

Sample Medication Policy

INTRODUCTION

The withdrawal management service (WMS) will provide short-term community-based non-medical elective withdrawal management support. For patient safety, the following policy and procedures provide guidance on minimum standards for the intake, storage, provision, discharge, and disposal of medications at the withdrawal management site.

POLICY

- 1.** Client's medication dispensed by a community pharmacy and brought into WMS must be safely stored and adhere to the following: (a) be in its original, labelled containers; (b) have instructions clearly indicated on the pharmacy label; and (c) be made available to the client according to pharmacy label.
 - 1.1.** Any changes from instructions on the pharmacy-dispensed label require approval by the prescriber or most responsible provider.
 - 1.2.** There will be procedures in place related to the clients' use of medication and will address issues of verification, validity, and integrity of the medication/prescription brought into the service: (a) verifying ownership of the medication; and (b) addressing currency, accuracy, and duplication of the medication, i.e., is the medication current? Does the medication appearance match the description on the label? Are there multiple prescriptions for the same medication?
 - 1.3.** Medications that are off count may indicate concern. Too many medications may be an indication that the client has not been taking them as prescribed, whereas missing medications may be an indication of inappropriate use, diversion, or loss of the medication. All medications that are off count will require prescriber approval for the client to resume taking them at the prescribed dosage. The only exception will be PRN (as needed) medications, as this indicates the count may not align with days since last dispensed.
 - 1.4.** Counselling staff will monitor and supervise client's access to medications dispensed by community pharmacy for clients to take as directed while at the WMS. Dispensing medication is a regulated act and is done once by the community pharmacy. Withdrawal staff do not dispense medication but rather provide supervision and access to the client's own medication. There will be clear procedures that outline this process.
- 2.** There will be policies related to the accurate recording of information in the client record relating to the medication brought into the service and the medication returned upon discharge.
 - 2.1.** Procedures will outline safe storing and disposal of over-the-counter (OTC) medications, prescribed medications, illicit drugs, and other addictive substances.
 - 2.2.** There will be policies in place related to provision of access to client medications to take as directed on dispensing label and staff supervision/monitoring of this activity.
 - 2.3.** There will be policies in place related to an accurate and timely record of medication taken or missed under staff supervision.
- 3.** Training and education support for medication policies and procedures will be provided to the WMS staff.

4. There will be policies in place related to the use of potentially addictive, controlled, or monitored substances.
 - 4.1. Policies will address consultation with the prescribing/most responsible provider regarding an alternative medication or non-pharmacological alternative when the prescribed medication is the drug of choice used by the client.
5. Policies will address allowing the clients to have access to medications prescribed for a condition that was in existence prior to admission to the service, or that is prescribed through medical assessment after admission to the WMS. This may be a chronic condition such as high blood pressure, diabetes, or it may be acute in nature such as an infection.
6. There will be policies to address the time frame required between the last drink or ingestion of any other drug(s) used and resumption of the medication regime; many medications are contraindicated in conjunction with alcohol consumption or may interact with other medications/drugs taken prior to admission, requiring professional pharmacological advice.
7. There will be policies to support clients on opioid agonist therapy (OAT) such as methadone or buprenorphine/naloxone to access their daily medication from an offsite community pharmacy while staying in the WMS.
8. Clients will have access to information and will be offered consultation with the health care team regarding anti-craving medication to be used in treatment of substance use, e.g., naltrexone, nicotine replacement therapy.
9. There will be instances whereby the health care team will support client care by dispensing medications and/or administering a medication by inhalation or injection within the scope of practice for that health care provider.
10. OTC products/medications/supplements brought in sealed original bottles will need to be flagged for approval by the health care team for clients to take while at the WMS.

PROCEDURES

1. Clients are responsible for medication-related costs. If they do not have access through the Ontario Drug Benefit program, private insurance, or other coverage, WMS staff will assist clients with identifying ways to access medications where possible.
2. A medication list is initiated by WMS staff at intake. As medications are changed, altered, or added, the medication list is updated. Effort will be made to develop a comprehensive list of all prescribed and OTC medications including supplements.
 - a. A medication list is a shared responsibility involving the client, WMS staff, and the entire health care team, including WMS health care providers, the emergency department, the addiction clinic, and the pharmacist. With consent, a client's family or support may be asked to assist.
 - b. When WMS staff note discrepancies while assisting clients to develop a best possible medication list, staff will attempt to clarify through gathering relevant information from the client and other sources, including accessing a client's previous admission information. The WMS healthcare provider or other healthcare provider (e.g., general practitioner, walk-in clinics) may be consulted. The WMS site healthcare provider will be notified when discrepancies cannot be resolved at intake.
 - c. A client's best possible medication list is provided during urgent transfer (e.g., emergency department transfer) and during planned transfers (e.g., to treatment programs). Upon request, a client's record of medication use in WMS will be provided to the client or third party, with client consent.

- 3.** At intake, staff will examine medication for safe and appropriate use.
 - a.** Medications with obvious tampering or contamination will be safely disposed of according to the site policy.
 - b.** Medications brought in by clients for use in WMS must have been dispensed according to dispensing standards in the Province of Ontario, or, in the case of OTC medications, must have clear instructions. Prescription medications will include:
 - Client name
 - Pharmacy information
 - Medication name, dosage, route, frequency
 - Date dispensed
 - Number of pills dispensed
 - Refill information
 - c.** Prescriptions that do not have the appropriate labelling as above, are mislabeled, are difficult to interpret, are scheduled dose prescriptions (not as needed) and more than 30 days old, or have the incorrect quantity remaining will require approval by a health care provider before they are approved for use on site.
- 4.** Some medication use in WMS may require further authorizing mechanisms, such as any OTC medication or supplement, any medication with unclear reason for use, or any high-risk prescription or OTC medication (see Appendix A).
 - a.** If a High-Risk/Red Flag medication (see Appendix A) is identified, the client may be at increased withdrawal, medical, or mental health risks. WMS staff will make the WMS health care provider aware of flagged items.
 - b.** Unapproved prescription medications will be documented, verified, and signed by the client, and kept for safekeeping in a locked cabinet until client discharge. Other non-approved medications will be disposed of.
- 5.** It is an expectation that clients hand in ALL medications for safekeeping, both at intake and throughout their stay. As medication access is frequently an issue for WMS clients, the exceptions to this will include medication that must be carried on the person for urgent use, such as inhalers, nitroglycerine, or epi-pens. Items for personal or frequent use such as creams, lotions, and other topical agents may be retained on the person at WMS staff discretion. These will be the only medications available to clients for unsupervised self-administration (see procedure 8).
- 6.** WMS staff will ensure safe-keeping and storage of client medications as follows:
 - a.** After verification and documentation in the best possible medication list, the client's own medication will be stored for safekeeping behind a minimum of two locks (e.g., locked cabinet/drawer/fridge in a locked office).
 - b.** Client medications that are controlled/monitored substances will be verified, counted, and documented at every shift change.
- 7.** Due to the clinical context of supporting clients to have a safe community-based withdrawal in the context of substance use and dependency, client self-administration of medications is not an option in WMS, except for medications falling under procedure 5.

- 8.** Clients and staff share dual responsibilities for safe medication use in WMS. Clients retain the responsibility to present for their medication(s) as per their prescription's frequency or per site policy, and client and staff jointly monitor and verify client medication use.
 - a.** Unless otherwise specified, clients will not be woken to take medications.
 - b.** QID (four times daily) medications will be taken at approximately 7am, 12pm, 5pm, and 10pm.
 - c.** TID (three times daily) medications will be taken at approximately 7am, 3pm, and 11pm.
 - d.** BID (twice daily) medications will be taken at 7am and 7pm.
 - e.** Once daily medications will be taken at 7am.
 - f.** QHS (before bed) will be taken before bedtime, at approximately 10pm.

- 9.** Clients will be provided access to their medications according to the dispensing instructions on the pharmacy label or prescriber/most responsible provider instructions. Procedures for safe access to medications include the following:
 - a.** Clients will be provided access to their own medications to take as per instruction on dispensing label or prescriber/most responsible provider instructions at designated medication times under staff supervision and monitoring.
 - b.** Due to the context of a withdrawal management setting, staff will need to supervise and monitor client access to medication and cannot provide the client with the whole vial/supply of medication at once. Staff will prepare the exact amount indicated on the dispensing label or approved amount authorized by a prescriber/most responsible provider in front of the client so that the medication can be taken as directed.
 - c.** If a client takes more than the prescribed dose and the incident appears to be intentional, the client may be discharged from the program or sent to the emergency department depending on the medication and dose consumed.
 - d.** An error may occur in the client taking the wrong medication, at the wrong time, the wrong route, or the wrong dose. As soon as these medication errors are identified, the WMS staff will contact the most responsible provider to ensure patient safety. The incident will also be documented and reported to the site manager or supervisor as per site policy.
 - e.** Near-misses that do not result in incorrect medication administration are to be documented according to site policy.

- 10.** Off-site administration of OAT may be required according to site policies.
 - a.** If off-site administration of OAT is required, clients will be asked to sign a Release of Personal Information to allow WMS staff to communicate with the OAT prescriber.
 - b.** Client will be asked to sign out of the WMS to get their OAT and sign in when they return.
 - c.** When possible, a peer support worker will accompany the client for off-site OAT.
 - d.** When a peer support worker is not able to accompany the client, the client will be searched upon their return. A urine drug screen may be asked of the client at the WMS health care provider's discretion. Unexpected results in the UDS will warrant follow-up with the health care provider and may result in dismissal from the program.

- 11.** As a general practice, non-urgent medication will not be provided while WMS clients are intoxicated in order to prevent drug interactions. In these situations, it may be necessary for WMS staff to clarify safe medication use with the original prescriber or WMS health care provider.

12. All aspects of the medications system are documented.
- a. Medications used by clients while in WMS are documented in a client medication record. Both WMS staff and clients will initial medication entries to verify medication usage.
 - b. Medications such as OAT that are administered off-site require verification (i.e., medication receipt) to confirm use and dosage. This will also be recorded in the medication record by WMS staff.
 - c. Medications handed in but not used and all medications provided at discharge will be documented and verified by the WMS staff and client.
13. At discharge, clients will be provided with all medications that were kept in storage and medications that were prescribed to them during their stay. This will be documented by WMS staff and verified by the client.
- a. Clients that are prescribed medications for the purpose of withdrawal support (e.g., benzodiazepines, gabapentin) while in the WMS will not be discharged with these medications unless otherwise specified on the prescription. If there is any uncertainty by the client or WMS staff, every effort should be made to contact the prescriber before discharge. This includes clients that leave the program before withdrawal is completed.
 - b. Medications left by clients after exit or discharge from the program are safely stored and disposed of according to site policy.

DEFINITIONS

DISPENSING

Dispensing a drug (as defined in the Drug and Pharmacies Regulation Act)¹ is one of the twelve controlled acts in the Regulated Health Professions Act (RHPA).² The act of dispensing means filling a prescription and involves cognitive and technical components.³ Dispensing includes the selection, preparation, and transfer of one or more doses of a drug to a client or his or her representative for administration. Dispensing includes checking the expiry date of the drug, repackaging the drug, and correctly labelling it. Dispensing a drug to an individual occurs only once.^{3,4}

ADMINISTRATION

Administration of medication occurs after dispensing and involves one individual preparing a dose of a drug and providing it to the client at the time the medication is due. Administration of a medication is not a controlled act (unless a person is administering the medication by injection or inhalation) and therefore is within the public domain.^{4,6} Administering a substance by injection or inhalation is a controlled act.^{5,6}

CONTROLLED ACT

The Registered Health Professions Act (RHPA)² restricts the performance of controlled acts in the course of providing health care services. With a few exceptions, a controlled act may only be performed by a member of a regulated health profession College where the RHPA authorizes members of such profession to perform the controlled act. A controlled act may also be performed where the performance of the controlled act has been delegated to a person by a member of a regulated health profession College where the RHPA authorizes members of such profession to perform the controlled act.

CONTROLLED SUBSTANCE

A *controlled substance* is any type of drug that the federal government has categorized as having a higher-than-average potential for abuse or addiction. Such drugs are divided into categories based on their potential for abuse or addiction. Controlled substances range from illegal street drugs to prescription medications.^{7,8}

MONITORED DRUGS

Monitored drugs are defined as follows:

1. Any controlled substance under the federal Controlled Drugs and Substances Act.⁷ These include narcotics (e.g., Tylenol 3[®], OxyNEO™) and non-narcotic controlled drugs (e.g., Ritalin[®], Valium[®], Phenobarbital).
- AND
2. Other opioid medications not listed in the Controlled Drugs and Substances Act.⁷ This includes tramadol-containing products such as Ralivia[®], Tramacet[®], Tridural[®], and Ultram[®].⁹

REFERENCES

1. Drug and Pharmacies Regulation Act (1990). R.S.O. c. H4.
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3. Ontario College of Pharmacists (2011). Dispensing Components Included in the Usual and Customary Fee. Guideline.
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4. Ontario College of Social Workers and Social Service Workers (2009). Practice guidelines for Medication Practices: Guidelines for Social Work and Social Service Work Members of the Ontario College of Social Workers and social Service Workers.
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5. College of Nurses of Ontario (2020). Legislation and regulation RHPA: Scope of Practice, Controlled Acts Model.
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6. College of Nurses of Ontario (2019.) Practice Standard: Medication.
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7. Controlled Drugs and Substances Act. (1996). S.C. c. 19.
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8. Health Canada (2020). Controlled Substances and Precursor Chemicals.
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9. Ministry of Health and Long-Term Care, Ontario. (2020). List of Monitored Drugs.
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Appendix A

HIGH-RISK/RED FLAG MEDICATIONS

- Opioids, including but not limited to:
 - Methadone
 - Buprenorphine/naloxone
 - Slow-release oral morphine
 - Morphine IR
 - Fentanyl
 - Hydromorphone
 - Oxycodone
 - Codeine
- Benzodiazepines, including but not limited to:
 - Diazepam
 - Lorazepam
 - Clonazepam
 - Alprazolam
- Sedatives, including but not limited to:
 - Trazodone (antidepressant with sedating properties)
 - Zopiclone
- Stimulants
- Antipsychotics
- Antidepressants
- Antihistamines