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## Policy and Procedure # 420

# Client Medication and Medical Support Procedures

Approval: \_\_\_\_\_

Effective Date: 6/6/2024

**POLICY:** EFI will provide general health supervision as needed for each Client. Under the supervision of an employee, all medications will be self-administered by the Client. If the Client is unable to self-administer, nurse delegation will be arranged. Storage, monitoring, and record-keeping procedures will be developed and followed with the guidance of a qualified pharmacist, nurse, or practicing practitioner, together with established protocols from all licensing agencies.

Only employees who have a seventy-five-hour certificate or letter of exemption or are in the process of being certified can supervise, dispensing, administration, or physical control of medication.

**REFERENCE:** WAC 388-101D-0295 through 0365  
WAC 246-888  
WAC 388-829-0015  
DDA Policy 5.14  
DDA Policy 5.16  
DDA Policy 6.19

### Training:

All Direct Support Professionals, Direct Support Professional Team Leads, Medical Coordinators, and Residential Supervisors must complete Nurse Delegation Core Training and maintain a current Nursing Assistant Registration (NA-R). Additionally, these employees must also receive training on EFI's medication policies and procedures prior to assisting a client with self-medication.

### PROCEDURE:

#### 1. Safety:

##### A. Employees will ensure that:

1. Medication, regardless of packaging, is accurately and properly labeled with original or replacement pharmacy labels that match the Medication Administration Record (MAR).
2. The client's prescriptions are filled or refilled in a timely manner to prevent clients from running out of medications. The client's medications are ordered every week by the Residential Support Team assigned to the client.
3. All medications will be maintained in a secure area that is not accessible to unauthorized clients or employees.



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- a. Each client's medication is grouped together and stored in a plastic bin in the original medication container with the pharmacist's prepared or manufacturer's label.
  - b. Medications are physically separated from other client's medications.
  - c. Medications are kept separate from food or toxic chemicals.
  - d. Medication identified as a controlled substance - a drug, substance, or immediate precursor identified by the pharmacist or prescribing practitioner as a controlled substance must be counted at the start and end of every shift.
  - e. Unless otherwise specified, all medication counts must be conducted collectively by incoming and outgoing staff and documented on Therap.
2. Medical Support:
- A. Medical Coordinators are responsible for communicating pertinent medical information regarding client care to:
    1. Clients
    2. Employees working with clients
    3. Legal Representatives or guardians
    4. Case Resource Managers
    5. Delegated Nurse
  - B. Medical information that must be communicated includes but is not limited to:
    1. Scheduled annual physicals
    2. Acute medical appointments
    3. Follow-up up care
    4. Changes in medication to include amounts and time administration
    5. New or discontinued medications via a Medication Summary
    6. Prescription refills
    7. Updates to the client's Medical Administration Record (MAR)
  - C. The medical coordinator will provide transportation to and from medical, dental, and other appointments. If a medical coordinator is not available, the residential admin team will assign the task to an alternate person.
  - D. Employees will encourage clients to follow any medically prescribed modified diet, rest, or activity regimen.
  - E. The medical coordinators will encourage and assist clients with health care arrangements when they show signs or describe symptoms of an illness or abnormality for which medical diagnosis and treatment may be indicated.
  - F. Clients will be encouraged to assist with making arrangements to keep appointments for services, including medical, dental, and home services.
3. Medication:
- A. Employees will monitor the client's medications, either prescribed or over the counter,



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and witness the clients taking the medication to ensure that they are taken at their prescribed times and in the prescribed dosage.

- B. The employee will document the prescribed medication/medications on the MAR at the time of administration.
  1. Client MARS will list each medication, the prescribing physician, the dose, the description of the medication, the method of administration, times, and the possible side effects.
- C. Prior to assisting a client with medication, the employee must read the prescription label and compare it to the MAR, following the 5 Rights, for proper medicinal management and ensure that he or she has the:
  - a) Right client
  - b) Right medication
  - c) Right dose
  - d) Right time
  - e) Right route
- D. Medication Errors
  - (a) If one of the 5 rights is not followed correctly by an employee, it will be considered a medication error.
    - Depending on the severity of the error, an investigation may take place to determine the cause and identify solutions to prevent errors from occurring in the future.
  - (b) If the error is considered a level 4 or level 5 error, the employee will report the incident immediately to their supervisor.
  - (c) The employee will contact the RSM or residential admin team to determine the next steps and potential adverse effects or concerns if a medication is missed or given to another client.
  - (d) The employee will complete a general event report.
  - (e) The level of severity will be determined by the employee utilizing the medication error chart.
    - Level 1 - An error occurred that did not result in client harm.
    - Level 2 - An error occurred that resulted in the need for increased client monitoring but no client harm.
    - Level 3 - An error occurred that resulted in the need for increased client monitoring due to a change in behavior but no ultimate client harm
    - Level 4 - An error occurred that resulted in the need for treatment with another drug or a visit to the physician or hospital.
    - Level 5 - An error occurred that resulted in permanent client harm or death.



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- E. Medication errors result when the employee does not follow the proper medicinal management, including the 5 rights. When these errors are identified, the following disciplinary action will occur unless the severity of the error ranks above level 4. (In these circumstances, a different disciplinary route may take place):
1. First Medication error: The employee will receive a verbal warning and be assigned medication retraining by EFI's Licensed Practical Nurse. Delegated staff can continue as delegated.
  2. 2<sup>nd</sup> Medication error: A written disciplinary action will be issued, and the employee be assigned training at the discretion of EFIs Nurse Delegator.
  3. 3<sup>rd</sup> Medication error: A Final disciplinary action will be issued, and the employee's Nurse Delegation will be rescinded pending a 1:1 medication pass with the EFI nurse Delegator.
  4. 4<sup>th</sup> Medication error: The employee will receive a 3-day suspension and be rescinded from all Nurse-Delegated tasks for a minimum of six months. Any further medication errors within the six-month period can result in termination.
    - a. If a medicinal error investigation determines the employee made an error, that employee is subject to disciplinary action up to and including termination.
      - (a) A Medicinal error that has or may result in injury or harm to the client, as assessed by a nurse, doctor, or pharmacist, must be reported to the Developmental Disabilities Administration (DDA), Complaint Resolution Unit (CRU), and when applicable, Department of Health (DOH) and local law enforcement.
    - b. If the employee goes 6 months with no medication errors, their delegation will be reinstated.
- D. For new staff requesting delegation, 1 error will result in staff not being eligible for delegation for 3 months. 2 errors will result in staff not being eligible for delegation for 6 months from the last medication error.
- E. All staff delegations are at the discretion of EFI's Nurse delegator.
- F. Medications must be self-administered when an employee has not been delegated.
1. An employee, unless he or she is a licensed healthcare professional or has been authorized and trained to perform a specifically delegated nursing task, may only assist the client in taking medications. The employee can perform the following actions:
    - a) Communicate the prescriber's order to the client in such a manner that they self-administer their medication properly;
    - b) Remind or coach the client when it is time to take medication;
    - c) Open the client's medication container;
    - d) Hand the client the medication container;
    - e) Place the medication in the client's hand;



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- f) Transfer medication from one container to another for the purpose of an individual dose
  - g) Hand-over-hand administration is not allowed. However, staff can guide the client in applying or instilling skin, nose, eye, and ear preparations on their own.
  - h) Alter a medication by crushing, mixing, etc. as long as the client is aware that the medication is being altered or added to food or beverage. A pharmacist or prescribing practitioner must determine that it is safe to alter a medication, and this must be documented on the prescription container or in the client's record.
2. Medications must be supervised within one hour of the prescribed time (one hour before or up to one hour after) as written on the MAR unless otherwise authorized by the Residential admin team or prescribing professional.
3. In the event a client appears unable to take his or her medication properly, the Supervisor will secure medication services if appropriate.
4. If medication services aren't appropriate, the Residential Director will notify the DD Case Manager and request a more appropriate placement or delegation by the Registered Nurse.
- G. Medication dosages will not be changed unless prescribed by the client's physician; EFIs LPNs can take verbal orders from the prescribing physician in emergent cases. EFI's LPN must submit for written order within one day of the order.
- 1. Written consent for ongoing medication management may be obtained at the time of the client's annual PCSP meeting. This written consent can include consent for new medications as they occur and must be reviewed and renewed annually.
    - (a) All new prescription medications or prescribed changes in dosages of current medications require consent by the client or legal guardian.
    - (b) Verbal authorization will be accepted for up to 90 days and documented.
    - (c) Medical coordinators will send the necessary paperwork to the client or guardian to obtain written authorization.
  - 2. Employees will report any observed or suspected side effects to the medical coordinator immediately and document that information on the client's MAR as well as a GER and SCOMM to the supervisor of the house, medical supervisor, and medical coordinator. If the medical coordinator is not available or it is after hours, employees will contact their immediate Supervisor or the RSM for instructions.
  - 3. If a client runs out of medication after Pharmacy business hours, contact the Residential Shift Manager and call the on-call Pharmacist to obtain the required medication.
    - (a) Failure to obtain a prescription in a timely manner is considered a medication error, and the employee is to follow the steps outlined in 3C.



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- H. Prescription refills will be called into the pharmacy by the Medical Coordinator assigned to the home after receiving notification from staff every Friday if a refill is needed.
  - 1. Staff on Friday's shift will also be responsible for completing medication order forms and submitting them to the medical coordinator every Friday.
  - 2. Medical Coordinators will be responsible for tracking and confirming orders once they are received.
- I. Current and accurate medication records, including behavior notations, will be maintained by all Residential employees.
  - 1. Medical records will become a permanent part of the client's personal file.
  - 2. Medical records will be retained for 6 years after the termination of services for a client.
  - 3. Expired medications will be reported to a supervisor and removed from distribution.
  - 4. If a client is taking a medication that requires Nurse Delegation and no employee on shift is delegated, the employee will follow the who-to-contact sheet for further guidance.
- J. When a client refuses medication;
  - 1. A notation will be made in the electronic MAR by selecting refusal in the drop-down menu and making an entry in the comment box documenting the refusal.
  - 2. Employees will notify the medical coordinator and Supervisor.
  - 3. A GER will be completed following notification of refusal with the following documentation:
    - a. Time, date, and medication that the client did not take.
  - 4. Primary care practitioners will be notified when a client chooses to not take his or her medication, and the client's refusal could cause harm to the client or others.
  - 5. Refusal documentation will be reviewed with the client or the client's legal representative or guardian at least every six months.
  - 6. The client or the client's legal representative or guardian will sign and date the documentation after reviewing it.
  - 7. All appropriate paperwork shall be completed and turned in immediately.
- 5. Over-the-counter medication:
  - A. A client may purchase and self-administer over the counter medications; however, if he or she needs employee assistance in identifying the need, selecting the product, or monitoring the product, the following steps are required;
    - 1. If a client has an OTC (Over the Counter) authorization approved by their medical provider, they may use the medication without a prescription being obtained by the provider. If the client is in need of an OTC medication not listed on the annual authorization, then the medical coordinator will make an appointment with the client's medical provider at the





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earliest convenience to secure a prescription for the medication. Prescriptions for over-the-counter medications may be added to the client's prescribed medication list and MAR and used as needed.

B. Should a family member bring medication for the client to use, the medication will be authorized by their physician and properly labeled and valid before acceptance.

#### 6. Psychoactive Medications:

A. Psychoactive medications are prescribed to enable a person to function better, reduce challenging behaviors, or treat mental illness. Persons with developmental disabilities and mental illness and /or persistent challenging behavior shall have appropriate access to information and treatment with psychoactive medications and reasonable protection from the serious side effects or the inappropriate use of these medications.

1. DDA policy 5.14, Positive Behavior Support, requires that a Positive Behavior Support Plan be implemented for clients who take psychoactive medications to reduce challenging behavior or treat a person with mental illness that is interfering with the client's ability to have positive life experiences and form and maintain relationships.
2. If, after being assessed and the treatment professional recommends psychoactive medication for ongoing or pro re nata (PRN) as needed, the prescribing professional or service provider will document this in a Psychoactive Medication Treatment Plan (PMTTP) and include the following:
  - a. A mental health diagnosis, if available, and a description of the behaviors, symptoms, or condition's for which the medication is prescribed;
  - b. The name, dosage, and frequency of the medication (subsequent changes in dosage may be documented in the person's medical record);
  - c. The length of time considered sufficient to determine if the medication is effective (i.e., what changes in behavior, mood, thought, or functioning are considered evidence that the medication is effective); and
  - d. The anticipated schedule of visits with the prescribing professional.
3. The PMTTP must be updated whenever there is a change in medication type, including intra-class changes.
4. An information sheet for each psychoactive medication that is being used by clients will be provided for employees that describe potential side effects and adverse drug interactions that may occur from the use of the medication.

#### B. Monitoring Psychoactive Medications



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1. Employees will monitor to help determine if the medication is effective based on the prescribing practitioner's recommended criteria. If the medication appears not to have the desired effects, employees will communicate this to the prescribing practitioner, Supervisor, or medical coordinator, who will discuss alternatives at the client's medication review appointment.
  2. Medical Coordinators will request that the prescribing practitioner review medications at least every three (3) months unless recommended differently by the prescribing practitioner. (Get a written statement from the prescribing practitioner if reviews are done on a different schedule).
  3. Employees must monitor the client for any changes in behavior or health that might be side effects of the medication and inform the prescribing professional of any concerns. This includes any observed changes in mood, behaviors, thoughts, feelings, or suicidal thoughts or actions. Employees will communicate these changes to their Supervisor or Medical Coordinator and prescribing professional.
7. Medication Disposal:
- A. All outdated, contaminated, damaged, or discontinued medications and medications left behind when a client leaves or dies will be destroyed by the medical coordinator.
    1. Employees must complete a Medication Tracking Form for all medication leaving a client's home to be destroyed.
    2. Medications must be physically given to a Medical Coordinator or Supervisor at the Kimbel building to be disposed of.
    3. Medical Coordinators or Supervisors will verify the counts once the medications are received.
  - B. Medical Coordinators will be responsible for maintaining a disposal log of all medications that are being disposed of.
  - C. Medications will be disposed of in one of the following ways as stated on the Disposal of Medications Chain of Custody form:
    1. Medications will be verified by 2 Medical Coordinators and signed off as a destroyer and witness.
    2. Medical Coordinators will then dispose of meds in the Stericycle box at the Kimbel Building
    3. Please note that all medications destroyed/returned will have a witness signature.
  - D. When destroying packaging, all labels should be removed and brought to the Kimbel building and placed in the shredder for disposal. There should be no identifying information regarding





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confidential client information left on any containers that will be discarded at the client's home.

8. Controlled Substances:
  - A. Employees that assist clients with controlled substances must:
    1. Count and verify each controlled medication at the beginning and end of each shift.
    2. If you are scheduled alone, previous shift staff should verify counts right before the end of their shift, and incoming staff shall verify immediately at the start of the shift.
    3. If there is a discrepancy in the count, notify the Medical Coordinator and Supervisor immediately. If it is after hours, contact the Supervisor of the SL home and SComm, the medical coordinator.
9. Packed Medications:
  - A. Packed Medications will be re-packed and labeled by the client, the client's family member, or a qualified pharmacist or nurse. EFI employees are not authorized to re-pack or re-label medications.