmacy service provider to evaluate the medication management system.<br>5. Educational support to the staff of the home in relation to drugs.<br>6. Drug destruction and disposal under clause 136 (3) (a) if required by the |

| | |
|---|---|
| | licensee's policy. |
| **Best Practice Guidelines** | • *See guidelines s. 115 (3), 136 (3)* |

## H. SYSTEM FOR NOTIFYING PHARMACY SERVICE PROVIDER

| Regulation | Description |
|---|---|
| **s. 121** | Every licensee of a long-term care home shall ensure that a system is developed for notifying the pharmacy service provider within **24 hours** of the admission, medical absence, psychiatric absence, discharge, and death of a resident. |
| **Best Practice Guidelines** | • *A communication system is in place at the home to ensure the pharmacy is quickly notified in writing (within 24 hours) in the event of a change in resident's status.*<br>• *Option: a resident status form or communication form could be designed to provide the pharmacy with all the necessary information to update the resident's profile when there is a change of status such as hospitalization, discharge, deceased, leave of absence or room change.*<br>• *Upon receipt of a change in status, the pharmacy immediately updates the resident's profile.* |

## I. PURCHASING AND HANDLING OF DRUGS

| Regulation | Description |
|---|---|
| **s. 122** | (1) Every licensee of a long-term care home shall ensure that no drug is acquired, received or stored by or in the home or kept by a resident under subsection 131 (7) unless the drug,<br>(a) has been prescribed for a resident or obtained for the purposes of the emergency drug supply referred to in section 123; and<br>(b) has been provided by, or through an arrangement made by, the pharmacy service provider or the Government of Ontario.<br>(2) Subsection (1) does not apply where exceptional circumstances exist such that a drug prescribed for a resident cannot be provided by, or through an arrangement made by, the pharmacy service provider. |
| **Best Practice Guidelines** | • *Only medications sent to the home by the pharmacy service provider, Government Pharmacy, emergency after hours support pharmacy or those acquired in some other manner through an arrangement with the pharmacy service provider may be received and kept by the home.*<br>• *Of particular concern are medications brought into the home by families or caregivers that are not currently prescribed, are improperly labeled and/or where receipt is not acknowledged, thus potentially bypassing physician and pharmacy assessment and review. Staff shall be educated to ensure these medications are not allowed into the home.*<br>• *Best practice for natural health products is to have the products prescribed and included on the MARs, however subsection 132 (1) states that the home may permit a resident to use a natural health product that has not been prescribed if the home has written policies and procedures outlining all processes associated with the administration, handling and storage of natural health products.* |

## J. EMERGENCY DRUG SUPPLY

| Regulation | Description |
|---|---|
| **s. 123** | Every licensee of a long-term care home who maintains an emergency drug supply for the home shall ensure,<br>(a) that only drugs approved for this purpose by the Medical Director in collaboration with the pharmacy service provider, the Director of Nursing and Personal Care and the Administrator are kept; |
| **Best Practice Guidelines** | • *The Medical Director, in collaboration with the Clinical Pharmacist, Administrator and the DONPC shall approve the contents of the emergency drug supply and **only the drugs approved** for the emergency drug supply are used in emergencies.*<br>• *An annual evaluation of the emergency drug supply is managed by the Professional Advisory Committee to determine ongoing needs for medication additions or deletions and to implement any recommended changes.*<br>• *The emergency drug supply list is updated and any recommended changes resulting from the evaluation are implemented.*<br>• *Documentation of changes to the emergency drug supply shall be filed in the home.* |

| Regulation | Description |
|---|---|
| **s. 123** | Every licensee of a long-term care home who maintains an emergency drug supply for the home shall ensure,<br>(b) that a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply; |
| **Best Practice Guidelines** | • *A full policy and procedure must be developed, outlining the use of emergency medications, including their acquisition, contents of the emergency supply, location, administration and replenishment.*<br>• *All healthcare staff shall be familiar with this policy, the location of the emergency drug supply and special attention is paid to ensuring all emergency medications are "in date" and there is appropriate on-hand inventory.*<br>• *Emergency drug supply is reconciled on a regular basis and audits are performed to ensure compliance with the policy.* |

| Regulation | Description |
|---|---|
| **s. 123** | Every licensee of a long-term care home who maintains an emergency drug supply for the home shall ensure,<br>(c) that, at least annually, there is an evaluation done by the persons referred to in clause (a) of the utilization of drugs kept in the emergency drug supply in order to determine the need for the drugs; and<br>(d) that any recommended changes resulting from the evaluation are implemented. |
| **Best Practice Guidelines** | • *The contents of the emergency drug supply are reviewed annually at one of the quarterly PAC meetings.*<br>• *Option: a review of after-hour emergency medication use is compiled and used as a guideline in updating emergency box contents/emergency drug supply list.* |

- *Option: infrequently used medication is removed from the emergency drug supply to improve efficiency.*
- *Members of the PAC approve any additions or deletions of medication in the emergency drug supply and ensure the list is updated.*
- *All changes are communicated to the registered nursing staff, implemented within the home and are documented and retrievable.*

## K. DRUG SUPPLY

| Regulation | Description |
|---|---|
| **s. 124** | Every licensee of a long-term care home shall ensure that drugs obtained for use in the home, except drugs obtained for any emergency drug supply, are obtained based on resident usage, and that no more than a three-month supply is kept in the home at any time. |
| **Best Practice Guidelines** | • *The home shall develop a process for auditing and monitoring medications to ensure inventory of Government stock does not exceed 3 months' supply.* |

## L. MONITORED DOSAGE SYSTEM

| Regulation | Description |
|---|---|
| **s. 125** | (1) Every licensee of a long-term care home shall ensure that a monitored dosage system is used in the home for the administration of drugs.<br>(2) The monitored dosage system must promote the ease and accuracy of the administration of drugs to residents and support monitoring and drug verification activities. |
| **Best Practice Guidelines** | • *A monitored dosage system that offers accuracy and efficiency in medication administration must be used by the home. The system allows all medication to remain in the original labeled packaging until administered. (e.g., pouch packaging, blister card packaging, etc.).*<br>• *The monitored dosage system should allow:*<br>➢ *Identification of medication at the point of administration*<br>➢ *Ease of opening the packaging*<br>➢ *Tamper proof system*<br>➢ *Efficient time management during the medication passes*<br>➢ *Ease of accurate administration of medication*<br>➢ *The use of a current MAR/eMAR to be maintained for each resident in order to monitor and record the administration of all doses of medication from a monitored dosage system* |

## M. PACKAGING OF DRUGS

| Regulation | Description |
|---|---|
| **s. 126** | Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. |
| **Best Practice Guidelines** | • *Medications must remain in their original labelled container or package from the pharmacy until they are administered by the nurse or until they are destroyed.* |

- *The unauthorized "Pre-pouring" of medications into medication cups or other containers is an unsafe practice and increases the risk of medication incidents.*
- *Keep all medication in the original labeled pouch or compliance package until it is to be administered to the resident to support the nursing practice standard for medication (which may include the rights of medication administration).*

## N. CHANGES IN DIRECTIONS FOR ADMINISTRATION

| Regulation | Description |
|---|---|
| **s. 127** | Every licensee of a long-term care home shall ensure that a policy is developed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director, to govern changes in the administration of a drug due to modifications of directions for use made by a prescriber, including temporary discontinuation. |
| **Best Practice Guidelines** | • *The home must have a policy and applicable education/training for registered nursing staff describing the process for administration of medication for:*<br>  ➢ *New Orders*<br>  ➢ *Discontinued Orders*<br>  ➢ *Change Orders*<br>  ➢ *Hold orders or temporary discontinuation orders*<br>• *Changes may include a change in dosage form, dose, frequency, route of administration or directions of an existing medication order.* |

## O. SENDING OF DRUGS WITH A RESIDENT

| Regulation | Description |
|---|---|
| **s. 128** | Every licensee of a long-term care home shall ensure that a policy is developed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director, to govern the sending of a drug that has been prescribed for a resident with him or her when he or she leaves the home on a temporary basis or is discharged. |
| **Best Practice Guidelines** | • *To ensure continuity of care for the resident, the home must have a policy to make certain that residents are provided with a supply of all necessary prescribed medication for a temporary leave or permanent discharge from the home.*<br>• *When a resident leaves the home on a temporary basis (Leave of Absence), the home supplies the resident or responsible party with all required medications needed while the resident is away.*<br>• *When a high alert medication is required for a leave of absence or discharge, a policy is in place to describe the process of assisting the resident and/or responsible party with the information/education they may require on the correct handling, administration, storage, monitoring, and disposal of the high alert medication (e.g., narcotics, insulins, cytotoxic medications).*<br>• *When a resident is being transferred to another home or discharged, the current medications may be returned to the resident or responsible party.* |

## P. SAFE STORAGE OF DRUGS

| Regulation | Description |
|---|---|
| **s. 129** | (1) Every licensee of a long-term care home shall ensure that,<br>(a) drugs are stored in an area or a medication cart,<br>(i) that is used exclusively for drugs and drug-related supplies,<br>(ii) that is secure and locked,<br>(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and<br>(iv) that complies with manufacturer's instructions for the storage of the drugs; and |
| **Best Practice Guidelines** | • *The medication cart or medication room is used exclusively to store medication that is to be administered and medication related supplies. Common items found on a medication cart or medication room that are prohibited include watches, jewellery, wallets, false teeth, discontinued medication, personal valuables belonging to nursing staff, etc.*<br>• *Expired or discontinued medication is removed from the medication cart/room immediately and set aside for destruction separate from the active medication supply.*<br>• *The medication room (unless occupied by authorized personnel) and the medication cart (when not in use) are locked and secured.*<br>• *The medication storage area is protected from heat, light, humidity or other environmental conditions in order to maintain efficacy.*<br>• *All medication is stored in compliance with the manufacturer's instructions.*<br>• *Eye/ear drops and topical medications are stored separately from oral medications.*<br>• *Medications requiring refrigeration are stored in a refrigerator used only for storing medications (no food or lab orders). The refrigerator temperature shall be monitored and medication is best stored in the central portion of the refrigerator (not the inside door).*<br>• *All medication in the medication room and medication cart are audited to ensure they are "in date" and not expired.*<br>• *Policies shall include a process for auditing and monitoring the safe storage of medication.* |

| Regulation | Description |
|---|---|
| **s. 129** | (1) Every licensee of a long-term care home shall ensure that,<br>(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.<br>(2) Subsection (1) does not apply with respect to drugs that a resident is permitted to keep on his or her person or in his or her room in accordance with subsection 131 (7). |
| **Best Practice Guidelines** | • *Controlled substances (narcotics, controlled drugs and targeted substances) must be stored in a separate locked narcotic box within the locked medication cart.*<br>• *A controlled substance that is to be destroyed and disposed of (e.g., discontinued, expired, discharged resident, etc.) must be removed from the locked narcotic box in the medication cart and transferred to a separate stationary, secure double-locked storage area within the home until the destruction and disposal occurs. This double-locked storage area shall be accessible only to the DONPC or designate.*<br>• *The medication cart (when not in use) is locked and secured.* |

- *A record is maintained of all controlled substances destroyed in accordance with the LTCHA, 2007.*
- *If controlled substances are stored in a medication room, they must be stored in a separate, double-locked stationary cupboard and the medication room must be locked at all times (unless occupied by authorized personnel). If a home chooses this storage, then the triple-lock system must apply.*

## Q. SECURITY OF DRUG SUPPLY

| Regulation | Description |
|---|---|
| **s. 130** | Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:<br>1. All areas where drugs are stored shall be kept locked at all times, when not in use.<br>2. Access to these areas shall be restricted to,<br>i. persons who may dispense, prescribe or administer drugs in the home, and<br>ii. the Administrator.<br>3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. |
| **Best Practice Guidelines** | • *The home shall ensure that medications are stored in a secure and locked area, exclusively used for this purpose.*<br>• *Medication storage areas must be kept locked at all times when not in use. The keys must be kept with a designated and responsible registered nursing staff at all times.*<br>• *Access to the medication storage area is restricted to persons who may dispense, prescribe or administer medication in the home and the Administrator.*<br>• *In cases where a resident's care plan allows for self-administration, the resident must have a safe and secure (locked) area for storage of medication.*<br>• *All medication carts must be secured with a functional locking mechanism. The medication cart must be locked when not in use.*<br>• *An audit is conducted at least monthly on the controlled substances daily count sheets to determine if there are any discrepancies. If a discrepancy is identified, immediate action is taken, an incident report must be completed, and the DONPC and the Pharmacy Manager are notified.* |

## R. ADMINISTRATION OF DRUGS

| Regulation | Description |
|---|---|
| **s. 131** | (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident.<br>(2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.<br>(3) Subject to subsections (4), (4.1) and (5), the licensee shall ensure that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse. |
| **Best Practice Guidelines** | • *No drug is used by or administered to a resident in the home unless it has been prescribed for the resident and the medication is administered in accordance with the directions specified by the prescriber.* |

- *No person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse, except as outlined in subsections 131 (4), (4.1) and (5) below.*
- *Where a resident administers their own medication (self-administration), there are policies in the home for self-administration of prescription ordered drugs and natural health products.*

| Regulation | Description |
|---|---|
| **s. 131** | (4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,<br>(a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;<br>(b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and<br>(c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff. |
| **Best Practice Guidelines** | • *Registered nursing staff may permit an unregistered staff member to administer a topical under their supervision, as long as the staff member is trained to do so by the registered nursing staff and the registered nursing staff is satisfied that the staff member can do so safely.* |

| Regulation | Description |
|---|---|
| **s. 131** | (4.1) A member of the registered nursing staff may permit a nursing student to administer drugs to a resident if,<br>(a) the licensee has verified with the university or college that offers the nursing educational program in which the nursing student is enrolled that the nursing student has received education or training about the administration of drugs as part of the program;<br>(b) the nursing student has been trained by a member of the registered nursing staff in the written policies and protocols for the medication management system referred to in subsection 114 (2);<br>(c) the member of the registered nursing staff who is permitting the administration is satisfied that the nursing student can safely administer drugs; and<br>(d) the nursing student who administers the drugs does so under the supervision of the member of the registered nursing staff. |
| **Best Practice Guidelines** | • *Refer to subsection (4.1) above regarding the ability of a nursing student to administer drugs if the nursing student fits the definition as outlined in subsection 131 (8).* |

| Regulation | Description |
|---|---|
| **s. 131** | (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident.<br>(6) Where a resident of the home is permitted to administer a drug to himself or herself under subsection (5), the licensee shall ensure that there are written policies to ensure that the residents who do so understand,<br>(a) the use of the drug;<br>(b) the need for the drug;<br>(c) the need for monitoring and documentation of the use of the drug; and<br>(d) the necessity for safekeeping of the drug by the resident where the resident is permitted to keep the drug on his or her person or in his or her room under subsection (7).<br>(7) The licensee shall ensure that no resident who is permitted to administer a drug to himself or herself under subsection (5) keeps the drug on his or her person or in his or her room except,<br>(a) as authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident; and<br>(b) in accordance with any conditions that are imposed by the physician, the registered nurse in the extended class or other prescriber.<br>(8) In this section,<br>"dentist" means a member of the Royal College of Dental Surgeons of Ontario;<br>"nursing student" means a person,<br>(a) who is enrolled in an educational program, the successful completion of which meets the educational requirements for the issuance of a certificate of registration as a registered nurse or registered practical nurse as set out in the regulations made under the *Nursing Act, 1991*, and<br>(b) who is working in the long-term care home as part of the clinical placement requirement of the educational program pursuant to an agreement between the licensee and the university or college that offers the educational program. |
| **Best Practice Guidelines** | • *A self-administration policy is developed by the home for residents who request to self-administer their medication(s) and wish to have their medication(s) remain with them in their room.*<br>• *A resident may self-administer and manage their own medication(s) if they can do so safely, correctly and according to all requirements outlined in the home's policy (which is according to section 131 above).*<br>• *The resident's physician must approve the self-administration in consultation with the resident and the registered nursing staff. This consultation or assessment includes the resident's ability to understand the:*<br>➢ *Use of the medication*<br>➢ *Need for the medication*<br>➢ *Need for the registered nursing staff to monitor and document the use of the resident's medication(s)*<br>➢ *Necessity of safe storage of the medication*<br>• *The continued ability of the resident to self-administer medication must be evaluated regularly according to the home's policy and whenever there is a change in the resident's medication regime or medical condition.*<br>• *Refer to subsection (4.1) above regarding the ability of a nursing student to administer drugs if the nursing student fits the definition as outlined in subsection 131 (8).* |

## S. NATURAL HEALTH PRODUCTS

| Regulation | Description |
|---|---|
| **s. 132** | (1) Every licensee of a long-term care home shall ensure that where a resident wishes to use a drug that is a natural health product and that has not been prescribed, there are written policies and procedures to govern the use, administration and storage of the natural health product.<br>(2) Nothing in this Regulation prevents a resident from using, in accordance with the licensee's policies and procedures as required by subsection (1), a natural health product that has not been prescribed.<br>(3) Sections 114 to 131 and 133 to 137 do not apply with respect to a natural health product that has not been prescribed.<br>(4) In this section,<br>"natural health product" means natural health product, as that term is defined from time to time by the *Natural Health Products Regulations* under the *Food and Drugs Act* (Canada), other than a product that is a substance that has been identified in the regulations made under the *Drug and Pharmacies Regulation Act* as being a drug for the purposes of that Act despite clause (f) of the definition of "drug" in subsection 1 (1) of that Act. |
| **Best Practice Guidelines** | • *Health Canada identifies products as a "Natural Health Product" and are labelled with an NPN or DIN-HM.*<br>• *The home must provide a process (home's policy) whereby residents that wish to use a natural health product that has **not** been prescribed may do so, in accordance with the home's policies and procedures.*<br>• *If a resident uses a natural health product that has **not** been prescribed, it is best practice to inform the Pharmacy and the Physician via fax.*<br>• *In the case where a resident/resident's family make a decision for the resident to consume a natural health product without a medication order, the resident assumes full responsibility regarding use, administration, storage, efficacy and safety of the natural health product. The registered nursing staff cannot administer any medication/natural health product without a medication order.*<br>• *Safe storage of the natural health product in the resident's room is essential to ensure medication safety for other residents or visitors in the home.*<br>• *At transfer of care, the medication reconciliation process includes gathering information on any natural health products that the resident is taking.* |

## S.1 RECREATIONAL CANNABIS

| Regulation | Description |
|---|---|
| **s. 132.1** | (1) Every licensee of a long-term care home shall ensure that there are written policies and procedures to govern, with respect to residents, the cultivation, acquisition, consumption, administration, possession, storage and disposal of recreational cannabis in accordance with all applicable laws, including, without being limited to, the *Cannabis Act* (Canada) and the *Cannabis Regulations* (Canada).<br>(2) Nothing in this Regulation prevents a resident from cultivating, acquiring, consuming, administering, possessing, storing or disposing of recreational cannabis in accordance with the licensee's policies and procedures as required by subsection (1).<br>(3) Sections 114 to 132 and 132.2 to 137 do not apply with respect to recreational cannabis.<br>(4) A licensee is not required to comply with subsection (1) until 90 days after the coming into force of this section. |
| **Best Practice Guidelines** | • *Each home or organization shall develop and implement their own policy.*<br>• *The intent of policy is to provide direction and considerations to healthcare staff and residents regarding the use of recreational cannabis by residents in the home pursuant to the Cannabis Act, Cannabis Regulations, Smoke-Free Ontario Act and Municipal Bylaws. Policy is driven by the need to respect the choices of individuals requesting to use recreational cannabis, while ensuring a safe and healthy environment for all residents, visitors and staff.* |

## S.2 MEDICAL CANNABIS

| Regulation | Description |
|---|---|
| **s. 132.2** | (1) Every licensee of a long-term care home shall ensure that there are written policies and procedures to govern, with respect to residents, the cultivation, acquisition, consumption, administration, possession, storage and disposal of medical cannabis in accordance with all applicable laws, including, without being limited to, the *Cannabis Act* (Canada) and the *Cannabis Regulations* (Canada).<br>(2) Sections 122, 126, 129, 130, 131 and 136 do not apply with respect to medical cannabis.<br>(3) A licensee is not required to comply with subsection (1) until 90 days after the coming into force of this section. |
| **Best Practice Guidelines** | • *Each home or organization shall develop and implement their own policy.*<br>• *The dispensing of cannabis within pharmacy is currently not permitted within the existing legal framework.* ***https://www.ocpinfo.com/library/practice-related/download/cannabis-strategy-for-pharmacy.pdf***<br>• *Effective October 17, 2018, cannabis is regulated under the federal Cannabis Act and ceased to be regulated under the Controlled Drugs and Substances Act (CDSA) and therefore does not need to be treated as a controlled substance.*<br>• *Homes should have a policy governing medical cannabis which may include managing medical cannabis as a controlled substance at their discretion (e.g., counting, disposal, storage, etc.).*<br>• *In addition to the requirements listed above, below are recommended considerations for home or organization policy development:*<br>➢ *The process to access medical cannabis from a federally licensed seller includes completion of a Medical Document by a healthcare* |

*practitioner authorizing the use of cannabis for medical purposes, and registration with a licensed producer by completing a registration form and providing the Medical Document.*

- *A prescriber order is required within a medication administration environment for residents receiving medication management services.*
- *A copy of the Medical Document should be accessible and filed in the resident's chart based on the home/organization's record retention policy.*
- *Possession limit should be addressed within the home/organization's leave of absence policy.*
- *Based on prevailing practice, medical cannabis may refer primarily to processed dosage forms (i.e., not the dried form) sourced through a licensed producer of cannabis for medical purposes.*
- *Cannabis oil is preferred in long-term care due to challenges around smoke-free laws, environmental restrictions, and clinical considerations.*
- *The Licensed Producer will ship the medical cannabis product to the resident or their registered agent.*

## T. DRUG RECORD (ORDERING AND RECEIVING)

| Regulation | Description |
|---|---|
| **s. 133** | Every licensee of a long-term care home shall ensure that a drug record is established, maintained and kept in the home for at **least two years**, in which is recorded the following information, in respect of every drug that is ordered and received in the home:<br>1. The date the drug is ordered.<br>2. The signature of the person placing the order.<br>3. The name, strength and quantity of the drug.<br>4. The name of the place from which the drug is ordered.<br>5. The name of the resident for whom the drug is prescribed, where applicable.<br>6. The prescription number, where applicable.<br>7. The date the drug is received in the home.<br>8. The signature of the person acknowledging receipt of the drug on behalf of the home.<br>9. Where applicable, the information required under subsection 136 (4). |
| **Best Practice Guidelines** | • *A drug record book/file is maintained as a record of **all** medications **ordered** and **received** by the Home.*<br>• *All drug records must be kept in the home for at least two years.*<br>• *All drug records identify the staff member placing the order and the signature of the staff member who received the order as well as the information listed above in section 133.* |

## U. RESIDENTS' DRUG REGIMES

| Regulation | Description |
|---|---|
| **s. 134** | Every licensee of a long-term care home shall ensure that,<br>(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs; |

| | |
|---|---|
| | (b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and<br>(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. |
| **Best Practice Guidelines** | • ***Medication Reviews***<br>➢ *The pharmacist completes medication reviews of each resident's drug regime with the therapeutic goal of decreasing adverse events, ensuring the resident's medication therapy is appropriate, monitoring for response and effectiveness of the medications and improving resident outcomes.*<br>➢ *A policy is in place to outline the assessment, documentation, recommendation, communication, monitoring, evaluation and follow-up process used at the home for medication reviews.*<br>• ***Medication Incidents and Adverse Drug Reaction (ADR)***<br>➢ *See Regulation 79/10 section 135 below* |

## V. MEDICATION INCIDENTS AND ADVERSE DRUG REACTIONS

| Regulation | Description |
|---|---|
| **s. 135** | (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident and every adverse drug reaction is,<br>(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and<br>(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider.<br>(2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,<br>(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed;<br>(b) corrective action is taken as necessary; and<br>(c) a written record is kept of everything required under clauses (a) and (b).<br>(3) Every licensee shall ensure that,<br>(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions;<br>(b) any changes and improvements identified in the review are implemented; and<br>(c) a written record is kept of everything provided for in clauses (a) and (b). |
| **Best Practice Guidelines** | ***Medication Incidents***<br>• *A medication incident policy is in place at the home to ensure there is a* ***consistent and immediate*** *process for identifying, reporting, reviewing and analyzing all medication incidents involving a resident. Corrective actions are taken to reduce the risk of a similar incident occurring in the future.*<br>• *All medication incidents and adverse drug reactions are documented and a written record is filed at the home. Documentation of the medication incident* |

*must include any immediate actions taken to assess and maintain the resident's health.*

- *Medication incidents and ADRs are reported to the resident, resident's substitute decision maker, DONPC, Medical Director, prescriber of the drug, resident's attending physician or RN in the extended class attending the resident and the pharmacy provider.*
- *All medication incidents are also reviewed and analyzed quarterly by the Professional Advisory Committee (Medication Safety Committee) and recommendations for system improvements/changes are identified to prevent future incidents from occurring.*
- *Any changes implemented are monitored for effectiveness to ensure the medication management system is safe and effective.*

***Adverse Drug Reaction (ADR)***

- *A policy is in place at the home to:*
  - *Prevent the administration of medication(s) to residents with identified allergies or adverse drug reactions*
  - *Reduce the risk of possible adverse drug reactions*
  - *Increase awareness of known adverse drug reactions at the time of a resident's admission to the home (forms/process for capturing ADRs)*
  - *Ensure immediate and consistent documentation of allergies and ADRs*
  - *Ensure staff education in the recognition of ADRs and ongoing monitoring and evaluation of each resident*
  - *Ensure documentation of the ADR occurs on the Canada Vigilance Adverse Reaction Reporting Form and is submitted to Health Canada, and that a written record is filed at the home*

## W. DRUG DESTRUCTION AND DISPOSAL

| Regulation | Description |
|---|---|
| **s. 136** | (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,<br>(a) all expired drugs;<br>(b) all drugs with illegible labels;<br>(c) all drugs that are in containers that do not meet the requirements for marking containers specified under section 156 (3) of the *Drug and Pharmacies Regulation Act*; and<br>(d) a resident's drug where,<br>(i) the prescriber attending the resident orders that the use of the drug be discontinued,<br>(ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the *Vital Statistics Act* or the resident's attending physician, or<br>(iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 128. |
| **Best Practice Guidelines** | • *A drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable.*<br>• *The home must have a **written drug destruction and disposal policy** that provides for the ongoing identification, destruction and disposal of:*<br>➢ *Discontinued medications*<br>➢ *Medications for residents who have been discharged (the home's policy shall state whether the resident's medications are provided to the resident on discharge or whether they are to remain at the home for destruction and disposal)* |

- *Medications brought into the home by the resident or family upon admission which have not been returned to the family*
- *Medications for deceased residents*
- *Expired medications*
- *Medications that do not meet the packaging requirements*
- *Medications with illegible labels*
- *Excess or surplus medication supply*

| Regulation | Description |
|---|---|
| **s. 136** | (2) The drug destruction and disposal policy must also provide for the following:<br>1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.<br>2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.<br>3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.<br>4. That drugs that are to be destroyed are destroyed in accordance with subsection (3). |
| **Best Practice Guidelines** | • *All medications identified for destruction must be destroyed of safely and securely and in an environmentally appropriate manner.*<br>• *Once a medication has been identified for destruction it must be stored safely and securely within the home **separate** from drugs that are available for administration to a resident, until the destruction and disposal process occurs.*<br><br>***Storage of Non-Controlled Substances for Destruction:***<br>• *All medications to be destroyed are prepared for disposal by removing any excess packaging (e.g., patches are removed from a box of Nitro-Dur® and the box is destroyed separately by removing all identifying information) and placing these medications in the **Drug Destruction Container** which is supplied by the pharmacy or a designated medical waste disposal company.*<br>• *The Drug Destruction Container is located in the locked medication room or other secure area only accessible by the nurse. This container is stored separate from medications available for administration to a resident.*<br>***Storage of Controlled Substances for Destruction:***<br>• *Any controlled substance to be destroyed must be **stored separately** from any medication available for administration to a resident. Controlled substances that are discontinued or identified for destruction must be removed from the narcotic lock box in the medication cart (or other storage area in the home) and transferred to a separate, secure storage area for controlled substances waiting for destruction. This area must be within the home, stationary, double locked and accessible only by the DONPC or designate.* |

| Regulation | Description |
|---|---|
| **s. 136** | (3) The drugs must be destroyed by a team acting together and composed of,<br>(a) in the case of a controlled substance, subject to any applicable requirements under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada),<br>(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and<br>(ii) a physician or a pharmacist; and<br>(b) in every other case,<br>(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and<br>(ii) one other staff member appointed by the Director of Nursing and Personal Care. |
| **Best Practice Guidelines** | *The regulations state the required members of the team involved in destruction of a controlled and non-controlled substance:*<br>• *Drug destruction must be carried out by the appropriate healthcare staff.*<br>• *For destruction of controlled substances, one of the individuals must be either a pharmacist or a physician and the other must be a registered nursing staff member selected by the DONPC.*<br>• *For destruction of non-controlled substances, both staff members must be selected by the DONPC and one of these individuals must be a registered nursing staff member.* |

| Regulation | Description |
|---|---|
| **s. 136** | (4) Where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy must provide that the team composed of the persons referred to in clause (3) (a) shall document the following in the drug record:<br>1. The date of removal of the drug from the drug storage area.<br>2. The name of the resident for whom the drug was prescribed, where applicable.<br>3. The prescription number of the drug, where applicable.<br>4. The drug's name, strength and quantity.<br>5. The reason for destruction.<br>6. The date when the drug was destroyed.<br>7. The names of the members of the team who destroyed the drug.<br>8. The manner of destruction of the drug. |
| **Best Practice Guidelines** | • *The home's policy for destruction and disposal of controlled substances must ensure that the home has a process for documentation in the drug record.*<br>• *Documentation (e.g., Medication Destruction Form) includes all the information listed above and is used by the home to reconcile these drugs set for destruction.*<br>• *It is important to remember to document the reason for destruction, the signature of the persons who destroyed the drug as well as the manner of destruction (e.g., ampoules broken, patches cut, tablets/capsules covered with soapy water, oral liquids removed from original containers, etc.).*<br>• *A form that includes all the required information and the manner of destruction in a checklist format can be customized for the home's controlled substances destruction process.* |

| Regulation | Description |
|---|---|
| **s. 136** | (5) The licensee shall ensure:<br>(a) that the drug destruction and disposal system is audited at least annually to verify that the licensee's procedures are being followed and are effective;<br>(b) that any changes identified in the audit are implemented; and<br>(c) that a written record is kept of everything provided for in clauses (a) and (b). |
| **Best Practice Guidelines** | • *The drug destruction and disposal process is audited at least annually by the home to ensure that all procedures are being followed and there is no risk of drug diversion or medication incidents.*<br>***The Audit process shall ensure that:***<br>• *All medication for destruction is altered or denatured to such an extent that its consumption is rendered impossible or improbable*<br>• *Until the destruction and disposal occurs, the drugs must be safely and securely stored within the home, separate from drugs that are available for administration to a resident*<br>• *Controlled substances for destruction must be stored in a double locked storage area within the home and separate from any controlled substances available for administration to a resident*<br>• *Only individuals approved by the Director of Nursing and Personal Care are involved in the drug destruction and disposal process*<br>• *Documentation of destruction is complete in the drug record*<br>• *All changes identified in the audit are implemented and a written record is maintained in the home.* |

| Regulation | Description |
|---|---|
| **s. 136** | (6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. |
| **Best Practice Guidelines** | • *All medications identified for destruction must be destroyed of safely and securely. The medication shall be altered or denatured to such an extent that its consumption is rendered impossible or improbable.*<br>• *The Ministry of Long-Term Care suggests that as a best practice, all licensees address the destruction and disposal of insulin cartridges in their written policy for drug destruction and disposal that is required under subsection 136 (1) of the Regulation.*<br>***General Instructions:***<br>• *Gloves and Mask (if appropriate) are to be worn by staff members involved in the destruction process.*<br>• ***Tablets or Capsules in vials/bottles**: Are poured carefully into the Drug Destruction Container from their original bottles being careful that no powder is released in the air.*<br>• ***Tablets or capsules in pouches**: Are placed directly into the Drug Destruction Container as multi-dose medication pouches are water permeable.*<br>• ***Tablets or capsules in blister packs**: Are removed from their original packaging and placed into the Drug Destruction Container.*<br>• ***Liquid medications**: Are poured directly from their original bottles into the Drug Destruction Container (e.g., lactulose).*<br>• ***Psyllium powder**: Is not to be removed from its container as exposure can pose an anaphylactic risk for some individuals.* |

- ***Patches****: Are removed from their boxes and cut in half and placed into the Drug Destruction Container. Always wear gloves for this process.*
- ***Ampoules****: Are broken in half and the contents are poured into the Drug Destruction Container.*
- ***Insulin:*** *Although an insulin cartridge cannot be broken in the same fashion as ampoules, insulin cartridges can be emptied using the insulin pen, and the contents disposed of in the same fashion as liquid medications by pouring directly into the Drug Destruction Container for non-narcotics.*

***Destruction of Non-Controlled Substances:***

- *Once a medication has been identified for destruction, it must be stored safely and securely within the home* ***separate*** *from drugs that are available for administration to a resident until the destruction and disposal process occurs.*
- *All medications to be destroyed as per the general practices outlined above: prepare for disposal by removing any excess packaging (e.g., patches are removed from a box of Nitro-Dur® and the box is destroyed separately by removing all identifying information) and placing these medications in the Drug Destruction Container which is supplied by the pharmacy or a designated medical waste disposal company.*
- *The process of destruction includes two staff members that must be selected by the DONPC and one of these individuals must be a registered nursing staff member.*
- *Once the Drug Destruction Container is full, medications are destroyed with the addition of soapy water which renders the contents impossible or improbable to be reused. The container is immediately sealed and set aside in a secure area for removal by a designated waste disposal company. Disposal of all medications is performed by an approved medical waste disposal service in an environmentally safe manner.*

***Destruction of Controlled Substances:***

- *For destruction of controlled substances, one of the individuals must be either a pharmacist or a physician and the other must be a registered nursing staff member selected by the DONPC.*
- *Controlled substances should be destroyed on a regular basis.*
- *The home must have a system for reconciliation of controlled substances to be destroyed.*
- *Destruction must be documented in the Drug Record. A Medication Destruction Form can be used for this purpose and must include all requirements described in 136 (4).*
- *The home must have a written policy for the disposal of fentanyl patches.*
- *Narcotic and controlled substances are destroyed by removing the medication from any packaging (e.g., punching tablets out of blister packs, breaking ampoules, pouring out liquids, cutting patches) and then adding soapy water which renders the medication impossible or improbable to be consumed.*
- *The container is sealed immediately after the destruction process and set aside for removal by a designated medical waste disposal company.*
- *Disposal of all controlled substances is performed by an approved medical waste disposal service in an environmentally safe manner.*

## X. RESTRAINING BY ADMINISTRATION OF DRUG, ETC., UNDER COMMON LAW DUTY

| Regulation | Description |
|---|---|
| **s. 137** | (1) A registered nurse may order the administration of a drug for the purposes of subsection 36 (3) of the Act.<br>(2) Every licensee shall ensure that every administration of a drug to restrain a resident when immediate action is necessary to prevent serious bodily harm to the resident or to others pursuant to the common law duty described in section 36 of the Act is documented, and without limiting the generality of this requirement, the licensee shall ensure that the following are documented:<br>1. Circumstances precipitating the administration of the drug.<br>2. Who made the order, what drug was administered, the dosage given, by what means the drug was administered, the time or times when the drug was administered and who administered the drug.<br>3. The resident's response to the drug.<br>4. All assessments, reassessments and monitoring of the resident.<br>5. Discussions with the resident or, where the resident is incapable, the resident's substitute decision-maker, following the administration of the drug to explain the reasons for the use of the drug. |
| **Best Practice Guidelines** | • *To ensure all regulations of the LTCHA, 2007 with respect to restraint by a drug are met by the home, consider:*<br>➢ ***Subsections 137 (1) (2) of the Regulations 79/10:*** *Restraining by administration of drug, etc. under common law duty (see above)*<br>➢ ***Section 36 of the Act:*** *Common Law Duty which enables a home to restrain a resident by the administration of a drug in an emergency situation when immediate action is necessary to prevent serious bodily harm to the resident or to others.* [**NOTE: This section is NOT to be invoked for any other reason in the home.]**<br>○ ***Subsection 36 (1)*** *Nothing in this Act affects the common law duty of a caregiver to restrain or confine a person when immediate action is necessary to prevent serious bodily harm to the person or to others.*<br>○ ***Subsection 36 (3)*** *A resident may not be restrained by the administration of a drug pursuant to the common law duty described in subsection (1) unless the administration of the drug is ordered by a physician or other person provided for in the regulations.*<br>○ ***Subsection 36 (4)*** *If a resident is being restrained by the administration of a drug pursuant to the common law duty described in subsection (1), the licensee shall ensure that the drug is used in accordance with any requirements provided for in the regulations and that any other requirements provided for in the regulations are satisfied.*<br>▪ *A registered nurse may order the administration of a drug for the purposes of subsection 36 (3) of the Act.*<br>▪ *Every home keeps records in relation to the restraint of a resident by a drug.*<br>▪ *Education and training are provided to the staff by the home on their Policies and Procedures for Restraint by a Drug.*<br>▪ *Any use of a restraint by a drug is reviewed quarterly by the Professional Advisory Committee (Medication Management Committee). See subsection 115 (3) (b) of O. Reg. 79/10.* |

- *The Home must document each time a drug is used to restrain a resident under the common law duty. Documentation must include at least the following:*
    - *Circumstances precipitating the administration of the drug*
    - *Person prescribing the drug*
    - *Name of the drug*
    - *Dosage, route and time(s) when the drug was administered*
    - *Person who administered the drug*
    - *Resident's response to the drug*
    - *All assessments and reassessments of the resident involved in the administration of the drug*
    - *All monitoring of the resident involved in the administration of the drug*
    - *Discussions with the resident or the resident's substitute decision make after the administration of the drug to explain the reason for the use of the drug.*

## REFERENCES AND DIRECT LINKS:


1. Ministry of Long-Term Care Homes Portal is used to download the MOH-IP **https://www.ltchomes.net/LTCHPortal/Login.aspx**
2. *Long-Term Care Homes Act, 2007*: **http://www.ontario.ca/laws/statute/07l08**
3. Ontario Regulation 79/10 under the *Long-Term Care Homes Act, 2007*: **http://www.ontario.ca/laws/regulation/100079**
4. Minister's Directive: Glucagon, Severe Hypoglycemia and Unresponsive Hypoglycemia: **https://www.health.gov.on.ca/en/public/programs/ltc/ministers_directive.aspx**
5. *Safeguarding our Communities Act (Patch for Patch Return Policy), 2015*: **https://www.ontario.ca/laws/statute/s15033**
6. Ontario Regulation 305/16 under the *Safeguarding our Communities Act (Patch for Patch Return Policy), 2015:* **https://www.ontario.ca/laws/regulation/160305**

**NOTES:**

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