

Subject: Medications at Woodhaven

Purpose: To ensure that medications are administered, ordered, stored, disposed of and properly handled to ensure the health and safety of individuals and to carry out the mandate of the health and safety policy No. 5.

Administration of Medication:

A personalized program will be developed for each individual receiving services who has an ISP objective allowing them to administer their own medications. This program will allow the individual receiving supports to take responsibility for his/her own medication in a way that does not jeopardize the safety of others in the home.

Medications for those not authorized to self-administer will be given only by staff who have current certificates through the state approved Level One Medication Aide class or by a licensed nurse.

Medications will be given only with a written physician's order.

Consents for staff members to give individuals supported medications ordered by a licensed physician or nurse practitioner will be obtained upon admission to Woodhaven and at the yearly IP meeting.

Woodhaven uses Dispill med cups for the majority of regularly scheduled medications. Unit Dose System is used for all other medications including PRNs and medications with parameters that can be packaged. No medications can be removed from the pack for any reason other than administration directly to the person or preparing pill planners for home visits or the partial participation program. The exception being if a medication from the Dispill med cups is changed by a physician and the pharmacy is unable to remove the medication within one business day. Then a pill can be removed to be disposed of. This must be approved by a supervisor. Medications can only be repackaged by a pharmacist.

All prescribed medications shall be clearly labeled with the person's name, the medication, dosage, route, directions for use, date issued, prescribing doctor and prescription number.

The person who prepares the medication is responsible for administering the medication to the individual and charting that the medication was given.

In case of a medication error, the staff member making the error, or the staff member discovering the error will notify health services and fill out a General Event Report (GER) on Therap. The GER will be entered into the State database (CIMOR), by the Program Manager within 24 hours of the event or discovery date.

All medications given will be recorded on Therap's medication administration record (MAR). It is expected that all medication administrations be documented within the medication time frame. For all PRN's given, results must be recorded after an hour of administration, but by the end of the shift.

The person administering medications needs to verify that they are giving the medication to the correct individual. This can be done by asking the person to tell them their name, verifying the individual's identity by looking at their picture on the front of the Face sheet or by asking another staff person to identify the individual you are looking for.

Only one individual's medication should be set up and administered at a time.

Always stay next to the consumer while he/she is taking their medication until the medication has been swallowed or used according to the directions.

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Provide either water or a drink of their choice when administering medications. Note that some medications cannot be given with certain types of juices and these will be indicated on the MAR or medication label.

PRECAUTIONS TO BE TAKEN BEFORE ADMINISTERING MEDICATIONS:

1. Clear all distractions
2. Wash your hands
3. Check the physician's order with the label of the medication and also the Medication Administration Record (MAR). You need to verify that you have the correct individual, medication, dose, route and time.
4. The medication and MAR should be checked three times. The first check is when you select only the medications to be given for that particular medication pass. The second check is right before you remove the medication from the packaging and place into a medication cup. The third check is right before you put all of the medications away.
5. Initialing med packs
 - a. Dispill Med Cups: Remove the tab from the med cups and initial. Then, place on the Dispill record form.
 - b. Unit Dose Packs: Put your initials, date and time on the bubble pack where medications were removed.
6. Provide privacy when indicated (i.e. rectal medications).
7. Do not discuss medications with any individual except the person receiving the medication.
8. Document with initials on the medication administration record that the medication was administered.

Documentation of Medications Administered:

1. Never chart medications given by another person.
2. All medications administered must be recorded on the MAR after the consumer has taken/used the medication.
3. If a consumer receives medication somewhere other than Woodhaven, document "Leave of Absence" and in the comment section write where the individual is (i.e. home, hospital, camp, etc.)
4. If a medication was not given due to a medication error, document as missed. A GER report will also need to be completed on Therap.

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5. If the individual vomits within 30 minutes of receiving his/her medication, notify health services. Health services they will assist in letting you know how to document on the MAR for medications that were vomited.
 6. If an individual refuses medications, try to identify the reason for the refusal. Keep the medications in a secure area and try again in ½ hour. Double-check yourself to ensure you have the correct medication. Document the medication as refused. Home coordinator, Program manager and Health services should be notified of all medication refusals.
 7. When medications are discontinued or changed, Neighborhood Pharmacy must be notified such that the MAR can be updated. They are available on call 24/7. They manage the MARs for all medications regardless of which pharmacy is filling.

Medication Administration Times:

Woodhaven will follow the prescribing orders of the physician or nurse practitioner when specific times are given for administering medications. When medications are ordered for Once daily, Twice daily or more often without specific times addressed, health services in coordination with the pharmacy and the home coordinator will select times that work well with the consumer and his/her daily activities.

The following is given as a general guideline, but will be altered according to individual's work or activity schedules:

QD – Daily - 8:00 am

BID – Twice Daily - 8:00 am / 4:00 PM

TID – Three Times Daily – 8:00 am / 12:00 Noon / 4:00 pm

QID – Four Times Daily – 8:00 am / 12:00 Noon / 4:00 pm / 8:00 pm

Q 12 hours – 8:00 am / 8:00 pm

HS – Bedtime – 8:00 pm

In order to best serve the consumers at Woodhaven in a home-like environment, medication times will have some flexibility. Morning medications may be given as late as 9:30am to allow the consumer to sleep late on days he/she chooses. Night time medications (HS) may be given as late as 10:00pm. All other medications should be given within one hour of the designated time (One hour before or one hour after the assigned administration time).

Certain medications require consistent administration times, these medications will be clearly indicated on the MAR and should be given within one hour of the designated time.

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Insulin Administration:

Employee must complete the Level One Medication Aide Training prior to Insulin Administration training.

Employees are only allowed to administer insulin after they have been trained by an insulin certified instructor. The training course will cover all aspects of diabetes including the actual administration of Insulin.

If the treatment team (Provider, Support Coordinator, Program Manager, and Guardian) believe that the individual is competent to administer his/her own insulin, this may be done as long as every step is documented in the person's IP. The staff person working with this individual should either draw up the insulin in the syringe or witness that the correct dose was drawn up prior to the insulin being administered. If the person is determined to only be competent in administering the insulin but drawing the medication up into the syringe, then he/she should be allowed to perform this function with staff supervision. If the individual is not competent or chooses not to perform any of the tasks involved with insulin administration, then a staff person will need to complete all steps involved.

Employees MUST wear gloves when administering insulin or obtaining a blood glucose level.

Needles must NEVER be recapped after they have been used on an individual.

Needles and lancets must be placed in a biohazard sharps container.

Partial Participation Medication Administration:

Partial participation of medication administration by a person served at Woodhaven may be done using the following guidelines:

1. Obtain an IP team recommendation.
2. The Community RN assigned to the individual completes an assessment form-determining individual's ability to participate in the Partial Participation Medication Administration.
3. Obtain a physician order indicating that the individual may administer medications by partial participation.
4. If the individual is not his/her own guardian, obtain written consent from the guardian.
5. Follow an individualized program to teach the person to take their medications as prescribed. This will be outlined in their ISP.

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Reordering of Medications:

The Home Coordinator is responsible for reordering medications or delegating this to one consistent staff in each home. Depending on the needs of the home, there are two ways of reordering medications.

Dispill Pack Medications are to be delivered to the homes. The Home Coordinator/designated staff is responsible ensuring that all medications are present and correct at the time of delivery. Neighborhood Pharmacy is to be notified of any missing or incorrect medications.

Reordering PRNs and Medication changes

1. When medications are discontinued or changed, Neighborhood Pharmacy must be notified the same day the orders are received such that further instructions for med pack changes can be given.
2. PRNs need to be called into Neighborhood pharmacy to be refilled when five doses remain.
3. When reordering, the expiration dates of PRN medications should be checked. All expired or discontinued medications should be turned in to Health Services. For EPI pens and topical look at the expiration date on the package not the prescription label. The pharmacy can print a new label if the medication is not expired.

Neighborhood Pharmacy will bill Medicare, Medicaid or the Individual's private insurance company for the cost of the medications/supplies. If the medications or supplies are not covered by the Individual's insurance policy, the Program Manager will arrange with Boone County Family Resources to pay for the necessary medications/supplies.

If an individual runs out of medications after normal pharmacy hours, the Home Coordinator or Program Manager will contact Station MD to have the medications filled at another pharmacy.

Pulse Procedures:

Certain medications require that a pulse be taken before administering the medication. In the event that a medication requires a pulse to be taken, this will be indicated on the MAR. The procedure will be as follows:

1. Prior to administering the medication requiring a pulse, take a radial pulse for one full minute.
2. The medication order will indicate at what Heart Rate to hold the medication. If the medication is held, notify nursing. If after hours contact the home coordinator for further guidance. If the medication is not given, document as held and in the comment, section record the reason.
3. Always record the pulse on the MAR.

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Medication Responsibility When Individual is Absent from the Premises:

Medications will be sent for home visits in the Dispill cups for the designated days and times they will be gone. If needing liquid medications, prescription bottles with the person's name, medication, dosage, directions for use, prescribing doctor and prescription number will be sent. Pill planners may be sent as long as a copy of the MAR is also sent so the person administering the medications is aware of the medications being given.

Two extra days of medication will be packaged for all trips.

All medications given on outings must be administered as per medication administration procedure and signed on the medication administration sheet.

Medication Automatic Stop Orders:

With the exception of medications ordered for a specific length of time, such as antibiotics, all medications are re-ordered during the annual physical. Unless otherwise specified, antibiotics are automatically stopped after 10 days. However, if a dose is missed complete GER, contact nurse and continue antibiotics until all are gone.

Medication Storage:

- A. Medication will be stored and secured in a manner safe and appropriate for the individuals served. Medications will only be locked if needed to ensure the safety of Individuals living in the home. All Scheduled control medications must be double locked unless they are an emergency rescue medication (they will need to remain on the person if so). All controls will be indicated in red or with a C on the med packs.
- B. Medications will be stored away from all cleaning supplies and caustic substances.
- C. Medications or ointments used externally are separated from medications taken internally, i.e., zip lock bags.
- D. Medications that require refrigeration will be kept at the individual's home in a refrigerator and clearly marked with a prescription label. Staff will use the attached form to document the temperature on a daily basis. This form will be turned into health services at the end of the month. The medication will be kept in a locked box in the refrigerator if anyone in the home is unsafe to be around medications unlocked.
- E. Any medication that requires protection from light will be maintained in the original packaging supplied by the pharmacy. The medication will only be removed from the packaging at the time of medication administration.

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Controlled Substances:

- A. Controlled substances are those with a prescription number starting with a "C" or "N".
- B. All controlled substances need to be counted by two people every 24 hours or at the beginning and end of an extended shift such as a weekend shift.
- C. A controlled substance sheet must be available for every controlled substance. This sheet must be kept in the MAR book and not kept with the actual medication. The control sheet will be turned into health services when the form is completed or the medication has been discontinued. PRN controlled substances for medical or dental procedures will be obtained from the pharmacy just prior to their need. These medications will require a controlled substance sheet unless they are dispensed from the pharmacy and administered the same day.
- D. Discrepancies in counts involving controlled substances need to be reported to the Home Coordinator, Program Manager and health Services immediately when discovered.

Medication Disposal:

Completed Dispill Record forms should be kept in the individual's home for a period of 90 days. The Dispill medication cups can be destroyed once the last cup is used. All privacy information must first be destroyed (the top portion can be shredded). The plastic cups can be thrown in the trash.

PRN Empty bubble packs should be kept in the individual's home for a period of 90 days. After 90 days tear off the prescription label and place in confidential recycling in office. The bottom portion of the card can be placed in a trash can.

All medications that have been discontinued or that are outdated need to be returned to health services so they can be destroyed. Controlled Substance that are discontinued or outdated need to be returned as soon as they are discontinued or expired to avoid having unnecessary controlled substances in the home. The controlled substance sheet should be brought in with the controlled substance to be destroyed.

- 1. Physician's orders are needed to discontinue a medication.
- 2. Medications that are expired or discontinued need to be turned into health services.
- 3. Controlled substances will be disposed of by an RN or LPN and one witness.
- 4. The Home Coordinator or designated staff shall fill out a drug disposal sheet, signed, and kept in health services.

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5. When an individual is discharged from the facility, the unused portion of medications currently being administered shall be sent in the original container to the receiving facility. A 30-day supply of medications is sent whenever possible.

Medications will be disposed of according to the Proper Disposal of Prescription Drugs Federal Guidelines:

1. Prescription medications will be removed from their packaging and placed in a non-descript container such as an empty can or sealable bag.
2. Kitty litter or sand and water will be added to the container with the medications to help make them undesirable.
3. The containers will be disposed of in the trash dumpster located in Woodhaven's parking lot.
4. Medications can be flushed down the toilet if the label or accompanying patient information specifically instructs this.

Dispensing of Medical Sharps:

"Sharps" are described as items used in Health Services that could inflict injury if not disposed of properly. These can be either contaminated or not. A specific "sharps" container will be utilized for the sole purpose of disposition of these sharp objects.

1. Sharps are placed in approved containers for use. These containers can be obtained from the Columbia Health Dept. at 1005 W. Worley Street
2. When sharps containers are $\frac{3}{4}$ full, they will be returned to the Columbia Health Dept for disposal.

Medication Errors:

Accurate medication administration and documentation is an important part of the employee's job when providing direct care and support.

If an error occurs, the employee must report the medication error directly to a Health Services immediately, if unavailable then Station MD needs to be contacted immediately. They will advise on the next steps to take. These may include contacting poison control, contacting Station MD, taking the person to the emergency room or calling 911. The RN will determine what steps to take next regarding contacting PCP. If at any point, the medication error is severe and the person supported is having difficulty-breathing, skin turning blue or the staff person feels that the individual's life is in danger, the staff person needs to call 911 immediately.

After the person is determined to be safe by Health Services, the staff's supervisor needs to be informed of the situation along with the appropriate incident report turned in per DMH regulations.

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Verbal Orders

Unlicensed staff cannot take a verbal order of medications from a physician. Only a licensed Registered Nurse or Licensed Practical Nurse may take a telephone order for medical treatment and medications. It is the right and responsibility of the nurse to question orders the nurse deems inappropriate and to verify the validity of the order. The Community RN will document the order on the attached verbal order form and send to the physician for signature within 24 hours. The verbal order form will be given to LPN to track that a written order is received within 72 hours. If the form is not received back the LPN will notify Community RN who will contact the physician and inform them if a signature is not received back within an additional 72 hours the order will be discontinued. This will ensure we have the order within the required 7 days.

Signed: _____
Director of Residential and Community Services

Date: _____

Attachments: Temp log, Verbal Order form