



# **Med Assist Supervisor's Guide**

## ***Alberta Addendum***

## Med Assist Curriculum: Does it cover the CET requirements?

ACDS member agencies have expressed an interest in accessing Med Assist, an online program developed and copyrighted by Saskatchewan Association of Rehabilitation Centres (SARC) in 2017 to provide an easily accessible course for agency staff. This addendum will provide you with identified differences that will need to be addressed to align with Alberta's Creating Excellence Together (CET) Standards.

The Med Assist program is meant to support organizations to train support workers who assist clients with medication. It is not meant to substitute the organization's policies and procedures on medication administration, or its individualized specific training for individuals. **This material is not intended to be an organization's entire medication training program, but rather, the first step of it.**

1. Who should be trained? In Alberta it is considered best practice for all direct support workers to have medication administration training.
2. The curriculum covers pretty much all of the material as outlined in CET's Best Practices document, but with a few notable differences.
  - a) Missing one of the 7 rights (i.e., the right reason); it only teaches 6 rights. Alberta uses the 7 Rights of Medication Administration to align with the Alberta Nursing Practices provincial guidelines – add right reason. (The reason for the medication is supposed to be found on the medication information sheets. Checking for the reason is also part of the preparation steps during medication assistance.)
  - b) Although the curriculum speaks to a system, it does not mention the 3 Check System for dispensing medication. Many organizations refer to this monitoring process as the 3 Check System. A staff proficiency assessment in Alberta would expect to find an understanding of this named process.
  - c) Alberta does not require training around Board roles and responsibilities in policy development at this frontline level. CET recommends policy and procedure.
  - d) This training says that a doctor needs to assess whether clients can self-administer; in Alberta, we say that the agency needs a process that includes steps for supporting individuals who administer their own medication.
  - e) Specific proficiency requirements for all staff in Alberta are noted on the following pages. The qualified person for proficiency assessments is a currently practicing supervisory staff member who has successfully completed external training from a qualified professional.

## Proficiency Assessment

**In Alberta, the following is considered best practice to be included in the proficiency assessment, which is completed by the in-house proficiency assessor.**

- Ensure that staff are able to demonstrate proficiency in the safe administration of the different medication formulations as they apply to the service provider:
  - Oral (pills and sublingual) medication
  - Liquid medication
  - Eye drops
  - Ear drops
  - Nose drops/Nasal sprays
  - Inhalers or other inhalants
  - EpiPens®
  - Topical medication
  - Transdermal patches

**Note:** The following require a proficiency assessment by a qualified professional instead of a qualified person due to the nature of the treatments:

- Enteric (tube) feeds
  - Rectal medication
  - Injections
  - Vaginal medication
  - Nebulizers
- Ensure that staff are able to demonstrate knowledge in defining the 7 Rights of Medication Administration and 3 Check System for accuracy
  - Ensure that staff are able to correctly complete documentation

**Note:** Proficiency assessment is necessary as part of any medication administration course and must be completed prior to staff being able to administer medication. This step is necessary to assess staff's ability to apply the skills learned to the actual work setting, as outlined in policy, procedures and forms.

- Additional Workplace Learning as needed

# Medication Administration Training Guidelines

In Alberta, the following is considered best practice for the disability sector<sup>1</sup> to be included in medication administration training given by a qualified professional.<sup>2</sup>

- What medication is and why it is used
- The safe administration of the different medication formulations (if applicable)
  - Oral (pills and sublingual) medication
  - Eye drops
  - Nose drops/Nasal sprays
  - EpiPens®
  - Transdermal patches
  - Liquid medication
  - Ear drops
  - Inhalers or other inhalants
  - Topical medication
- **Note:** Additional training by the qualified professional is required for the following
  - Enteric (tube) feeds
  - Injections
  - Nebulizers
  - Rectal medication
  - Vaginal medication
- The different drug classifications
  - Prescription medication
  - Natural medication (herbal, nutritional, homeopathic)
  - Narcotics
  - PRN medication
  - OTC medication
- How to identify precautions, side effects and contraindications between medication and remedies listed above
- The 7 Rights of Medication Administration for prescribed and PRN medication<sup>3</sup>
  - For all medication administration
    - The right person
    - The right route
    - The right documentation
    - The right medication
    - The right schedule
    - The right dose
    - The right reason
- 3 Check System<sup>4</sup> for dispensing medication
  - Prescription, MAR sheet, Medication
- The basic medication administration abbreviations
- Medication errors and medication incidents<sup>5</sup> and reporting systems

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<sup>1</sup> In Alberta, called Community Disability Services

<sup>2</sup> CET Appendix *Glossary*: qualified professional

<sup>3</sup> CET Appendix *Glossary*: 7 Rights of Medication Administration

<sup>4</sup> CET Appendix *Glossary*: 3 Check System

<sup>5</sup> CET Appendix *Glossary*: medication errors and incidents

- Levels of medication administration<sup>6</sup>
  - Self administration
  - Medication assistance
  - Medication reminding
  - Medication administration
- The roles and responsibilities of team members involved in the medication administration process (e.g., physician, pharmacist, guardian, support worker, individual receiving service)

**The following is considered best practice to be included in the in-house medication administration orientation given by a qualified person.<sup>7</sup>**

- Service provider policy and procedures around:
  - Medication reviews
  - Ordering/reordering medication from pharmacy
  - Receiving medication
  - Storing and packaging of medication
  - Dispensing medication, including 3 Check System
  - Documentation on the MAR sheet
  - Changes in medication
  - Leave of Absence medication
  - Discarding medication
  - Handling discontinued medication
  - Side effects and adverse reactions
  - Medication emergencies
  - Individuals who administer their own medication
  - Individuals who refuse to take their medication
  - Following the standards for the use of restrictive procedures for medication that is used to influence behaviour<sup>8</sup>
  - How to recognize and report medication errors and medication incidents
  - How to apply self administration, medication reminding, medication assistance and medication administration to the individuals accessing service<sup>2</sup>
  - The team members who are involved in the medication administration process (e.g., physician, pharmacist, guardian, support worker, individual receiving service) and their roles and responsibilities
  - How to identify knowledgeable resources available in regards to medication administration (e.g., pharmacist, physician, supervisors, Compendium of Pharmaceuticals and Specialties [CPS], health link, reliable Internet sites)
  - Compliance with CET Standards and legislation (if applicable)

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<sup>6</sup> CET Appendix *Medication Administration: Levels of Medication*

<sup>7</sup> CET Appendix *Glossary: qualified person / qualified person in regards to medication administration*

<sup>8</sup> ACDS Booklet *Guidelines for the Use of Medications that Influence Behaviour*

- Ensure that staff are able to demonstrate proficiency in how to identify precautions, side effects and contraindications between the medication/remedies that are applicable to the individuals accessing service
- Ensure that staff know how to handle different types of medication refusal (e.g., explanation and gentle persuasion, window of time, follow up by a registered nurse or supervisor, documentation)