



A Level II Accredited Company

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Effective Date:	April 1st, 2017	Replaces:	May 1, 2016

SECTION:	PERSONNEL
TOPIC:	MEDICAL TREATMENT PLANS

Intent: To maintain a high standard of implementation of medical treatment plans.
 To ensure that all employees working in client services areas are oriented and trained regarding client treatment plans.

A medical professional (e.g. physician, neurologist, dietician, occupational therapist etc.) may prescribe a Treatment Plan to address a specific medical concern. It is the Agency’s preference that the medical professional will develop the treatment plan and provide the training to the Agency staff. If not, then a request for the development of a Treatment Plan and/or training will be initiated by the Service Area Supervisor, Coordinator/Director and approved by the Executive Director for review and or development.

Medication administration routes that are **not** covered in Agency Medication Administration Course are:

- Injections
- Nebulizers
- Rectal medication
- Vaginal medication
- Administration of Enteric (tube feeds)

Administration of any medications via these routes will require a treatment plan. Any treatment plan developed by the agency RN will be authorized by the Executive Director and approved by the prescribing medical professional, and agreed to by the individual/guardian and funder (as applicable)

Additionally Medical Treatment Plans are needed for any of the following (but not limited to):

- Seizure Protocols
- Range of Motion Exercises
- Epsom salt soaks
- Administration of suppositories
- Participation in exercise programs
- Catheter changing and care
- Ostomy bag changing and care
- Repositioning in bed to prevent pressure sores
- Skin integrity assessment
- Glucose testing
- Oxygen
- Insulin administration



A not for profit company

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Treatment plans will be reviewed annually in December (or more often as required) by the medical professional prescriber, the Agency’s Registered Nurse or other qualified professional.

NOTE: Intramuscular injection – staff will **NOT** typically be trained to administer intramuscular injections. Exceptions to this may be considered for **life-saving emergency situations** e.g. A Naloxone injection for an opioid overdose. In these situations a treatment plan will be developed and staff will be trained to administer this medication. Executive Director approval must be given for any use of an intramuscular injection (other than an Epi-pen as taught in the Med Course).

Treatment plan errors are considered serious and each treatment plan error situation will be reviewed. Gross negligence that poses serious risk to clients may be considered abuse and could result in ending the employee’s employment. Service Directors will assess each treatment plan error. Human Resources may be approached to address single or repeated errors. Minimally, after a treatment plan error, the orientation and practicum retraining process with the employee will be followed before the employee can administer the treatment plan.

PRIOR TO THE ADMINISTRATION OF ANY TREATMENT PLAN:

An Orientation and Practicum for the direct support worker must be completed by a qualified medical professional, the agency RN or a designate as directed by the medical professional or Agency RN. The written medical treatment plan will identify who can provide the Orientation and Practicum training.

If the employee’s original assignment changes or if the client’s medical needs change significantly, if new clients are introduced or the employee returns from an LOA exceeding 3 months, the employee must complete a Treatment Plan Orientation and Practicum. **Treatment Plan Orientations and Practicum must be completed annually as per the Annual Form Signing Procedure.**

Reference: Medical Process Procedure
Policy 2100 Medication Administration
Administration Procedures for Agency Medication Course Completion
Service Area Specific Orientation
Policy 1190 Medication Errors