

	<b>Dimensions: Safety</b>	<b>HAO Standard: 3.2a</b>	<b>Policy: Safety #6</b>
	<b>Original Approval Date: March 17, 2003</b>	<b>Date Revised: February 2, 2009</b>	<b>Revision Approval Date: August 31, 2009</b>

## **TOPIC:            MEDICATIONS AND MEDICAL EQUIPMENT**

### **POLICY STATEMENT:**

NNPCN (N/PS), in compliance with **HAO Standard 3.2a**, maintains a “hands-off” approach regarding medications and medical equipment. Volunteers **MAY NOT** administer or assist clients in any way with medications.

### **PROCEDURE:**

1. Under no circumstances will volunteers representing the NNPCN (N/PS) administer, assist with, or give, any medications (prescribed or over the counter preparations) to assigned clients.

The policy of the NNPCN (N/PS) must not be to put volunteers at legal risk nor to put the association at legal risk. Accordingly, volunteers **DO NOT**

- Assist, pour, count, prepare, dispense, give out in portions, or manage (change dosage, size, amount, frequency) prescription or non-prescription drugs or supplements, homeopathic and other remedies prescribed by a complementary practitioner.

***This concurs with the Regulated Health Professions Act (RHPA).***

2. Volunteers **DO NOT** offer advice, suggestions or printed materials regarding either prescribed or alternative medications. Any questions regarding medications should be referred to the family physician or visiting nurse.
3. Volunteers may not pick-up prescribed medication from the pharmacy or deliver the same to assigned clients.
4. With regard to the use of oxygen therapy, the volunteer may provide practical support by adjusting the nasal prongs during the visit. If the prongs continually slip

out, the volunteer should make sure that the primary caregiver is made aware of this and can follow-up with the health care professional.

5. At the time of the initial assessment, the client and family are advised of this policy, so that alternative arrangements can be made to allow the client to receive their medication as required.
  
6. It is the responsibility of the volunteer to remind the client/family of this policy as needed.

**REVISION HISTORY:**

<b>DATE mm/dd/yyyy</b>	<b>REVISED BY</b>	<b>REVIEW ONLY (✓)</b>	<b>COMMENTS / MODIFICATIONS</b>	<b>BOARD APPROVAL DATE: mm/dd/yyyy</b>