

Medication

Policy:

Morgan Support Services shall administer medication in compliance with State and Federal laws. Morgan Support Services does not prescribe or dispense medication.

Procedure:

Packaging and Labeling

Only properly labeled and dispensed medication shall be given. Medication shall be dispensed by a pharmacist or physician in a properly labeled container in accordance with state and federal laws. Nurse practitioners and physician's assistants may dispense medication in accordance with statutes and rules adopted by the NC Board of Pharmacy. Information on pertinent potential side effects and/or drug interactions as identified by the prescriber and/or provided by the dispensing pharmacy will be included with all prescription medications.

Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible. Information on pertinent potential side effects and/or drug interactions as identified by the prescriber will be included with all non-prescription medications.

The medication container shall be protected from light and moisture and shall have safety caps or be in bubble packaging. The medication container label shall include the following:

- person's name
- date issued or refilled
- directions regarding dosage
- medication name and strength
- name, address and phone number of dispensing site
- prescriber's name
- dispenser's or supplier's name
- ancillary cautionary labeling (if appropriate).

Storage

It is the responsibility of the program participant, family/legally responsible person, care coordinator, or the people who support the program participant at home to ensure that appropriately prescribed, labeled, packaged medications are brought to the facility. MSS will provide storage of the medication as indicated below for the period of time that the person receives services through MSS. MSS will alert the person and his/her treatment team to any problems with the prescription,

labeling, packaging, or supply of medication that violate State or Federal law or MSS policy, or that would impact the person's ability to receive the medication as prescribed.

Medication shall be stored under proper conditions of sanitation, temperature, light, moisture, and ventilation. Non-refrigerated medications shall be kept in a secure locked, well-ventilated cabinet that is kept at a temperature of 59 – 86 degrees. Medication stored in a refrigerator shall be kept in a separate, secure locked compartment at a temperature of 36 – 46 degrees. Medication for external use shall be segregated from medication for internal use, and both shall be clearly labeled. Space for medication storage shall be of sufficient size to allow separate storage for each person's medication.

MSS will not purchase or assist in the purchase of medication. MSS will not maintain a supply of over-the-counter medication for use by program participants.

Ensuring Adequate Supply

It is the responsibility of the person, his/her guardian, or his/her residential support provider to ensure that an adequate supply of medication is available for the person to use while at the day program. MSS staff will alert the responsible party at least three days prior to when a supply is going to be exhausted. Staff will utilize whatever communication route has been established and is most effective with that support team member to communicate that information. If a supply is exhausted before it is replenished, the person may be asked to stay at home until the supply is replenished.

Medication Management

It is the responsibility of the person, his/her guardian, or his/her residential support provider to purchase medications, insure adequate supplies of medication are available at all times and in all settings, to transport/deliver medications to this agency and all other locations where the person may need to take medication, and to develop policies regarding use of medication outside of that person's residential setting. It is also that person's responsibility to obtain consent for each medication administered when possible and to coordinate with the physician providing primary care needs as needed.

In the event that programming activities do not allow for a person to return to the facility during the window available to take medications, staff will make arrangements for medications to be taken along on the activity. MSS will provide a double-locked box for transportation of the medication. All required paperwork will be taken and kept with the medication. All applicable procedures will be followed.

MSS will request documentation from the person, his/her guardian, or his/her residential support provider that indicates that the use of all medications by the person served is reviewed on at least an annual basis by a single physician or qualified professional licensed to prescribe medications. MSS will assist as needed to help the person secure this documentation, not including any payments required. Failure to produce this documentation within the first three months following a person's admission to the program, and annually thereafter, will result in suspension or discharge.

Administration

Prescribed medication shall be given only on the written order of an authorized prescriber. Over the counter medication shall be given only on the written approval of a physician or person authorized to prescribe medication. Medications are used only by the individual for whom they are prescribed.

Medication shall be given by, or when the person takes his/her own medication supervised by, direct support staff who have completed training for medication administration to include medications, dosages, times given, reading labels, side effects and contraindications. Any unlicensed staff giving medications must be trained by a registered nurse, pharmacist, or other legally qualified person and privileged to prepare and give medications. Recertification is done yearly.

The giving of medication by staff shall be documented in the person's record on a medication administration record (MAR). The MAR contains documentation of doses given. All medication shall be properly recorded in the MAR within an hour after it is dispensed. No documentation shall take place until the medication has been given. Each drug is given according to label directions. Refusal of a drug shall be documented. The use and benefits (or lack thereof) of all PRN medication shall be documented on the MAR within an hour.

Staff administering the medication will allow for privacy for the person to take his/her medication so as not to violate confidentiality or compromise dignity. After monitoring the person taking the medication, staff shall remain with the person until it is certain the medication has been swallowed.

Medication Errors and Adverse Drug Reactions

In the event of a medication error or significant adverse drug reactions, staff will immediately contact the designated pharmacist or prescribing physician and carefully follow instructions given. Staff will document the error or adverse drug reaction in an Internal Incident Report and on the MAR. Documentation of incidents will include a description of the event, the doctor's or pharmacist's instructions, actions taken on behalf of the person, and person's condition following the event. The Program Director will notify treatment team members of the medication errors as appropriate. The incident report will undergo administrative

review in the same manner as for other incidents (see Health and Safety 3.4 – Incident Reporting.)

Documentation

The MAR of all drugs given to each person must be kept current. Medications given shall be recorded immediately.

The MAR is to include the following:

- person's name
- name, strength, and quantity of drug
- instructions for giving drug
- date and time the drug should be given
- name or initials of person giving drug

Disposal

Discontinued drugs, outdated drugs, and drug containers that are worn, illegible, or missing labels shall be sent home with the person.

If a person leaves medication behind after discontinuing participation in MSS programming, MSS will attempt to contact the person, legal guardian, care coordinator, or residential support provider to come for the medication.

If the abandoned medication cannot be returned to the person or part of his/her support team within 30 days of the person's last day of attendance, it shall be disposed of in the following manner:

Controlled Substances. In consultation with the pharmacist, all controlled substances being disposed of shall be disposed of in accordance with the NC Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.

Non-Controlled Substances (prescriptions). Disposing of prescription medication shall be done in a manner that guards against diversion, accidental ingestion, or negative environmental impact. Namely, the agency will dispose of prescription medication via transfer to pharmacy for disposal.

A record of medication disposal shall be maintained. The record shall include the following information:

- person's name
- name and strength of medication
- quantity being disposed
- method of disposal
- date of disposal

- signature of employee disposing of the medications
- signature of employee witnessing the disposal

Self-Administration

People will be supervised during self-administration. A doctor's order must be present in order for a person to self-administrate. Medications for people who self-administer will be stored securely in the same manner as other medications. The person will be informed of how to access his/her medication for self-administration.

Supporting Forms/Documents

MAR
Medication Disposal Record