



TITLE

MANAGEMENT OF HIGH-ALERT MEDICATIONS

SCOPE

Provincial

DOCUMENT #

PS-46

APPROVAL AUTHORITY

Alberta Health Services Executive

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SPONSOR

Provincial Medication Management Committee

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Not applicable

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines.

OBJECTIVES

- To prevent harm to patients from adverse medication events involving **high-alert medications**.

PRINCIPLES

AHS is committed to patient safety and to minimizing the risk of medication errors involving high-alert medications.

AHS shall align with the requirements of the Accreditation Canada Required Organizational Practices and other safety-oriented standards, with regard to high-alert medications.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Exemptions

1.1 This policy does not apply to the following:

- Emergency Medical Services (EMS);
 - EMS staff shall continue to follow the *AHS EMS Provincial Medical Control Protocols: Adult and Pediatric* and any other EMS documents with regard to high-alert medications.

- b) Home Living, Supportive Living, and facilities operated by contracted Long-Term Care Service Providers (refer to the *AHS Medication Management Policy [Continuing Care]*).

2. Administrative Management of High-alert Medications

2.1 The Provincial Medication Management Committee (PMMC) is responsible for:

- a) overseeing the implementation and monitoring of the *AHS Management of High-alert Medications Policy Suite* at the provincial level; and
- b) establishing and verifying the adoption of minimum provincial requirements as outlined in this policy suite for high-alert medication storage, labelling, prescribing, preparing, dispensing, administering, and documenting at the provincial level.

2.2 The Zone Medication Management Committees (ZMMC) are responsible for implementing and monitoring the use and effect of Zone resource documents pertaining to high-alert medications, at the Zone and site level.

- a) Zones may create more detailed resource documents which align with the *AHS Management of High-alert Medications Policy Suite*, and that also allow for local variations in storage, labelling, prescribing, preparing, dispensing, and administering options.

2.3 Storage, labelling, prescribing, preparing, dispensing, administering, and documenting of high-alert medications shall align with:

- a) legislated requirements;
- b) best practices for patient and staff safety;
- c) inventory control and other accessibility limitations;
- d) labelling standards;
- e) professional College guidelines; and
- f) pertinent AHS policies, procedures, guidelines, standards, protocols, and directives (collectively, 'policy documents').

3. Identification and Listing of High-alert Medications

3.1 The AHS list of high-alert medications is provided in the *AHS Provincial High-alert Medication List*, which is based on the Institute for Safe Medication Practices' *ISMP List of High-alert Medications*.

3.2 The Pharmacy Services Medication Quality and Safety Team is responsible for broadly communicating changes to the *AHS Provincial High-alert Medication List*.

- a) Requests for additions or changes to the AHS *Provincial High-alert Medication List* must include supporting data and shall be directed to the Pharmacy Services Medication Quality and Safety Team.
(AHS.PharmacyMedicationQualityandSafetyTeam@albertahealthservices.ca)

3.3 High-alert medications shall be identified as such in the AHS Provincial Drug Formulary and AHS *Provincial Parenteral Monographs*.

4. Standardized Concentrations and Volume Options

4.1 Standardized concentrations and volume options of high-alert medications for intravenous administration in adult, pediatric, and neonatal populations shall follow the AHS *Standardized Medication Concentrations for Parenteral Administration* Policy Suite and shall be identified in the AHS *Provincial Parenteral Monographs*.

5. Wardstock Limitations

5.1 High-alert medications available as wardstock in patient care areas shall be limited in type and quantity to only those essential to provide timely care. This does not override the restrictions placed on the following products by Accreditation Canada Required Organizational Practices:

- a) specified concentrated electrolytes (see the AHS *High-alert Medications: Electrolytes* Guideline);
- b) specified heparin / low molecular weight heparin products (see the AHS *High-alert Medications: Heparins* Guideline); and
- c) specified high potency narcotics (opioids) (see the AHS *High-alert Medications: Narcotics* Guideline).

6. Education

6.1 It is the professional responsibility of staff who handle high-alert medications to ensure their competency. Actions that will support staff competency include but are not limited to:

- a) review of the high-alert medication education resources on the High-alert Medications page on Insite;
- b) accessing resources which identify high-alert medications, such as the AHS *Provincial Parenteral Monographs* and Lexi-Comp; and
- c) ensuring medication safety notices issued provincially, by Zone, or locally, are read and understood.

7. Documentation

- 7.1 Documentation in handwritten or electronic records shall align with legislated or other required best practices and AHS policy documents.
- 7.2 Dangerous abbreviations, symbols, and dose designations shall not be used in the prescribing or documentation of high-alert medications per the AHS *Do Not Use List of Abbreviations, Symbols, and Dose Designations for Medication-Related Documentation* Policy.

8. Auditing

- 8.1 An audit of high-alert medications shall be conducted at least annually.
- a) Audits of high-alert medications stocked in patient care areas (i.e., wardstock) are a shared responsibility between clinical departments or programs (e.g., nursing or care settings) and Pharmacy Services.
- b) Audits of high-alert medications shall be conducted in pharmacy departments.
- 8.2 The setting in which the high-alert medications are stored or distributed shall create an audit process that is appropriate for that area (refer to the AHS *Management of High-alert Medications* Procedure).

DEFINITIONS

High-alert medication(s) means medications that bear a heightened risk of causing significant patient harm when used in error. (Institute for Safe Medication Practices [ISMP], 2012).

REFERENCES

- Alberta Health Services Governance Documents:
 - *Do Not Use List of Abbreviations, Symbols, and Dose Designations for Medication-Related Documentation* Policy (#PS-08)
 - *EMS Provincial Medical Control Protocols: Adult and Pediatric*
 - *High-alert Medications: Electrolytes* Guideline (#PS-46-02)
 - *High-alert Medications: Heparins* Guideline (#PS-46-03)
 - *High-alert Medications: Narcotics* Guideline (#PS-46-04)
 - *Management of High-alert Medications* Procedure (#PS-46-01)
 - *Medication Management* Policy (Continuing Care) (#HCS-220)
 - *Standardized Medication Concentrations for Parenteral Administration* Policy Suite (#PS-45)
- Alberta Health Services Resources:
 - *Emergency Medical Services Provincial Medical Control Protocols: Adult and Pediatric*
 - *Provincial High-alert Medication List*
 - *Provincial Parenteral Monographs*

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- Non-Alberta Health Services Documents:
 - *Medication Management Standards (For Surveys Starting After: January 1, 2019)*
(Accreditation Canada QMentum Program)

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