



Strengthening Medication Safety in Long-term Care

Model Policy 5 for Testing

To support LTC Homes in their review and updating of medication management policies

Emergency Medication Supply

Purpose:

A policy for the process of the Home supplying and using medications stored as part of the emergency medication supply, or emergency box. These medications are typically needed on short notice or outside of the Pharmacy Service Provider's usual delivery/supply schedule.

(See page 5 for Glossary of Key Terms)

Scope:

This policy applies to all nursing staff, pharmacists and prescribers managing all medications, controlled or non-controlled, found in the emergency supply within the Home. When medications not contained in the emergency supply are ordered to be given on an urgent basis, standardized procedures for procurement from the Pharmacy Service Provider or designated alternate pharmacy will be followed.

The policy outlines the location, reordering, access, use, tracking and documentation of the drugs in the supply.¹

Emergency Medication Supply Oversight Team

All emergency medication supplies in the Home must be approved by the following structured team: the Medical Director, the Pharmacy Service Provider, the Director of Nursing and Patient Care (DONPC) and the Administrator.¹

The oversight team:

1. Completes at least yearly, an audit and evaluation of the previous 12 months' usage of the emergency medication supply to ensure that the supply is adequately stocked with medications reflective of actual usage patterns and current clinical guidance (refer to Emergency Medication Supply Worksheet in Attachments).¹

This process includes a review of:

- a. All medications and their classes accessed as part of the emergency supply, including the number of doses of each medication accessed.
- b. All the medications and their classes accessed via the pharmacy service provider or the designated off-hours pharmacy but not available in the emergency supply, including the number of doses of each medication accessed.



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- c. The clinical indications for which these medications were accessed.
 - d. A review of current guidance for treatment of urgent conditions in the Long-Term Care Home population.
 - e. A review of each medication supply quantity to ensure it meets the needs of the Home.
2. The Emergency Medication Supply Oversight Team discusses the findings from the yearly audit and evaluation (step 1 above) and decides upon any changes to the emergency medication supply. The Team works collaboratively with the staff and the prescribers to implement the changes to the emergency medication supply and/or associated processes.

Nursing Staff

1. Receives order for medication not available from a resident's usual supply but required on a timely basis.
2. Confirms clinical appropriateness of medication or contacts pharmacist if required.
3. Checks the availability of the medication from the emergency medication supply. If the drug is not available in the emergency medication supply, follows procedures for accessing such medications from the Pharmacy Service Provider or designated off-hours pharmacy.

Nursing Staff and Charge Nurse

1. Confirms and documents on the *Emergency Medication Supply Access Form* the date, time, resident name, medication name, dose and form ordered, ordering prescriber, and the dose and form accessed from supply.
2. Ensures other requirements related to selected or controlled medications are confirmed and complied with.

Charge Nurse

1. Advises the Pharmacy Service Provider daily (or immediately if supply is deemed critically low) of emergency medication re-supply needs.



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Pharmacy Service Provider and/or Charge Nurse

1. On a monthly basis the pharmacy service provider and/or the charge nurse audit the emergency medication supply to assess:
 - a. Medications used and contents remaining, including addressing any discrepancies.
 - b. Expired or otherwise unusable medications (e.g., recalled medications); and,
 - c. Arranges for restocking.

Pharmacy Service Provider

1. Ensures 24 hour/365-day availability of a pharmacist able to:
 - a. Receive notification of emergency medication supply usage from Home staff
 - b. Provide a clinical check of the intended medication in the context of pertinent resident health information.
 - c. Impart relevant advice regarding the safe handling and use of the medication.
 - d. Facilitate re-ordering and restocking of the medication
2. At least annually and as required, confirms best practices related to emergency medication supplies.
3. Ensures Home policies and practices are concordant with up-to-date practices; and,
4. Participates in all aspects of this policy.



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Note: In the case of the Emergency Medication Supply being stored in an Automated Dispensing Cabinet, follow procedures for accessing medication from an ADC found in the applicable Model Policy 7.

Storage

The Home identifies and provides the location and infrastructure necessary to adequately and securely store the emergency supply of medications including:

- a. One or more secure storage containers for the emergency medication supply.
- b. One or more refrigerated secure storage containers for emergency supply medications that require refrigerated storage.
- c. Storage for controlled substances that complies with regulations and best practices informing the storage and security of controlled substances in both refrigerated and non-refrigerated storage (refer to local Home policy regarding controlled substances).^{2,3}
- d. Make available/post the list of current emergency supply medications in readily accessible locations.



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Glossary of Key Terms:

Term	Definition
Controlled Medications	All therapeutics approved for marketing in that appear in the Schedules of the Controlled Drugs and Substances Act. Typical examples from the nursing home context include opioids, amphetamine derivatives, cannabinoids.
Non-controlled medications	All therapeutics approved for marketing in Canada by Health Canada that do not appear the Schedules of the Controlled Drugs and Substances Act. These medications typically have a Drug Identification Number (DIN) or a Natural Product Number (NPN).
Selected medications	Therapeutics as defined by the Home, that, although they may not be Controlled Medications, warrant treatment as Controlled Medications due to the potential risks of the drug, or may be highlighted as medications of interest (e.g., as part of a quality improvement exercise)
Emergency Drug Supply, Emergency Medication Supply, Emergency Box, Night Cupboard, STAT box	A supply of medications that may not be prescribed for a resident but may be needed urgently in case of a change in clinical status. This supply may also house medications that may typically be needed outside of the Pharmacy Service Provider's usual delivery schedule. These therapeutics are typically used to treat urgent conditions such as infections, hypoglycemia, allergic reactions.
Emergency Medication Supply Oversight Team	A team comprised of, at minimum, the Home Administrator, the Home Medical Director, the Director of Care, and a pharmacist.
Charge Nurse	A Registered Nursing Staff member who has oversight responsibilities for a shift and who has access credentials/keys to access the emergency medication supply.
Emergency Medication Supply Access Form, Emergency Box Replacement Form	A document that allows for documentation of access, authorization, and use of the medication in an emergency medication supply. The form includes the date, time, resident name, medication name, dose and form ordered, ordering prescriber, dose and form accessed from supply.



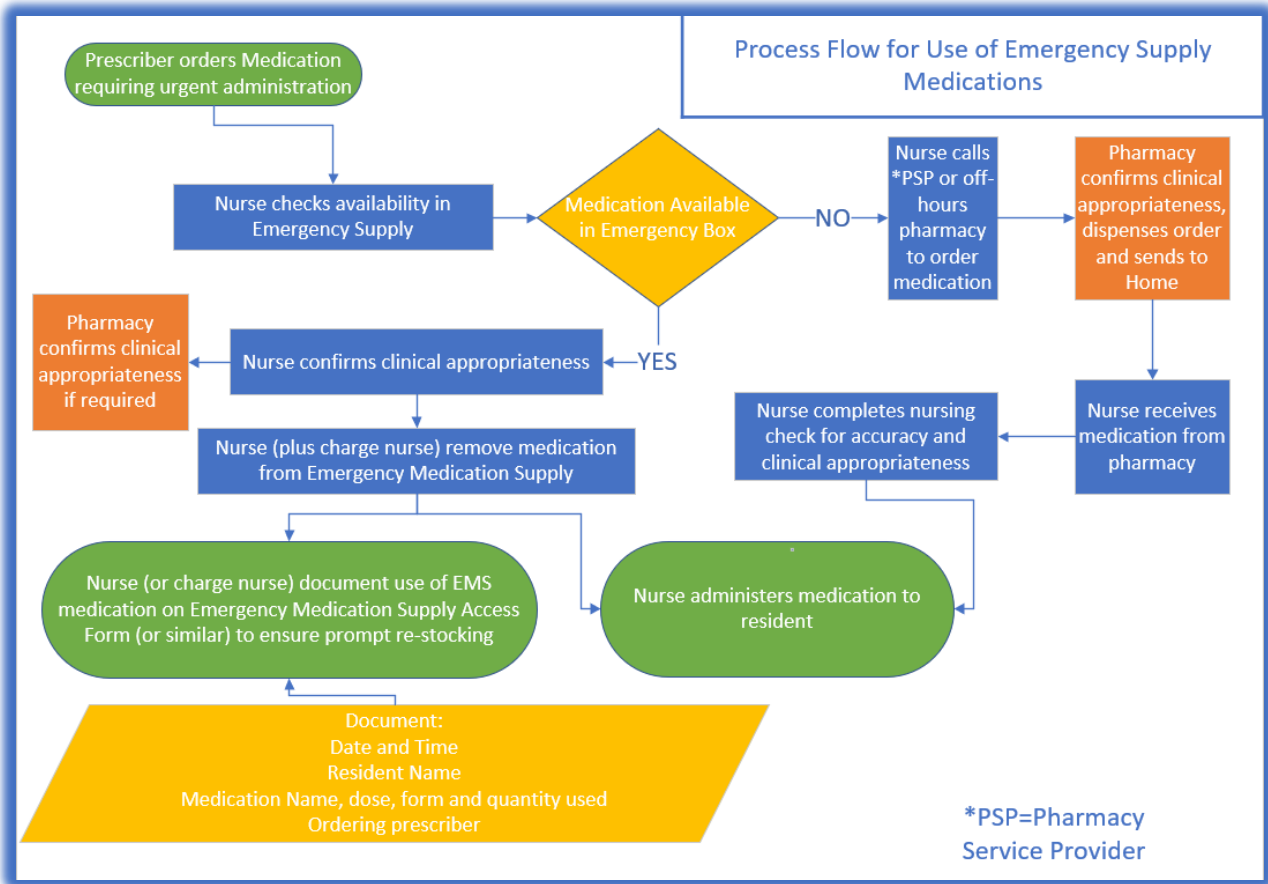
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Process Map:



References:

1. [A Guide to the Long-Term Care Homes Act, 2007 and Regulation 79/10 \(gov.on.ca\)](#) sections 114, 120, 123, 129, 130, 133.
2. *Controlled Drugs and Substances Act (S.C. 1996, c. 19)*
3. https://cshp.in1touch.org/uploaded/web/site/cshp/content/Controlled-Drugs-and-Substances-in-Hospitals-and-Healthcare-Facilities_2019_02-28.pdf



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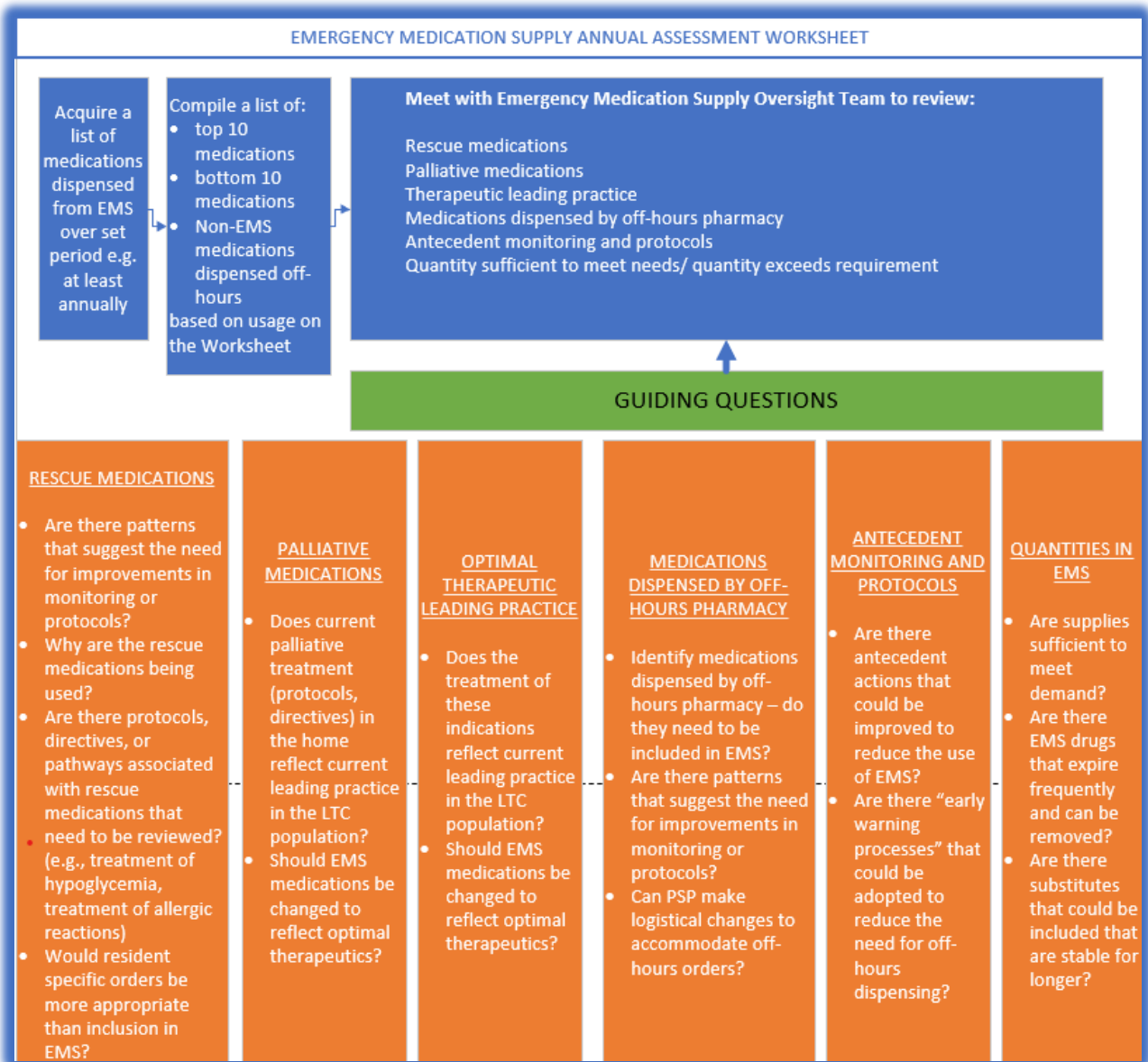
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Attachments:

Appendix A – Emergency Medication Supply Annual Assessment Worksheet





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Appendix B – Emergency Supply Annual Audit Worksheet (High Volume)

Emergency Medication Supply Annual Audit Worksheet

A. High volume EMS medications

1. List top 10 medications and quantity used by volume.

EMS medication used	Quantity used	Rescue Med (Y/N)	Palliative Med Y/N	Missed Optimal Therapeutics Y/N	Antecedent Protocols Missed Y/N	Quantity not sufficient Y/N	Outcome
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

2. Answer “Yes” or “No” questions regarding each medication on list.
3. For all questions answered “Yes” use the guiding questions on the Worksheet Instructions for EMS assessment.
4. Fill in an outcome in the last column e.g. medication change, supply amount change, protocol review, search for best practices.
5. Document changes on Emergency Change Supply form attached.



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Appendix B – Emergency Supply Annual Audit Worksheet (Low Volume)

B. Low volume EMS medications

1. List bottom 10 medications used in EMS by volume.

EMS medication used	Quantity used	Rescue Med (Y/N)	Palliative Med Y/N	Missed Optimal Therapeutics Y/N	Antecedent Protocols Missed Y/N	Quantity exceeds need Y/N	Outcome
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

2. Answer “Yes” or “No” questions regarding each medication on list.
3. For all questions answered “Yes” use the guiding questions on the Worksheet Instructions for EMS assessment.
4. Fill in an outcome in the last column e.g. medication change, supply amount change, protocol review, search for best practices.
5. Document changes on Emergency Medication Supply change form attached.



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Appendix B – Emergency Supply Annual Audit Worksheet (Non-EMS)

C. Non-EMS medications

1. List any medications dispensed during off-hours not contained in EMS.

Non- EMS medication used	Quantity used	Rescue Med (Y/N)	Palliative Med Y/N	Missed Optimal Therapeutics Y/N	Antecedent Protocols Missed Y/N	Quantity sufficient	Outcome
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

2. Answer “Yes” or “No” questions regarding each medication on list.
3. For all questions answered “Yes” use the guiding questions on the Worksheet Instructions for EMS assessment.
4. Fill in an outcome in the last column e.g. medication change, supply amount change, protocol review, search for best practices.
5. Document changes on Emergency Medication Supply Change Form attached.



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Appendix C – Emergency Medication Supply Change Form

Emergency Medication Supply Change Form

All EMS medications not listed below remain the same.

Add the following medications to the EMS:

Medication Name	Strength	Dosage form	Quantity

Remove the following medications from the EMS:

Medication Name	Strength	Dosage form	Quantity

Change the quantity of the following medications in EMS to the quantity documented below:

Medication Name	Strength	Dosage form	Quantity

A review of the EMS was conducted on:

Date: _____

Signatures:

Medical Director: _____

Director of Nursing Care: _____

Administrator: _____

Pharmacist: _____

(Send this form to pharmacy to update EMS)



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Appendix D – Emergency Supply Re-Order Form

Emergency Supply Medications Re-Order Form example:

Emergency Medication Supply Re-Order Form

Date	Time	Resident Name	Medication Name	Medication Strength	Medication Dosage Form	Prescriber	Quantity Used

Faxed to pharmacy after each use of Emergency Medication Supply (at minimum daily)

Revision History:

Revision Number	Effective Date	Reason for Change	Version Number
1			
2			