*SAMPLE*

**MEDICATION SAFETY**

**POLICY**

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**PURPOSE**

The purpose of these policies and procedures is to provide overall instruction for the management of safe medication administration.

1. MEDICATION PROHIBITIONS

Chemical restraint is prohibited and is defined as the inappropriate use of a medication prescribed to control behavior or to restrict the movement of the person supported for convenience of staff or as a punishment.

2. SECURITY

1. Accountability to one person must be maintained for security of medications.
2. Combination locks are not acceptable due to the inability to maintain accountability to one person.
3. The certified staff assigned to administer medications will be responsible for the medication keys and will be the only person to have access to the medication storage area during their shift. The key must remain with the assigned staff at all times.
4. If no certified staff are available to transfer key; certified staff will count all medications with noncertified staff witnessing. Next certified staff available will count all meds with noncertified staff and accept key. Any discrepancies will be reported immediately.
5. If the medication key is lost or misplaced, the Agency Director or designee must be notified immediately.
6. The Agency Director or designee will have an extra key kept in a separate (locked) location in case the original medication key is lost or misplaced. Knowledge of the location of the extra key must be restricted.
7. Medications must be securely stored/locked during transport.

3. PROGRAM REQUIREMENTS

1. Staff must have current certification in Medication Administration for Unlicensed Personnel or hold a current nursing license to administer medications.
2. Agency must have a system in place to ensure staff receive and maintain current certification or license when responsible for medication administration.
3. Agency must maintain on file the Participant Record as verification of certification. Participant Record for newly hired staff must be obtained from the nurse educator prior to staff administering medications.
4. Agency may submit a recommendation for termination of certified staff authority to administer medications in accordance with the Administration of Medication by Unlicensed Personnel rules.
5. Agency must ensure that each unlicensed employee under this program be routinely monitored by supervisors or management staff and maintain documentation of such. Agency shall monitor, at a minimum, the first medication pass of the certified personnel upon successful completion of his/her original certification and provide ongoing monitoring. (Med Pass Observations)
6. Agency is responsible to ensure medications are available as ordered.
7. Administration of medications by natural supports or volunteers is not covered under the exemption since they are not employed by a DIDD provider.
8. Administration of medications to persons under the age of 18 is not covered under the exemption.
9. Agency will ensure individuals receiving psychotropic medication have a minimum of quarterly appointments with their treating practitioner, receive appropriate screening for medication-induced movement disorders every 6 months and will ensure training is provided on administration of any prescribed psychotropic medications and recognition of side effects, including potentially life threatening side effects; e.g., neuroleptic malignant syndrome, serotonin syndrome.

4. MEDICATION STORAGE AND LABELING

A. Medications for all persons must be labeled and stored in a locked container or area which is designated for medication storage.

B. Medications for persons who are self-administering must be stored in such a way as to make them inaccessible to all other persons.

C. Only certified staff assigned to medication administration for the shift will have access to the storage areas.

D. Medication must be stored under each person’s name.

E. External and internal medications must be stored separately.

F. Controlled medications must be kept double locked.

G. Medication requiring refrigeration must be stored in a locked container in the refrigerator.

1. Medication with labels that do not reflect the current treating practitioner’s order must be returned to the pharmacy for repackaging/relabeling or disposed of per policy.
2. Any medication containers with illegible labels must be returned to the pharmacy for repackaging/relabeling or disposed of per policy.

5. EDITING MEDICATION ADMINISTRATION RECORDS (MARs)

Three different licensed/certified staff will edit MARs by comparing the current practitioner order to the MAR and initial prior to medication administration with new MAR. Three different licensed/certified staff will also edit MAR and initial prior to any new or changed medication orders.

6. MEDICATION REFUSAL

Medications refused by persons following 3 attempts must be documented, monitored and reported accordingly.

7. MEDICATION ADMINISTRATION RECORD (MAR)

All medications, whether prescription or over-the-counter (OTC), must be treated as follows:

1. All medications, including over-the-counter (OTC), must have the practitioner order or a copy kept with the MAR.
2. All medication orders must be transcribed to the Medication Administration Record (MAR) at the time medication is ordered.
	* 1. Agency will have a separate MAR of medication for each person receiving medications. The MAR must include at least the following:

a) name of the person receiving medications;

1. name of medication, indication, dosage and route;
2. any specific directions;
3. time and date of administration;
4. name of prescribing practitioner;
5. start date and stop date if applicable;
6. allergies if applicable.
7. Medication orders recorded on the MAR must be transcribed exactly as written by the practitioner and the current prescription label on the medication container.
8. A separate entry on the MAR must be made for medications having different dosages, e.g., Depakote 500 mg every a.m. and Depakote 100 mg every p.m.
9. If the medication is ordered for a set number of days, the start and stop date must be noted, e.g., Erythromycin 500 mg qid times 10 days; start July 1, xxxx at 8 pm, stop date July 11, xxxx at 4 pm.
10. Practitioner orders and side effects sheets must be maintained with the MAR for each medication ordered.
11. All medications must be administered by certified/licensed staff in accordance with the practitioner orders.
12. Medications must be administered within 30 minutes before or 30 minutes after assigned time. Any variance from timeframe must be documented.
13. Certified staff will not administer PRN medication when:

1) Assessment or judgment by a licensed nurse is indicated.

 2) The parameters for administration are not clearly identified.

 3) Administration of medication as ordered does not comply with DIDD regulations. e.g. psychotropic medications.

1. All medications ordered must be documented on the MAR.
2. Initials, legal/legible signature and title must be on the MAR.
3. Blank spaces are not acceptable.
	* 1. If an ordered medication is not given for any reason, the medication block must be initialed and circled and the reason why it was not given recorded on the back of the MAR.
		2. Draw a line or mark with an ‘x’ through any blocks indicating days medication is not to be administered, e.g., medication is ordered for every other day.
4. If a person receives medication at two or more different sites, the documentation for administration will be done at both sites.
5. Any change in a treating practitioner’s medication order; e.g. dose change, time change, etc. will be considered a new order and must be documented as such on the MAR and communicated to other staff responsible for medication administration.

8. CONTROLLED SUBSTANCES

1. Must be double locked;
2. Must be accountable on a pharmacy generated count sheet with label or agency generated

 count sheet which must be identifiable as the original;

1. Must be counted each shift (beginning and end) by 2 staff, one of which must be certified.

 1) Non certified staff can only witness count.

2) If a witness is not available, the staff will write “not available” on the appropriate

 line adjacent to his/her signature on the count sheet.

1. Count sheet will be kept in medication storage area.

9. MEDICATION VARIANCES

A. Medication variances and omissions can occur during transcribing, preparing, administering or in the documentation of a medication. A medication variance occurs at any time that a medication is given in a way that is inconsistent with how it was ordered by the prescribing practitioner and in accordance with the “Eight Rights” (i.e., right dose, right drug, right route, right time, right position, right texture, right person and right documentation).

B. Documenting Medication Variances

1) The DIDD approved Medication Variance Form must be completed immediately upon

 discovery.

2) All medication variances must be tracked to include compilation of trend reports. Variances meeting criteria must be reported by incident management requirements.

3) Non certified staff (never certified or certification expired) who administer medication

 must also be reported to DIDD investigator.

10. MEDICATION DISPOSAL

 Medications that are expired, discontinued or wasted must be disposed of in a manner acceptable with current FDA guidelines with documented chain of custody up to the point of destruction.

11. FAMILY VISIT

When medications are to be administered by family members:

* + - 1. The certified staff will provide an accurate and clearly labeled supply of medication to last the proposed time during which the person will be with family.
			2. The certified staff will provide the person administering the medication with verbal and written instructions for the administration of the medication, a copy of the side effects sheets, and inform them to call if there are any questions or concerns.
1. Any discrepancies in medications upon return will be documented and reported accordingly.

 12. SELF-ADMINISTRATION

Personally using medication in a manner directed by the prescribing practitioner without assistance or direction. Staff intervention is limited to verbal reminders as to the time the medication is due.

Service recipients who have been self-administering prior to enrollment may continue to do so.

For service recipients who are not self-administering, providers are encouraged to assist people to learn to self-administer medication.  When training is needed attention to the following must occur:

A. Each Self-administration Program should be developed according to the person’s needs and capabilities.

B. The circle of support and treating practitioner will evaluate the person’s functional and cognitive ability to self-administer.

C. A self-administration plan must be developed in conjunction with the person’s circle of support and treating practitioner. The plan must include the following:

 1) individual training;

 2) storage, labeling and documentation of administration;

3) oversight to ensure safe administration to include covering the 8 rights of medication

 administration;

 4) ensure medication administration during any time that the person is incapable, to include

 documentation.