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Insulin and Glucagon Directives from MOLTC

MOLTC has begun to act on the recommendations of the LTC Homes Public Inquiry. On February 13th, it issued a detailed Directive, mandating that all licensed facilities take a number of actions related to glucagon use and handling of discontinued insulin products. I will outline the procedural changes below. They are to be implemented by April 15th.

Let's address insulin first. Inquiry Recommendation #74 has been adopted. It states that an LTC's "written policy for the destruction and disposal of drugs covers insulin cartridges". Our current Policy *4.27 – Insulin Management*, directs the nurse to dispose of completed or discontinued insulins in the sharps container. While this is acceptable, we will expand the policy to include the option of emptying the contents of insulin cartridges into the medical waste disposal container.

Inquiry recommendation #75 is an extension of the above. It indicates that MOLTC inspectors will "confirm that the licensee's written policy on drug destruction and disposal includes the destruction and disposal of insulin cartridges and that the registered staff in the home are complying with that policy". You can expect all inspectors to verify this, so it is critical that everyone understands the insulin disposal process.

The glucagon changes to this point are even more involved. They are designed as a warning beacon to alert multiple parties of a possible recurrence of insulin misuse like that at the heart of the inquiry. Recommendations 80, 81 and 82 direct licensed facilities to treat any administrations of glucagon as a medication incident, and usage trends are to be tracked. An incident form must be completed, and the resident or resident's substitute decision maker (SDM), Director of Care, Medical Director, prescriber and pharmacy service provider must be informed. Glucagon related incidents must be reviewed quickly, recording immediate actions taken to assess and maintain health of the resident. All glucagon use must be reviewed quarterly and annually, with the team members described above, as well as the home's Administrator. Any changes made to improve/limit glucagon use are to be implemented. Results of the reviews are to be documented.

Recommendation #84 introduces two new terms (for blood sugars < 2.8 mmol/L); severe hypoglycemia (resident conscious) and unresponsive hypoglycemia. If a resident requires hospitalization after receiving glucagon or experiencing hypoglycemia as described above, a Critical Incident Report (CIR) must be completed. This must be done within 10 days, or sooner if required by the Director. The report must include the names of any residents involved in the incident, any individuals who were present or discovered the incident, staff responding to it, care delivered in response, individuals and health care providers contacted afterward, and if any other authorities were contacted.

These measures will motivate us to reduce low sugar events in our diabetics. Our consultant pharmacists will continue to recommend conservative therapy to prevent "hypos". We will review all glucagon use over the past year targeting those residents for reductions. Freestyle Libre®, if used to full advantage, can identify undetected lows, so we can act to prevent major blood sugar dips. Policy *4.17 – Response to Hypoglycemic Emergencies* has been modified to include this Directive, and major changes are coming to our incident report structure to ensure all glucagon use is captured. Stay tuned!

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