



**POLICY AND PROCEDURE ON SAFE MEDICATION  
ASSISTANCE AND ADMINISTRATION**

**I. PURPOSE**

The purpose of this policy is to establish guidelines to promote the health and safety of persons served by ensuring the safe assistance and administration of medication and treatments or other necessary procedures.

**II. POLICY**

Intercommunity Home Health Care is responsible for meeting health service needs including medication-related services of persons as assigned in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*.

Persons served will be encouraged to participate in the process of medication administration to the fullest extent of their abilities, unless otherwise noted in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*. The following procedures contain information on medication-related services for the administration of medication as well as the assistance staff may provide to a person who self-administers their own medication.

IHHC will obtain written authorization from the person served and/or legal representative to administer medications or treatments, including psychotropic medications, and will re-obtain this authorization annually. This authorization will remain in effect unless withdrawn in writing and it may be withdrawn at any time. If authorization by the person served and/or legal representative is refused, IHHC will not administer the medication or treatment. This refusal will be immediately reported to the person's prescriber and staff will follow any directives or orders given by the prescriber.

All medications and treatments will be administered according to this policy and procedure and IHHC's medication administration training curriculum.

IHHC utilizes Health Counselling Services (HCS) Contracted Nurse Consultants. IHHC follows the HCS Medication and Health Care Policy and Procedures Manual. Please see the policy manual for medication assistance and administration policies and procedures.



*Acknowledgement of Receipt*

As the Worker, I have reviewed the above policy in the Manual. I understand that Intercommunity Home Health Care requires that I be trained on the rights of consumers and duties of workers related to the use and disclosure of protected health information. I agree to comply with all policies and procedures. I understand that severe civil and criminal penalties (up to ten years imprisonment and a \$250,000 fine) may be imposed for violation of these regulations.

Worker Signature:

Date:

Representative Signature:

Date: