


<p>Centre intégré de santé et de services sociaux de la Montérégie-Est</p> <p>Québec</p> 	PROCEDURE	
	Code	
	Intended audience	Intermediate Resources (promoters, management and staff), Family Type Resources (those managing the resource and their competent substitutes), and managers and staff of the Assistant Director of the Youth Program – Psychosocial Services in the Community and Partnerships (DAPJ-SPCP) and of the Youth Protection Division who are working with minors housed in IR/FTR.
	Adoption	2019-08-27
	Coming into Effect	2019-09-22
	Responsibility for Application	Assistant Director of Youth Programs – Psychosocial Services in the Community and Partnerships (DAPJ-SPCP) and Directorate of Youth Protection (DYP)
	Approved by	Comité de coordination clinique

TITLE: PROCEDURE FOR SAFE MANAGEMENT OF MEDICATION FOR MINORS HOUSED IN INTERMEDIATE RESOURCES (IR) AND FAMILY-TYPE RESOURCES (FTR)

1. PREAMBLE

The *Procedure for Safe Management of Medication for Minors Housed in Intermediate Resources (IR) and Family-Type Resources (FTR)* is intended to organize the various processes related to managing the medication of minor children housed in these environments through the CISSS Montérégie-Est.

This procedure derives from the *Politique relative à la gestion sécuritaire de la médication pour les jeunes hébergés dans un milieu substitut* (Policy on the Safe Management of Medication for Minors Housed in a Substitute Environment).

The application of this procedure is under the responsibility of the Assistant Director of Youth Programs – Psychosocial Services in the Community and Partnerships (DAPJ-SPCP) and the Directorate of Youth Protection (DYP).

2. SUBJECT

Minor children housed in IR-FTR represent a vulnerable clientele and a significant proportion of them receive pharmacological treatment during the period of housing.

The concept of medication management refers to a process outlined in the *Politique relative à la gestion sécuritaire de la médication pour les jeunes hébergés dans un milieu substitut* as having the following components: reception, conservation, distribution, administration and destruction.

3. AREA OF APPLICATION

This procedure applies to all minors housed in an IR or FTR linked to the CISSS Montérégie-Est, regardless of the legal regimen applying to them:

- Health Services and Social Services Act (HSSSA)
- Youth Protection Act (YPA)
- Youth Criminal Justice Act (YCJA)

The procedure applies to personnel of the DPJ and DAPJ-SPCP and IR-FTR managers, substitutes and staff (including aides and volunteers) who deliver services to minors who are entrusted to them by the establishment.

4. OBJECTIVES

- Define the steps of the medication management process and ensure effective management and client safety;
- Ensure the continuity of pharmacological treatment across all housing milieux, the family environment and other life milieux (e.g. school);
- Clarify the roles and responsibilities of establishment and IR-FTR personnel in the process of managing medications;
- Integrate the distribution and administration of medications into the clinical process of the child and his (her) parents to encourage their buy-in and accountability with respect to the treatment.

5. DEFINITIONS

Administration of Medication

Administration of a drug implies a certain supervision as well as assistance in taking it.

It applies when the minor child is unable to self-administer medication due to a disability: physical, behavioural or cognitive.

Self-Medication

Self-medication concerns situations where the minor may possess his/her medicines and administer them to him-/herself, under the supervision of a case worker or a responsible adult, depending on his/her level of autonomy.

Self-medication must be the subject of a rigorous prerequisite analysis as defined in the present procedure. The conditions of application may differ from case to case.

Distribution of Medications

Action that implies the supply of a medication, previously prescribed and prepared by a professional competent to do so, to a user who self-administers it.

Distribution does not constitute a reserved professional act in the sense of professional legislation.

Distribution of a medication occurs when the minor (or his or her legal representative, if under the age of 14) knows the reasons for taking the medication and has consented thereto.

As-Needed (PRN) Medication

As-needed (PRN - from the Latin *pro re nata*) medication is any medication to be taken in specific circumstances for specific indications.

Over-the Counter (OTC) Medication Without Prescription

Over-the-counter (OTC) medication without prescription means a medication available for sale without a prescription in community pharmacies, having been recommended by a pharmacist after consulting the minor's pharmaceutical file, or authorized by the DPJ and the DAPJ-SPCP in collaboration with the pharmacy department and subject to a Usage Rule. This medication may be available in IR-FTR pharmacies and may be distributed or administered by the resource under the usage rule (see appendices below).

Prescribed Medication

The term “prescribed medication” refers to a medicinal product prescribed or recommended by a professional who is competent to do so (doctor, dentist, pharmacist, specialized nurse practitioner, nurse, etc.).

Establishment Personnel

In the present procedure, refers mainly to the staff of the DPJ and the DAPJ SPCP, i.e.

- Case workers/team members,
- Workers in the resources sector,
- Department heads,
- Interns and volunteers.

Daily Hygiene Products

Hygiene products allow you to be clean and protect the skin and extremities (nails, head and body hair). They contribute to the (physical and moral) well-being of the person.

The present procedure excludes the minor’s hygiene products that may be in his/her possession or available in the environment:

- Toothpaste
- Deodorants and antiperspirants
- Lip balm
- Moisturizing creams
- Sun protection products
- Mosquito repellents
- Salt water based nasal hygiene products
- Anti-dandruff shampoos
- Oil used to prevent ear wax accumulation

In case of doubt as to whether a product is considered as hygienic or a medication, the resource must confirm with the community pharmacy that it is not a medication.

Over-the-Counter (OTC) Natural and Homoeopathic Products

Natural and homoeopathic medicinal products sold without a prescription (over the counter) are products not requiring a doctor’s prescription. Many of these products can be found on the self-service shelves at the pharmacy.

No OTC natural or homoeopathic product is authorized to be distributed or administered to minor without a recommendation from a competent health professional (doctor, nurse, pharmacist, dietitian) except honey lozenges.

Family-Type Resource

“One or two persons receiving in their principal place of residence a maximum of nine children in difficulty entrusted to them by a public institution in order to respond to their needs and afford them living conditions fostering a parent-child relationship in a family-like environment may be recognized as a foster family” (HSSSA, section 312).

Intermediate Resource (IR)

“An intermediate resource is a resource that is operated by a natural person as a self-employed worker or by a legal person or a partnership and is recognized by an agency for the purpose of participating in the maintenance of users (who are) registered for a public institution’s services in the community or in their integration into the community by providing them with a living environment suited to their needs, together with the support or assistance services required by their condition.” (HSSSA, section 302).

6. RELATED LEGISLATION, REGULATIONS AND STANDARDS

This procedure derives from the *Politique relative à la gestion sécuritaire de la médication pour les jeunes hébergés dans un milieu substitut* (Policy on the Safe Management of Medication for Minors Housed in a Substitute Environment).

More generally, it is guided by:

- The Youth Protection Act;
- The provisions of the HSSSA in terms of safe delivery of health and social services;
- The Professional Code (R.S.R.Q. c. C-26)
- The Regulation Respecting the Classification of Services Offered by an Intermediate Resource (or) a Family-Type Resource (R.S.R.Q. c. S-4.2, r. 3.1);
- The *Guide d'utilisation de l'Instrument de détermination et de classification des services de soutien ou d'assistance* (User Guide for the Instrument for Determination and Classification of Support and Assistance Services, in French) (2017);
- Framework for Intermediate Resources and Family-Type Resources (2016 edition) (document in French: *Cadre de référence sur les ressources intermédiaires et les ressources de type familial*).

7. GUIDING PRINCIPLES

Parental Responsibility

The responsibility to ensure the care, maintenance and education rests in the first place on the parents; regardless of the minor child's housing environment, they are responsible for overseeing the child's medical follow-up and providing all the information relating to the child's health except in case of clinical or legal contra-indication.

Responsibility of the Minor Child

Minors, depending on their level of development and autonomy, are responsible for their own health and are involved in the processes that concern them.

Consent

Consent to health care for a minor user is governed by specific provisions contained in several laws including the Quebec Civil Code, the HSSSA and the YPA. Specifically for the purposes of applying this procedure, respect for the rules in matters of consent is a fundamental aspect of medication management.

Oversight of a Minor's State of Health during an Episode of Housing in IR-FTR

Minors housed in IR-FTR who present ad-hoc needs for health care must have access to the medical care required by their condition in a timely manner. All necessary and useful information about the minor's state of health must be forwarded to the health professional involved, depending on the minor's condition.

As provided for by the Regulation respecting the Classification, the IR-FTR must ensure adequate follow-up of all health services required by a minor's condition. More specifically, it provides that *the resource shall ensure adequate follow-up for all health services and social services required by the user's condition. It pays attention to any ailment that the user may sense and responds appropriately, depending on the circumstances. It ensures that appropriate treatment is provided and supports the minor as needed*¹.

More specifically, the resource takes steps to inform the minor that it is available at all times to respond to the minor's questions about his/her medication or prescribed treatments. In such situations, the resource makes sure to contact the health care professional required depending on the situation, to make the appropriate follow-up.

¹ Regulation Respecting the Classification of Services Offered by Intermediate Resources and Family-Type Resources

8. STATEMENT OF THE PROCEDURE

Prior to Admission

In order to ensure the safe delivery of services, the case worker assesses the state of health of the minor and enters the information related to medication in the Health tab of PIJ. The worker also makes sure to agree with the parent on procedures related to medication management, including delivery of medications to the resource that will be housing the minor. In the event that the parent wishes to continue taking charge of the medication of his/her child from his/her pharmacy, the standards laid down in this procedure must be followed to ensure the safe delivery of services. Specifically, the parent must make sure to provide the resource with medication prepared by the pharmacy in Dispill or ready-to-use format.

Transmission of Summary Information in Preparation for a Placement (“RSVP” document)

When planning the housing of a minor in IR-FTR, the RSVP is forwarded by the case worker to the housing resource, ideally before the minor’s arrival, upon arrival or no later than 72 hours following arrival at the resource. This document must include the information known by the establishment, in particular with respect to the minor’s medication. In addition, all information essential to immediate maintenance of the minor’s integrity and health must be communicated to the housing resource before or simultaneously with the child’s arrival at the resource.

Therefore, the medication and all relevant information must be delivered when the minor is received at the housing resource in compliance with the provisions of the present procedure.

Reception of Medication

Prescribed medication (including PRN and OTC medication recommended by a pharmacist) for a minor housed in IR-FTR is received from the community pharmacy in Dispill packaging or any other package ready to be administered or distributed.

If specific circumstances prevent the delivery of the medication according to these provisions during reception of the minor at the housing location, the resource shall make sure to contact the community pharmacy as soon as possible in order to rectify the situation.

The medication must be turned over to the head of the resource or his/her replacement or staff.

As soon as the medication is received, the resource ensures it is stored in its secure pharmacy, except as otherwise required by specific provisions of the present procedure.

Conservation of Medication

All medication found in an IR-FTR (not just that of the minors housed) must be stored in a safe manner (installation locked at all times). Only the head of the resource, or his/her replacement or staff are authorized to access it.

However, the following medications may be accessible to or in the possession of minors, depending on their level of autonomy and the process prescribed or recommended by the health professional: contraceptives, adrenaline auto-injector (EpiPen) and certain topical medications (e.g. creams, acne soap, ointments).

Other specific medications (such as emergency medications) may remain accessible or in the possession of a minor, only upon authorization of the case worker and after confirming with the resource sector worker that this is not contra-indicated by the situation of other minors housed at the same location. In such a case, systematic verifications are also made with a health professional.

If a medication must be kept cold, the resource ensures it is safely stored, in a clean container and isolated from foods. The resource must avoid storing medication in the door of the refrigerator.

The resource must also ensure that any emergency medication, if it cannot be left in the minor's possession, is available and accessible in the event of need.

Distribution and Administration of (Regular and PRN) Prescribed Medication.

Each minor child hosted in an IR-FTR must have access to their prescribed medication in a timely manner and as soon they have arrived at the resource.

The resource is responsible for distributing and administering the prescribed medication to minors entrusted to it, according to the guidelines of the Professional Code and the Instrument of determination of support and assistance services.

The resource sector worker ensures that the services provided to the minor based on his/her needs correspond to those specified in the Instrument of determination of support and assistance services.

The resource shall know and comply with the signa (directions) associated with medical prescriptions received from the health professional (physician, pharmacist, etc.) concerning the medication and its handling (dosage, frequency, instructions, etc.). The resource shall also ensure the minor understands and shall be available at all times to receive his/her questions and refer them to a health professional competent to answer them.

The resource ensures that the minor takes his/her medication as soon as it is distributed or administered to him/her.

The resource completes the prescribed medication record form for each minor. This form contains in particular the necessary information with respect to the times of taking medication and the conditions for the use of drugs prescribed as needed. This form must be retained by the resource, since it constitutes a part of the user's record.

Finally, if the medication prescribed is a controlled medication (e.g. Concerta) or a narcotic, the resource sector worker ensures that the Instrument of determination of support and

assistance services systematically specifies the intensity of the expected service in terms of administration with surveillance.

Distribution and Administration of Over-the-Counter (OTC) Medication

Only the following OTC medications are authorized and they are subject to a Usage Rule (see appendices):

- Acetaminophen (Tylenol)
- Polysporin topical ointment

The resource may distribute or administer only these drugs as needed, without a prescription or recommendation from a health professional. In this case, it must follow the usage recommendations provided with the product (e.g. dosage, frequency, etc.) and the usage rule in the appendix of the present procedure.

The resource enters the OTC medication on the record form (date, time, name of the drug, dose distributed or administered and the reason).

If it was indicated that a minor take any other OTC medication (e.g. Ibuprophen/Advil or Motrin), a validation and recommendation from a pharmacist is mandatory to ensure safe management of the medication. The resource shall follow the usage recommendations (e.g., dosage, frequency, etc.), by asking the pharmacist to affix his/her recommendations on the drug's label. The resource shall also enter the information provided on the record form.

Self-Medication

With the objective of encouraging the minor's autonomy with respect to taking medication, self-medication may be implemented in a planned and monitored manner. Upon a clinical decision involving the case worker, the resource sector worker, the resource, the minor, his/her parents and the medical personnel involved as required, the minor's autonomy could be encouraged by permitting him/her to manage either all of his/her medications or certain medications in particular.

The decision must be taken in consideration of the overall assessment of the child's situation and the characteristics of other children housed at the same location. In particular, the following criteria must be taken into consideration:

- The minor's age
- The level of autonomy and accountability
- The ability to self-administer the medication
- The absence, in the last few months, of risk behaviours suggesting a risk of self-harm or suicide
- The level of danger of the medication(s)

An Evaluation Grid for the User's Ability to Self-Administer a Drug is attached as an appendix to this procedure in order to guide the clinical process.

Information about this concerted decision must be recorded in the minor's intervention plan, including information about mechanisms to ensure safe storage of the medication, the observance of the treatment and the means chosen to ensure the safety of the minor and others. All the related information must also be transposed into the Instrument of

determination of support and assistance services.

Contraceptives, adrenaline auto-injectors (Epipens), and certain topical creams are the only drugs that may be self-administered without being systematically subjected to this concerted analysis process.

Remitting Medication when a Minor is at School, on an Outing or Leaving the Resource

School:

For a minor attending primary school, the school's policies and procedures on student medication must be consulted. It is common to see that medication must be provided to the school by the minor's parent, his/her representative or a responsible person.

For a minor attending secondary school and presenting a greater degree of autonomy, medication that must be taken while outside the resource can be handed over to the minor by the resource. This decision must have been previously discussed with the minor, the parents, the case worker, the resource sector worker and the housing resource and information on the decision shall be recorded in the minor's file.

Upon return from school, the resource verifies and documents the medications taken. Any irregularity must be documented and the minor's case worker informed as quickly as possible.

Outings:

When a minor departs on an outing, the medication is provided by the resource to the parents, the transporter or the worker, as the case may be.

For a minor with a greater degree of autonomy who is leaving alone on an outing, medication may be given to the same. This decision must have been previously discussed with the minor, the parents, the case worker, the resource sector worker and the housing resource and information on the decision shall be recorded in the minor's file.

Upon return from the outing, the resource verifies and documents the medications taken. Any irregularity must be documented and the minor's case worker informed as quickly as possible.

Leaving the Resource:

When the minor finally leaves the resource, the resource remits the medication to the minor's case worker so the latter can ensure the continuity of medication services as needed.

Omissions and Errors in the Distribution or Administration of Medication:

As soon as an error or omission in the distribution or administration of medication is discovered, the resource determines the possible impacts by contacting the community pharmacy, the Poison Control Centre or Info-Santé as appropriate. It ensures medical follow-up when required.

If, after verification, the omitted medication may be distributed or administered, the

resource proceeds to distribute or administer it and notes the information on the medication record form.

If, after verification, the omitted medication may not be distributed or administered, or if there was a medication error, the resource shall observe the minor's state of health as instructed by the pharmacist, the Poison Control Centre or Info-Santé and ensure that the child receives any health care required. As soon as possible, the resource shall inform the case worker and the resource sector worker of the situation.

An incident-accident declaration (AH-223) must be completed.

Refusal of medication:

Medication prescribed to a minor forms part of the treatment of his/her overall situation. Despite the medication's importance and the efforts of the resource, the parents and the establishment personnel involved to explain this to the minor, he/she may refuse to take a medication. In such a case, the refusal is entered on the medication record form.

The resource shall rapidly transmit the information concerning the refusal to the minor's case worker, to ensure the appropriate clinical and/or medical follow-up takes place.

Return of Outdated or Unused Medication:

Medications that are expired or not distributed/administered are retained in the resource's pharmacy, under the same guidelines for safe storage of medication.

To ensure the safe management of medications, the resource must regularly return outdated and unused medications to the community pharmacy. The resource is responsible to avoid the accumulation of these drugs.

Twice a year, the resource must check the expiry dates of all stored OTC medications.

The pharmacist is responsible for the destruction of these medications according to the rules and standards in force. In no case shall the resource carry out this destruction.

9. REVISION

This procedure must be revised every four years.

10. RELATED DOCUMENTS

Politique relative à la gestion sécuritaire de la médication pour les jeunes hébergés dans un milieu substitut (Policy on the Safe Management of Medication for Minors Housed in a Substitute Environment).

11. APPENDICES

- Prescribed and OTC Medication Record Form (Appendix 1)

- Evaluation Grid for the User's Ability to Self-Administer a Drug (Appendix 2)
- Usage Rule for Acetaminophen (to come)
- Usage Rule for Polysporin Topical Ointment (to come)

APPENDIX 1

Prescribed and OTC Medication Record Form (template)

Name:

Date of Birth:

Date	Times of administration of medications in Dispill

Date	Times of administration of medications in ... format	
	Medication	Time

Date	Administration of an as-needed medication		
	Medication	Reason	Comments

Date	Administration of an Over-the-Counter medication		
	Medication	Reason	Comments

Date	Refusal	Omission	Comments

APPENDIX 2

Grille d'évaluation des capacités de l'usager à s'auto-administrer un médicament

Cet outil réfère à des critères visant à évaluer la capacité de l'usager à s'autoadministrer un médicament.

L'ensemble des critères doit être considéré afin de prendre une décision et de choisir les modalités appropriées.

La grille pourrait être utilisée aussi souvent que nécessaire (changement de médication, modification de l'état de l'usager, du contexte, etc.)

L'outil est rempli par l'équipe traitante en collaboration avec les professionnels de la santé et surtout pour les médicaments à long terme.

Nom : _____	Prénom : _____
Numéro de l'usager : _____	Date de naissance : ____/____/____ Âge : _____
Nom des médicaments : _____	Posologie : _____
_____	_____
_____	_____

L'USAGER

		Oui	Non	Commentaires
1.	Comprend suffisamment la nature de son état			
2.	Connait sa médication : mode d'administration, entreposage, effets secondaires, interaction avec d'autres médicaments, etc.			
3.	Est capable de prendre sa médication selon les indications, de façon régulière et organisée.			
4.	Est capable de communiquer les informations pertinentes : description de symptômes, quantité de médicaments pris, horaire de la prise de médicaments, etc.			
5.	A des attitudes sécuritaires (ex. : discrétion, verbalisation saines vs maladie et médication, etc.).			
6.	A besoin de moyens d'accompagnement particuliers dus à son état, sa médication, son environnement, etc.			

LES PARENTS ÉVALUENT LEUR JEUNE

		Oui	Non	Commentaires
7.	Le jeune est capable d'avoir ses médicaments en sa possession.			
8.	Est capable de s'autoadministrer ses médicaments.			
9.	Est capable de transporter ses médicaments entre nos services, la maison, l'école, etc.			

LE GROUPE OU CERTAINS INDIVIDUS DU GROUPE

10. Présente des particularités dont on devrait tenir compte :

- tentatives de suicide dépression toxicomanie contact fragile avec la réalité
- abus de pouvoir autres _____

11. L'utilisateur peut **tenir compte des difficultés des autres** face à la présence de médicaments, en prenant des moyens plus sécuritaires

- OUI NON

LES PROFESSIONNELS DE LA SANTÉ

12. Évaluent que :

a) les **conséquences** de la prise du médicament ou de son interruption sont :

b) le jeune est en mesure de s'autoadministrer le ou les médicaments : OUI NON

c) autres commentaires :

DÉCISION (autoadministration ou non, modalités d'accompagnement, de supervision, formalités, etc.):

Professionnel de la santé consulté : _____
(pharmacien, médecin, infirmière)

Représentant de l'équipe traitante : _____

Date : _____

DOCUMENT HISTORY

APPROVED BY	ADOPTION	IN FORCE	UPLOADED TO THE INTRANET	COMMENTS (optional)
Comité de coordination clinique	2019-08-27	2019-09-22	Click here to enter a date.	
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PEOPLE AND BODIES CONSULTED

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|---|---|
| <input type="checkbox"/> Comité de gestion des programmes sociaux, santé et réadaptation | <input type="checkbox"/> Direction programmes santé mentale et dépendance |
| <input type="checkbox"/> Comité de gestion du programme de santé physique | <input checked="" type="checkbox"/> Direction de la protection de la jeunesse |
| <input type="checkbox"/> Comité de gestion du soutien, de l'administration et de la performance | <input type="checkbox"/> Direction qualité, évaluation, performance et éthique |
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| <input type="checkbox"/> Direction logistique | <input type="checkbox"/> PDGA |
| <input type="checkbox"/> Direction programmes DI/TSA/DP | <input checked="" type="checkbox"/> Non-institutional resources
Association représentative ADREQ-CSD and Fédération des ressources intermédiaires jeunesse du Québec (FRIJQ) |
| <input checked="" type="checkbox"/> Direction programme jeunesse | <input type="checkbox"/> Unions: |
| <input type="checkbox"/> Direction programme SAPA | <input checked="" type="checkbox"/> Other(s) : Comité de coordination clinique |

