Policy Number:
23
Effective: May 1, 2008
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Subject: Medication Monitoring

POLICY:

It is the policy of Camden County Developmental Disability Resources (CCDDR) that agency Service Coordination staff shall properly monitor medication management practices of agencies serving persons with developmental disabilities in residential and day habilitation settings, per Division of DD guidelines and regulations. Through the Service Monitoring process, CCDDR Service Coordination staff are required to monitor agency practices with regard to medication management. All agencies monitored by CCDDR shall have staff properly trained in medication management, be implementing proper medication management techniques, and shall provide adequate documentation with regard to consumer medication administration.

PROCEDURES:

As part of the Service Monitoring function that CCDDR Service Coordination staff provide per Division of DD Service Monitoring guidelines, CCDDR staff regularly monitor the health and safety of consumers served, including medication management practices of the provider agency.

I. Monthly Monitoring

The monthly Service Monitoring function performed by the Service Coordinator shall include:

- Review of agency Medication Administration Records (MARs) to ensure all medications have been signed off by staff after consumption and there are no missing entries or errors.
- Review of employee training records/personnel file to verify certification in Level I Med Aide course for all employees passing meds.
- Physician Orders/Doctor's Orders (P.O.) are reviewed, and include physician signature and date, name of medication, dosage, time, route, reason/purpose for taking medication.
- Refused medications and/or PRN medications are fully documented with name of med, date, reason given.
- All medications, including over the counter medications, have been prescribed by a licensed physician and current doctor's orders are present.
- All medications have been properly transcribed to the consumer's Medication Administration Record (MAR).
- All medication doses have been administered by appropriate route.
- All medications are locked when not in use, and are they monitored at all times.

- Support staff is aware of and follow agency policy for monitoring of vital signs and for monitoring the effectiveness of medications, as needed.
- Information for medication side effects is available, and agency staff have reviewed and signed off on these.
- Allergy information is listed on the consumer Medication Administration Record (MAR).
- All medication errors are reported per policy and an Event Report completed.
- Storage of medications is appropriate (i.e. refrigerated if necessary, controlled substances double-locked as required, etc.).
- All PRN medications include directions for use.
- All medications are labeled properly.
- Expired meds are replaced timely.
- Agency staff should know the intended effect of medications.
- The consumer's health status is reviewed regularly.
- All medications have: dosage, time, purpose, expiration date and side effects listed.
- Consumer is given appropriate information to make informed choice. Any related risks are explained to the consumer.
- There is a process for prescription renewal and drug regimen review determined by physician and this is recorded.
- Staff and consumer know the prescription renewal process and drug regimen/medication review process.
- Annual P.O. for mechanical supports/adaptive equipment.
- Staff knows medical history, medication history and diagnosis or where to find the information in the file.
- At least annual review of effectiveness of medications by P.O.
- Consumer or their legal representative should have access to following with regard to medication management: Type of medications; Purpose of medications Time to take medications; Side effects of medications; How the medication is to be taken; What supports, if any, will be necessary; and How long the medication is to be taken.

II. <u>Supports For Self-Administration Of Meds</u>

For consumers who self-medicate or are learning to self-medicate, CCDDR Service Coordination staff shall ensure that:

- The goals and individual responsibilities for self medication are documented thoroughly in the current Person Centered Plan.
- The individual has been provided training in administering their own medications and recording their medications administered. The consumer demonstrates appropriate ability/responsibility.
- The individual knows how to obtain assistance/support if an error occurs or an adverse reaction is experienced.
- The individual has been instructed and is able to utilize the pharmacy and/or physician to access medical records, report problems, etc.
- Emergency information, physician orders and side effect information is available to staff.

- Must have P.O. documentation and what steps consumer does if partial administration, and what steps staff assists with.
- If consumer is in the process of learning any step of self-administration, Person Centered Plan will need an Outcome with Action Steps to address this, and provider progress notes should document consumer progress in learning self administration of medications.

III. Preservation Of Medications Sensitive To Temperature, Light and Moisture

Service Coordination staff shall check to determine if facilities to be monitored per Service Monitoring Directive properly maintain and store medications to ensure protection from temperature, light, and moisture. Typically, the prescription label will note how the medication is to be stored.

Most medications are to be stored at room temperature. Room temperature is defined as 59 degrees to 86 degrees Fahrenheit. Medications stored at higher temperatures for prolonged periods can deteriorate.

Facilities monitored may use a refrigerator for cold or cool storage of medications. If a refrigerator is used to store medications at the facility, the temperature is to be kept at thirty-six to forty-six degrees (36-46) F. If food is stored in the same refrigerator, medications should be kept separate in a labeled, covered container.

Light may affect medications and these medications are typically dispensed by the pharmacist in light-resistant containers (dark colored or opaque bottles), however storage should also be in an environment free of light. Service Coordination staff shall ensure that light sensitive medications are stored in opaque containers and cabinets or closets free from light.

Moisture, and especially excessive moisture or humidity can reduce the shelf life of a medication. A refrigerator is a high-moisture area so containers should be kept tightly closed. A bathroom medicine cabinet is also subject to high moisture and humidity levels and is not the best environment in which to store medications.

IV. Storage and Control of Medications

During monthly Service Monitoring, CCDDR Service Coordination staff shall note the following with regard to storage and control of medications:

- A locked room is used for medication only, or
- Medication cabinets or closets with locks are used
- Each consumer's medications are stored in a separate compartment or bin from those of other consumers
- Medication carts with locks that have individual bins or trays and a lockable drawer may be used

- Refrigerator – Any medications stored in a refrigerator should be stored in a locked container with the consumer's name on the box and the name of the medication, dosage, frequency, time and any individual instructions on the medication label
- Controlled Medications: Service Coordination staff shall ensure that a double lock is used for all schedule II medications in facilities monitored. Facilities can accomplish this by using a locked container or compartment within a locked cabinet.
- Other controlled medications can be double locked as needed for security. It is advisable to place all narcotics/controlled medications under a double lock so that staff do not have to determine if the medication is a schedule II medication.
- The keys should always be kept secure with limited staff having access to the keys for the medication storage unit.

V. Storage for Different Kinds of Medications

Service Coordination staff shall ensure that facilities monitored properly separate different types of medication to prevent contamination.

- Internal medications should be stored separately from external medications. This includes both tablets and liquids.
- Eye, ear, or nose – medications may be stored with the rest of the consumer's internal medications but it's important to keep the container clean. It is advisable to store these medications in a separate container than the oral medications.
- Inhalers and suppositories as well as other medications may need to be refrigerated. Be sure to read the label on the medication for directions on appropriate storage.
- External medication should be stored separately from internal medications to reduce the chance of error and contamination. Liquids and ointments should be stored in a separate container, perhaps in a separate cabinet or on a separate shelf from internal medications.
- If "stock" medications are kept in the facility, they should be stored separately from the consumers' medications.
- First aid, non-prescription medications for simple medical emergencies should be stored separately from other medications in a locked cabinet.
- Emergency medications which consist of prescription medications are kept in a separate container, in a locked cabinet.

VI. Facility Policies

Each facility monitored by CCDDR Service Coordination staff should have an accountability system in place for all medications. This should include a written policy regarding storage and security of medications and should include documentation of medication counts as well as reporting of missing medications.

- The agency may have a designated individual who checks in all medications at the beginning of each month and then documents the findings on a form developed by the agency.
- Medication aides are to initial each dose of medication given on the Medication Administration Record (MAR) as soon as administration is complete.

- If bubble packs are used, the staff may also initial and date each slot as they administer the medication for any particular slot.
- If "stock" medications consisting of non-prescription; first aid medications and emergency medications consisting of prescription medications are available in a facility, the agency must have a system such as a log-book, etc. to provide accountability for these medications.
- Controlled medications should have a label which reads "Federal law prevents the transfer of the medication to anyone other than for whom it was prescribed". All doses are recorded on the regular MAR after administration. However, a count sheet should be kept for each controlled medication and the medications must be reconciled every shift.

VII. Disposal Of Medications

All facilities monitored by CCDDR shall have a policy in place regarding proper disposal of medications. At a minimum, the following issues shall be incorporated into the facility medication disposal policy.

Contaminated: A contaminated dose is disposed of (destroyed) by the Level I Medication Aide or the DMRDD Medication Aide at the time of the contamination. Witnesses are required for destruction of any medication. Proper documentation procedures should be followed (see sample drug disposal record following).

Unused or discontinued medications may be returned to the pharmacy by the facility if the pharmacy will accept them. If not, the medication will need to be destroyed.

Flush prescription medications down the toilet *only* if the label or accompanying patient information specifically instructs doing so. The preferred method of disposing of medications is crushing and mixing them with coffee grounds; kitty litter or other non-edible substances and placing them in a non-descript, impermeable container to go out with the regular trash. Medication destruction involves two persons. The medication aide can be one person and the other must be a pharmacist, nurse or state inspector.

Some agencies have developed their own "Destruction of Medication" forms and the medication aide needs to be familiar with the form and any policy regarding medication destruction that the agency may have.

SAMPLE MEDICATION DESTRUCTION RECORD

Consumer Name_____

Case Number_____ **State ID Number**_____

Date _____

Medication/Strength/ Rx Number _____

Number of tabs/doses of medication disposed of _____

Signature 1_____ **Signature 2** _____

Date _____

Medication/Strength/ Rx Number _____

Number of tabs/doses of medication disposed of _____

Signature 1 _____ **Signature 2** _____

Date _____

Medication/Strength/ Rx Number _____

Number of tabs/doses of medication disposed of _____

Signature 1 _____ **Signature 2** _____

REFERENCES:

- CARF Standards Manual, Section 2I
- 9 CSR 45-3.070
- MO Department of Mental Health Medication Aide Manual