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## Policy and Procedure # 420

### Client Medication and Medical Support Procedures

Approval: /S/ Dani Cook

Effective Date: 2/25/2022

**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 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, letter of exemption or are in the process of being certified can supervise, assist with the prescribing, 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, however packaged, is accurately and properly labeled with original or replacement pharmacy labels, and those labels match the Medication Administration Record.
2. Client's prescriptions are filled or refilled in a timely manner to prevent clients from running out of medications. Client's medications are ordered on a weekly basis 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 pharmacist 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.
- B. For clients who do not receive Nurse Delegation services, refer to EFI's Delegating Nurse.
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 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. Transportation to and from medical, dental and other appointments will be provided by the Medical coordinator. If a medical coordinator is not available an alternate person will be assigned the task by the house Supervisor.
  - D. Employees will encourage clients to follow any medically prescribed modified diet, rest, or activity regimen.
  - E. Clients will be encouraged and assisted with arrangements for health care by the medical coordinators 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.



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#### 3. Medication:

- A. Employees will monitor clients medications either prescribed or over the counter and witness the clients taking the medication to ensure that they are taken at their prescribed times and in the prescribed dosage. All medicine will be documented.
- B. The employee will document the prescribed medication/medications on the MAR.
  - 1. Client MARS will list each medication, the prescribing physician, the dose, the description of the medication and the method of administration, times, and the possible side effects.
  - 2. The documentation is required to be entered as the client is receiving the medication.
- 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
    - (a) If one of the 5 rights is not followed correctly by an employee, it will be considered a medicinal error.
      - 1. 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) The employee will report the incident immediately to their supervisor if the error is considered a level 4 or level 5 error.
    - (c) The employee will contact the physician and or pharmacist to determine 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 med error chart.
      - 1. Level 1 - An error occurred that did not result in client harm.
      - 2. Level 2 - An error occurred that resulted in the need for increased client monitoring but no client harm.



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3. 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
  4. Level 4 - An error occurred that resulted in the need for treatment with another drug or a visit to the physician or hospital.
  5. Level 5 - An error occurred that results in permanent client harm or death.
4. Medication Errors
- A. 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 a level 4. (In these circumstances a different disciplinary route may take place):
    1. First Medication error: A verbal warning will be issued to the employee and the employee will be assigned medication retraining by EFIs training Coordinator.
    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. The employee will be put under a 30-day probation period where they must be observed giving medication by another staff.
    3. 3<sup>rd</sup> Medication error: A Final disciplinary action will be issued, and the employees Nurse Delegation can be rescinded by EFIs Nurse Delegator for 6 months or a skills lab will be assigned to the employee by the delegated nurse. If any additional medication errors occur within the 6-month period of rescission, the employee will be terminated.
      - 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 medication error free their delegation will be reinstated, and their medication errors will be reset.
  - 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 6 months.
  - E. 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 to take medications. The employee can perform the following actions:



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- 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 a medication;
  - c) Open the client's medication container;
  - d) Hand the client the medication container;
  - e) Place the medication in the client's hand;
  - f) Transfer medication from one container to another for the purpose of an individual dose
  - g) Guide or assist the client to apply or instill skin, nose, eye, and ear preparations. The process of hand-over-hand administration is not allowed.
  - 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 prescribed time (one hour before or up to one hour after) as written on the MAR.
  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.
- F. There will be absolutely no change in medication dosages unless prescribed by the client's physician; EFIs LPN can take verbal orders from the prescribing physician in emergent cases but must obtain written documentation 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 up to 90 days and documented.
    - (c) Medical coordinators will send 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 clients MAR. If the medical coordinator is not available or it is after hours, employees will contact their immediate Supervisor or the AOC for instructions.



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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 medicinal error and the employee is to follow the steps outlined in 3C.
- G. Prescription refills will be called in to the pharmacy by the Medical Coordinator assigned to the home after receiving notification from staff every Monday if a refill is needed.
  1. Team Leads will also be responsible for completing medication order forms and submitting to the medical coordinator every Tuesday.
  2. Medical Coordinators will be responsible for tracking and confirming orders once they are received.
- H. 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 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 report to their direct supervisor.
- I. 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 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 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 of the product, the following steps are required;



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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 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 (PMTP) 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 PMTP must be updated whenever there is a change in medication type, including intra-class changes.



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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 use of the medication.
- B. Monitoring Psychoactive Medications
  1. Employees will monitor to help determine if the medication is being effective based upon the criteria as recommended by the prescribing practitioner. 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 time 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, or 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.
    3. Medical Coordinators or Supervisor 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 sign off as a destroyer and witness.





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2. Medical Coordinators will then dispose of meds in the stericycle box at the Kimbel Building
  3. Please note 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 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. In the event that 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 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.