

About these Standards

These standards are about the individuals' right to

- be supported and assisted, to the extent required, to understand
 - their physical and mental health needs
 - the process for making decisions¹ about their physical and mental health
- be supported to follow recommendations and manage their physical and mental health
- be informed about and access appropriate health interventions and health-related services
- take prescribed medication, *pro re nata* (PRN) medication and over-the-counter remedies
- achieve the best physical and mental health possible given their personal situations
- be informed about their right to receive or decline physical and mental health assessments, treatments and/or procedures

Individuals who self-administer their medication need to be aware of what they are taking and what to do in a medication emergency. Individuals who take PRN medication that influences behaviour must have **planned restrictive procedures** that follow the guidelines outlined in Standard 33.

In addition, a physician or pharmacist should regularly review all of the individuals' prescription and non-prescription medication.

To give individuals the support they need, staff must

- take care of the individuals' physical and mental health
- have the necessary knowledge and skills to meet the individuals' specific physical and mental health needs
- understand their role in finding, and their responsibility in following advice from various sources
- ensure that medication is administered safely, whether individuals self-administer their medication or staff administer it
 - Staff who administer medication must have medication administration training
 - Staff who don't have to administer medication must still be aware of the needs of individuals who take medication
- know how to handle medication errors and incidents

“Health” covers a broad spectrum of topics that CET has grouped into two parts.

pro re nata

- Medication that may or may not be prescribed but only taken as needed, as the occasion arises, or according to circumstances
- Appendix *Medication Administration*

planned restrictive procedure

- Interventions for behaviours of concern that move beyond using purely consequence-based approaches (i.e., restrictive approaches)
- A plan intended to stop behaviours that can cause harm to individuals or others, or cause damage to property
- See Appendix *Glossary: planned restrictive procedures*

medication errors and incidents

- Medication errors refer to errors made by staff
- Medication incidents refer to the individual's actions

See Appendices

- *Glossary: medication errors and incidents*
- *Positive and Restrictive Procedures*

¹ Alberta Human Services. *Specific decision-making – How it works*

Part 1: *Individuals take care of their physical health*

Individuals need to be supported in terms of

- knowing and understanding the impact or consequences of their decisions (e.g., short-term or long-term risks, unhealthy choices)
- finding alternative treatments such as dentists, podiatrists, gastroenterologists, naturopaths, etc.
- accessing external resources as suitable to their lifespan
 - medical practitioners and specialists
 - community health services
- using PRN medication to influence their behaviour, thereby helping individuals to
 - make better decisions
 - maintain better health
 - reduce risky behaviours

See Appendix
*Physical and Mental
Health*

Booklet *Guidelines
for the Use of
Medications that
Influence Behaviour*

Part 2: *Individuals take care of their mental health*

Mental health is about lifestyle, not just about the medication individuals take in order to feel better. Having knowledge and a better understanding about mental health will

- reduce social isolation for individuals
- help individuals develop stronger connections and natural supports, which ensures they will be better protected from vulnerable situations
- provide access to community resources that can lead to a better quality of life for individuals

Standard 10 Part 1: *Individuals take care of their physical health*

Quality of Life Level 1 Indicators

1. The individual is aware of her general health as it pertains to her physical needs and wellbeing
2. The individual visits health care professionals as her physical health needs warrant
3. The individual
 - a. knows about the impact of lifestyle choices on her health
 - b. is supported to change her choices and/or deal with the consequences of unhealthy lifestyle choices
4. The individual administers her own medication and is aware of
 - a. why she is taking medication
 - b. how to administer her medication
 - c. what side effects to look for
 - d. what to do in case of a medication-related emergency
5. The individual is aware of the support plan related to her use of PRN medication to influence behaviour
6. The individual's medication is reviewed regularly to ensure that no changes are needed

Standard 22 Part 1: *Individuals are supported to take care of their physical health*

Quality of Service Level 1 Indicators

1. Staff implement strategies to
 - a. assess and monitor the individual's general health as it pertains to her physical needs and wellbeing
 - b. ensure that the individual's wishes and wellbeing are considered in all aspects of her physical health care
2. Staff access and help the individual to access external resources and health care professionals
3. Staff ensure that the individual
 - a. knows about the impact of lifestyle choices on her health
 - b. is supported to change her choices and/or deal with the consequences of unhealthy lifestyle choices
4. Staff use their training to administer medication, or monitor the individual to administer her own medications
5. Staff follow any planned restrictive procedures that accompany PRN medication that influences behaviour
6. Staff ensure that the individual's medication is reviewed regularly and that no changes are needed
7. Staff meet the individual's specific physical health needs and conditions through
 - a. their knowledge and skills
 - b. their training and the information they have learned
8. Staff share relevant medical and health information with others
 - a. only as needed
 - b. in a manner that respects the individual's dignity
 - c. in a manner that takes into account the *Freedom of Information and Protection of Privacy Act* (FOIP)

Standard 10 Part 2: *Individuals take care of their mental health*

Quality of Life Level 1 Indicators

1. The individual is aware of her general health as it pertains to her mental and emotional needs and wellbeing
2. The individual visits health care professionals as her mental health needs warrant
3. The individual has access to resources, information and connections that support her mental health
4. The individual
 - a. knows about the impact of lifestyle choices on her mental health
 - b. is supported to change her choices and/or deal with the consequences of unhealthy lifestyle choices
5. The individual has a treatment plan and routines that support her efforts to improve her mental health

Standard 22 Part 2: *Individuals are supported to take care of their mental health*

Quality of Service Level 1 Indicators

1. Staff are aware of the individual's mental and emotional needs and wellbeing and ensure that the individual's wishes and wellbeing are considered in all aspects of her mental health care
2. Staff facilitate appointments with counsellors, psychologists and others who will support the individual's mental health
3. Staff support the individual to access external resources and community health services throughout her lifespan
4. Staff ensure that the individual
 - a. knows about the impact of lifestyle choices on her mental health
 - b. is supported to change her choices and/or deal with the consequences of unhealthy lifestyle choices
 - c. is supported to live a healthy lifestyle
5. Staff know how the individual's treatment plan and routines support her efforts to improve her mental health
6. Staff meet the individual's specific mental health needs through
 - a. their knowledge and skills
 - b. their training and the information they have learned
7. Staff share relevant medical and health information with others in a way that respects the individual's dignity and choices

About this Standard

Scenario 1: *The service provider administers medication*

Service providers must have policy and clearly-defined procedures around

- administering both prescribed and non-prescribed medication
 - which also includes PRN medication and herbal remedies
- ensuring that there are no contraindications between these and prescribed medication

It is most essential that policy address

- medication administration training for employees who prepare and/or dispense medication
- the requirement for updating training
- the number of times that a medication error can occur before employees must retake medication administration training
- the **qualified professional** who will provide formal, external training
- the **qualified person** who will provide
 - an in-house orientation
 - organization- and individual-specific information
- the **qualified person** who will conduct the **proficiency assessment**

All steps of this training must meet the Medication Administration Training Guidelines. Due to the importance of this training, the train the trainer model is not an acceptable process to use for medication administration training.

Along with training requirements, policy must clearly outline employees' responsibilities for

- administering medication to individuals
- giving individuals medication reminders
- giving individuals medication assistance
- responding to and documenting **medication incidents, errors** and refusals
- understanding the possible **contraindications** between medications

See Appendix *Medication Administration* and sections

- *Medication Administration Training Guidelines*
- *Monitoring Medication Administration*

qualified professional for external training

- May include a pharmacist, pharmacy technician, registered nurse, licensed practical nurse, emergency medical technician or pharmacologist

qualified person for in-house orientation

- A practicing staff member who has successfully completed external training from a qualified professional and has the required experience

proficiency assessment

- An assessment used to determine an employee's ability to apply the skills learned in training to actual work settings
- Called a "medication practicum" when referring to medication administration

qualified person for proficiency assessments

- A practicing supervisory staff member who has successfully completed external training from a qualified professional and has the required experience

medication errors and incidents

- Medication errors refer to errors made by staff
- Medication incidents refer to the individual's actions
- For examples, see Appendix *Glossary: medication errors and incidents*

contraindication

- A factor that renders the administration of a medication inadvisable
- For examples, see Appendix *Glossary: contraindication*

These terms are also in Appendix *Glossary*

Before any medication, prescribed or not prescribed can be administered, it is crucial for service providers to obtain the individuals' informed consent to administer medication on their behalf.

Service providers also need to support individuals who wish to and are able to self-administer their medication independently. This will require processes

- to assess – initially and on a regular basis – the individuals' ability to safely administer their own medication
- to follow should individuals be reassessed and found unable to consistently administer their own medication safely

When individuals require medication that influences behaviour and it is administered as a PRN as per the written behaviour plan, it is considered restrictive and requires a planned restrictive procedure. Best practice supports a review process being in place for any medication used as such.

Quality of Service Indicators

When individuals accessing service require medication administration, service providers need to ensure staff receive thorough training in all aspects of handling and administering medication.

Regardless of whether or not staff do the actual administration of medication, they need to be familiar with the medications taken by the individuals they serve as well as with the follow up needed for medication errors and refusals.

Scenario 2: *The service provider does not administer medication*

When service providers do not administer medication, but may provide medication reminders or assistance, there must still be policy in place that states the types of supports offered to individuals.

Nevertheless, it is beneficial for employees to be knowledgeable about

- the individuals' medications
- the individuals' reasons for taking the medications
- the individuals' overall health
- the amount of support individuals require when taking medication
- how employees are to respond to medication incidents, such as if
 - individuals drop their medication
 - medication is found on the floor
 - individuals disclose they forgot to take their medication
- how to share medication incidents with guardians, residences, healthcare professionals, etc.
- how to meet the requirements for documenting and following up on medication incidents

Even when service providers are not responsible for administering the medication, they still need to have

- access to medication information
- a process if individuals and/or their guardians decide that they do not wish to share that information with the service provider (e.g., signing a waiver indicating their choice to not disclose information about the individuals' medication)

See

- Appendix *Glossary*:
 - informed consent
 - psychotropic medication
- Appendix *Positive and Restrictive Procedures*
- Booklet *Guidelines for the Use of Medications that Influence Behaviour*

Policies that support this Standard

- Scenario 1: Safe medication administration
- Scenario 2: Service provider does not administer medication but outlines information that employees must be aware of

Documentary Evidence that supports Standard 37 Scenario 1

- Process for monitoring non-prescription medication, etc.
- Process to determine whether individuals are able to administer their own medications
- In-house medication administration course curriculum (if applicable)
- Blank copy of proficiency assessment for medication administration training
- Procedures for reviewing medication errors
- Guidelines when administering medication to influence behaviour
- Consent from individuals who receive medications
- Completed proficiency assessments
- Completed restrictive procedure plans when using medications that influence behaviours
- Staff Training Record or Master Training List to show that medication administration training is provided to staff
- Documentation of any medication incident reports and subsequent outcome and follow up

Standard 37 Scenario 1: *The service provider administers medication*

Organizational Framework Level 1 Indicators

1. Policy and procedures outline how to administer medication in a safe and consistent manner
2. Practice is consistent with policy and procedures around administering prescription and non-prescription medication in a safe and consistent manner
3. The service provider
 - a. assesses whether the individuals are capable of taking their own medication
 - b. supports individuals who want to take their own medication
4. The service provider ensures that employees receive standardized medication administration training
5. The service provider ensures that employees undergo a proficiency assessment prior to administering medication
6. Documented informed consent is obtained from individuals before employees administer medication or give medication reminders
7. The service provider reviews medication errors and facilitates corrective action
8. Guidelines on restrictive procedures speaks to administering PRN medications for behaviours of concern

Standard 37 Scenario 1: *Staff are supported to administer medication*

Quality of Service Indicators

1. Staff know how to administer medication
2. Staff know how to
 - a. respond to a medication error or refusal
 - b. take the necessary follow-up action

Standard 37 Scenario 2: *The service provider does not administer medication*

Organizational Framework Indicators

1. Policy and procedures state that the service provider does not administer medication but its employees
 - a. must be familiar with individuals' medication
 - b. need to know what to do if there is a medication incident
2. Practice is consistent with policy and procedures around the non-administration of medications and the proper response to medication incidents
3. The service provider supports individuals who take their own medication and follows up on medication incidents