

SUBJECT:	Maintaining and Distributing Medications	EFFECTIVE DATE:	6/2009							
AUTHOR:	CHS GROUP	SECTION:	SOP							
APPROVED BY:	Joseph Bates President		6/1/2009 Date							
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POLICY:

To facilitate proper storage, disposal, and administration of medications.

PURPOSE:

To provide the procedures regarding storage, disposal and distribution of medications to and for the individual's supported by CHS GROUP

BACKGROUND INFORMATION:

This policy should be read in conjunction with Michigan Mental Health Code, Administrative Rules and other Application laws, the Michigan Department of Community Health policy, Consumer and Industry Services and local county medication administration training.

STANDARDS:

- An individual has the right to safe, sanitary storage of their medications.
- An individual is entitled to their own medication, as prescribed by their own physician, at the appropriate time, according to the written physician direction.
- Disbursement of an individual's medication shall not disrupt that individual's social, leisure, choice of activity or community program.
- An individual has the right to administer his/her own medication if they have expressed a desire and exhibit the readiness to administer their own medications. If an individual is to administer their own medication it must be part of his/her Personal Plan.
- Expired medications or those medications no longer used must be disposed of according to established local guidelines (contact local pharmacy or police for more direction).
- A current prescription, a current medication administration record (MAR) and a current label MUST be in place for CHS to pass a medication (including over the counter medication)
- CHS staff MUST successfully pass the established mandatory training per contract BEFORE they can pass medication.

The following policies pertain to CHS staff only who will be administering medications. At no time will CHS require a client to modify their med routine if CHS is not required to administer their medications per IPOS. This includes staff providing an 'observe only' role in the administration of medication.

In the event a situation arises that can't be addressed by CHS Medication policies, CHS will follow the guidelines established in the medication training for the county in which the situation arose.

DEFINITIONS:

Adverse effect:

Is a side effect that is harmful to the person and requires a change. Document on an Incident Report any time a harmful side effect is suspected.

Bingo Card / Doc-U-Dos:

Medications that have been placed by dose in this packaging by a pharmacist. This packaging is labeled the same way as a prescription.

Certified Staff:

Staff who have successfully completed the medication course approved by the local CMH and have a certificate that is located in their personnel file. Only certified staff can pass medications, SMO's PRNs, etc.

Controlled Drug:

Any drug determined by the DEA & FDA to have a high potential for abuse. The Controlled Substances Act (CSA) places all substances which are in some manner regulated under existing federal law into one of five schedules. This placement is based upon the substance's medical use, potential for abuse, and safety or dependence liability. More information can be found in Title 21 United States Code (USC) Controlled Substances Act. The majority of pharmacies will identify a controlled drug by placing an 'N' for narcotic or 'C' for controlled drug somewhere on the medication container label. If in doubt, ask the pharmacy or refer to the Pill Book.

Controlled Medication Log:

A sheet where staff documents the amount of controlled drugs at the end of each shift.

Medication: A substance for curing, healing or relieving pain.

- Internal Medications: Those medications administered orally (by mouth).
- External Medications: Those medications which are administered topically (not by mouth), by insertion, (vaginal, rectum and etc.), instillation (ears, nose or eyes etc.) or by application (skin).

Medication Administration Record (MAR):

A monthly chart that lists all of the individual's medications. The chart includes the names of medications, dose, times, route, name of Doctor, RX number, date of script, allergies, and pharmacy number. Staff will initial on the date/time each time a medication is administered.

Missed/Refused Medication Sheet-

directions determined by the physician or pharmacist for staff to refer to when a client misses/refuses their medication. The use of this information/sheet MUST be reflected in the Incident Report when a client missed or is late taking their medication. If for some reason this form is missing, staff can contact a local pharmacy if unsure of what to do.

Over the Counter Medications (OTC):

Medications which can be obtained without physicians orders, however *CHS requires an order for all medications which CHS staff are expected to dispense.*

Pill Book (by Harold Silverman):

A medication reference book to research medication & determine if more info is needed from the pharmacist and or physician. The book should be re-purchased annually due to updates in the drug industry. CMH's request Providers use this book vs on-line research.

Prescribed Medications/Rx:

Medications protected by law and require a physician's order to purchase.

Physician Order:

This is a doctor's order for a medication. It may be written on the doctors own Rx Pad or on the agencies "Physician Order Form". This applies to prescribed as well as over the counter medications. Another way to say 'prescription' or 'script'

Side Effects:

Are the effects of a drug other than what was wanted.

Standing Medical Orders (SMO):

SMO's are considered any medication that is administered AS NEEDED instead of a med that is passed on a specific schedule.

- SMO is often an over-the-counter medication (ie: Tylenol, medicated shampoo, cold medication, etc.)

- SMO very rarely, but on occasion could be a controlled substance medication that legally requires a prescription.
- OTC meds require a prescription for CHS staff to administer. Those prescriptions can be written on a congregate form. Prescribed SMO's (PRN's) must be written on individual forms.

Therapeutic Effect:

The specific desired effect of the medication on the body system

OBTAIN, ORDER AND MANAGE MEDICATIONS

Who	Does What
<p>Designated staff or Staff attending an appointment with a consumer</p>	<p>GETTING THE PRESCRIPTION: <u>CHS CAN ONLY PASS DRUGS (including SMO & OTC drugs) THAT HAVE A CURRENT, CORRESPONDING PRESCRIPTION.</u> <i>If the physician gives the prescription to CHS staff/client at the time of the appointment,</i> staff will need to have a copy made and bring the original to the pharmacy.</p> <p>Have the physician complete the Standing Order "Missed/Late/Refused" Form.</p> <p><i>If the physician sends the prescription/RX directly to the pharmacy,</i> designated staff can wait for medication to be delivered to the office or pick the medication up from the pharmacy. However, CHS MUST get a copy of the prescription from either the physician or pharmacy. Staff will need to ensure prescriptions are written for OTC SMO's and prescribed SMO's (PRN's) as well/as needed.</p> <p>A written Physician Order expires after 90 days unless it reflects x refills = x months</p> <p>A copy of the prescription must be located on-site for staff to review and in a safe, confidential location off-site which is easily accessible to management.</p> <p>GETTING THE MEDICATION: <u>CHS CAN ONLY PASS DRUGS (including OTC drugs) THAT HAVE A CURRENT, CORRESPONDING MAR WHICH MATCHES THE PRESCRIPTION AND CONTAINER LABEL.</u> <i>If medication is delivered to the office:</i> schedule time to receive medication from the pharmacy who delivers meds. Before the pharmacy person leaves, confirm & provide evidence that CHS has received each medication & the corresponding MAR. <i>If medication is picked up from the pharmacy:</i> Client should participate as much as possible. Ensure a corresponding MAR is obtained as well. <i>If the medication is delivered to the home:</i> Sometimes medications are delivered to the clients home. If CHS staff are required to pass medications, home delivery should be discouraged as there are little controls in place. However, in the event this occurs, staff should confirm & provide evidence that CHS has received each medication & the corresponding MAR the pharmacy indicates was to be delivered.</p> <p>If a New Medication is ordered it must be filled and picked up within 24 hours of the receiving the physician's order.</p> <p>CHS POLICY: All non-OTC drugs legally requiring a prescription MUST be packed in either a blister pack or doc-u-dose container before CHS can administer the medication. The pharmacist may need to be directed to pack the</p>

<p>Designated staff</p>	<p>medication this way versus in a bottle and it may cost the client out of pocket costs. This should be discussed and reflected in the IPOS and/or at the Intake Meeting.</p> <p>BEFORE MEDS ARE DISPERSED <u>CHS CAN ONLY PASS DRUGS (including OTC drugs) WHOSE CONTAINER LABEL MATCHES THE PRESCRIPTION AND MAR.</u></p> <p>The staff who receives the medication should:</p> <ul style="list-style-type: none"> - review the container labels to ensure they match the prescription and MAR. Labels should include: <ul style="list-style-type: none"> a. Pharmacy Name b. Pharmacy Address c. Prescription Number d. Recipient Name e. Date Dispensed f. Prescribing Doctor g. Directions for use h. Name of Medication i. Number of pills dispensed by pharmacy - Funding source suggests research in the Pill Book (found at the CHS office) each medication with which they are unfamiliar to determine if special documentation is required or training the staff might need (ie: controlled drug, etc.). - Ensure staff are trained on any special identified guidelines - Ensure MAR reflects any special directions (ie: don't take med on an empty stomach, avoid grapefruit, etc.)
<p>Designated staff</p>	<p>REFILLING MEDICATION MONTHLY:</p> <p>Contact the pharmacy and follow their procedures. NOTE: Some pharmacies will automatically renew medications and deliver but do not always assume that this will happen.</p> <p>Will prevent clients from running out of a required medication by ensuring there is a minimum of a 5 day supply available in the home at all times.</p> <p>Will ensure the prescription, MAR and container label all match.</p> <p>Assure Over The Counter Medications are removed/replaced if they expire (OTC drugs expire after 1 year of purchase or an expiration date can be found on the bottle)</p> <p>Ensure the prescription (including PRN's & SMO's) will be stored in the local CHS office and a copy of the prescription is located on-site where medication is passed. Staff will be in-serviced to match the prescription, MARS and container label before they pass medication.</p>

MEDICATION STORAGE

Who	Does What
Program Coordinator	<p>Assure that each individual's medication is stored separately from another person's medications.</p> <p>External medications (such as creams, medication shampoo, ear and eye drops etc.) must be stored separately from internal and oral medications.</p> <p>Assure that all medications are stored in a clean, cool, dry place free of any contamination and appropriate per medication storage directions (ie: refrigerated, etc.) via the Pill Book or pharmacist.</p> <p><u>LOCK meds when:</u></p> <p><u>SINGLE lock</u> -for all non-controlled medications -oral medications must be separate from non-oral medications</p> <p><u>DOUBLE lock</u> -narcotics & controlled medication</p> <p><u>Medication storage concerns MUST be addressed in the client's IPOS.</u></p> <ul style="list-style-type: none"> • Who is administering medications? • What type of documentation is required? • Will medication be locked or unlocked? • Where will the key be kept at a 24 hour staffing? • Who will provide the locking container? <p>Assure that all medications are kept in their original container. Staff are <u>not</u> allowed to remove a medication from its original container and put it in another container (ie: an envelope, pill box, etc.) when the client goes home for a visit, outing, etc. The entire original medication container must follow the client OR have the pharmacy create a special container for those occasions. Additionally, a med count will be recorded on the MAR before and after the client leaves and returns.</p>

ROUTINE CHECKING OF MEDICATION

Who	Does What
All staff, management, and QA	<p>-Follow guidelines as per local medication training (all times)</p> <p>-Review each individual's MAR & medication container to assure that:</p> <ul style="list-style-type: none"> • All medications passed were signed for. • There is a staff signature at the bottom of page. • Dosages match the MAR count • Controlled substance medication the RX number will start with a 2 or 4 <p>-If SMO's or PRN's were used the reason and result are noted</p> <p>-Blister packs were signed/dated in addition to the MAR</p> <p>-There is at least a 5 day supply of medication available on site. If not, the appropriate person will be notified immediately.</p> <p>-Ensure empty medication containers are given to management</p>

ADMINISTERING MEDICATION

Who	Does What
Certified Staff	<p>-Respect an individual's privacy when passing medications.</p> <p>-Prepare and administer medications in a place without distractions & reduce possibility of the wrong med being taken by the wrong person.</p> <p>-Never leave medication unsupervised/unattended</p> <p>-Administer all medications to one person before passing medication of another person using the process below:</p> <p>PREPARATION</p> <ol style="list-style-type: none"> 1. Sanitize the work area & wash hands 2. Follow the "7 Rights" - Compare the prescription, MAR and label to ensure they all match & identify you are administering the <u>right medication</u> and the <u>right dosage</u> to the <u>right person</u> at the <u>right time</u> in the <u>right way/route</u> & completing the <u>right documentation</u>.
Designated staff	<ol style="list-style-type: none"> 3. Ensure the MAR has set & specific times to administer the medication. 4. Meds can be passed 1 hour before or after specified time and NOT be considered a medication error.
Certified staff	<p>ADMINISTRATION</p> <ol style="list-style-type: none"> 1. Follow guidelines from local medication training and the prescription 2. Follow the MAR, pop the pill(s) out of the appropriate container (blister-pack or doc-u-dose) into a disposable cup or the clients hand or apply/insert non-oral meds with gloved hand. 3. Monitor to ensure the client has received the medication (ie: they swallowed it) 4. Do <u>not</u> mislead a client about the medication they are taking by hiding it in pudding or other food unless directed in the IPOS or prescription. 5. If client refuses medication, continue to prompt for up to 1 hour. If they still refuse, follow directions in the Missed/Refused protocol or call a local pharmacist for instructions. <p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. As soon staff are assured the client received their medication, staff must initial the MAR & bubble-pack in the appropriate space (correct date/time/medication). 2. Anytime the client refuses their medication or other type of med error, staff will not initial the space, but will circle it and document on the back of the MAR that the med was refused and write an incident report. 3. Anytime a SMO is administered, staff will initial in the appropriate spot and document on the back of the MAR, the reason and time the med was passed. 4. Anytime a medication needs to be destroyed (fell on the floor, spit out, etc), staff pass another pill of the same medication to ensure the client does not miss a dose and initial the appropriate space. In addition, staff will circle their initials and document on the back of the MAR that the med was destroyed & another of the same med was passed. This will ensure the client received their meds appropriately and notify the assigned person the med count will be short for the month. 5. Staff will provide an accurate count of any controlled substances on the Controlled Medication Log <u>after</u> each administered dose. If the count does not match the amount indicated on the Log, staff will notify management immediately. 6. An incident report will be written for client refusals.

	7. Staff will print their name and initial at the bottom of each MAR for reference.
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DESTROYING MEDICATIONS

Who	Does What
Certified staff	<p>Reasons for destroying a medication:</p> <ul style="list-style-type: none"> -med was spit out -med fell to the floor -med got wet or compromised with another substance -med touched by someone other than the client <p>Pass another of the same medication to ensure the client does not miss their dose. Initial in the appropriate spot and document on the back of the MAR that a pill was destroyed, and notify pharmacy & supervisor.</p> <p>Put the contaminated pill in a baggy labeled with its name and dosage and place the bag in designated medication area.</p>
Designated Staff	<p>Will destroy medication (in a baggy) using whatever protocol is appropriate for their area. Some procedures include: taking the medication back to the pharmacy, crushing medication so it is impossible to use and disposing in the garbage, contacting local police/fire/hospital and following their protocols. DO NOT FLUSH DOWN THE TOILET! Our water system can not filter out drugs and they end up in our drinking water.</p>

DISCONTINUED MEDICATION/NEW MEDICATION - MAR

Who	Does What
Designated staff	<p>DISCONTINUED</p> <p>Ensure there is a current script reflected a medication has been discontinued.</p> <p>On the MAR, draw a line from the last time the med was passed to the end of the month along the spaces where staff would normally initial. Write discontinued on the line.</p> <p>Any discontinued, refused or missed medication should be taken back to the pharmacy by the end of the month.</p> <p>NEW</p> <p>If a new medication is started mid-month, staff will need to ensure the prescription, MAR and container label matches. If so, they may need to transcribe the information from the prescription/label onto the existing MAR. Ensure the MAR matches the label & prescription.</p> <p>Document on the back any details about the new med starting. Draw a line from the starting date BACK to the beginning of the month on the line where staff normally initial to designate the med had not been passed previously.</p> <p>Ensure staff is aware a new medication needs to be administered.</p>

EXPIRED MEDICATION

Who	Does What
Designated staff	<p>Check medication labels to ensure all medications (including OTC) are not expired. Generally, OTC meds expire after 1 year from purchase. However, OTC and medications that legally require a prescription will also have an expiration date on their label.</p> <p>Remove any expired meds and replace with current med if appropriate and prescribed.</p> <p>Place expired medications in designated medication area for removal to pharmacy.</p> <p>Document on the back of the MAR that expired meds were returned to the pharmacy. Include: name of med, date removed from storage & number of meds.</p>

MEDICATION ERRORS

Who	Does What
Designated staff	<p>Gather the following information.</p> <ol style="list-style-type: none"> 1. Identify which individual had a medication error 2. The names of the medications involved. 3. What the problem was 4. Refer to the Standing Missed / Late / Refused Form. NOTE: An Incident Report is necessary if Standing order "Missed / Late / Refused" Form is followed. 5. Incident Report Form is required when: <ol style="list-style-type: none"> a. Individual received the wrong dose. b. An individual did not receive their medication. c. Wrong medication was given
	<p>If an individual received the wrong dose, wrong medication or did not receive their medication follow Standing Missed / Late / Refused Form.</p> <p>If not able to follow the "Standing Missed / Late / Refused:</p> <ol style="list-style-type: none"> 1. Contact one of the following agencies. <ol style="list-style-type: none"> a) Poison Control b) Pharmacy 24 hour c) Primary Physician d) Emergency Room 2. Obtain the following information <ol style="list-style-type: none"> a) Agency you contacted b) The name of the person providing instructions. c) Their title d) Date e) Time f) Instructions
Designated responsible staff	<p>Document all Missed, Late or Refused Medications in the following manner:</p> <ol style="list-style-type: none"> 1. On the Incident Report Form 2. Transfer the same information to the Individual's Medical Progress Notes. 3. Document all pertinent information in the Communication Journal. 4. Document the error on the back of the individuals medication chart.

	<p>5. Circle the date on the medication chart and document on the back of the MAR what happened.</p> <p>6. All meds refused or missed are returned to the office with the Incident report. The pharmacy picks them up to dispose of.</p> <p>Notify your Program Manager / On Call Manager</p>
Designated Staff	<p>Obtain from staff a verbal report of situation.</p> <p>If no Incident Report is required:</p> <ul style="list-style-type: none"> • Insure staff have properly documented on the back of medication chart • Leave a voice mail with the community nurse and support coordinator. <p>If an Incident Report Form is filled out the Manager is required to:</p> <ul style="list-style-type: none"> • Ensure the Health and Safety of the individual. • Ensure all documentation is complete. • Access how the error occurred • Immediate corrective action with staff involved. • Notify the guardian (if applicable)
Responsible Staff	<p>Review with the Manager the following:</p> <ul style="list-style-type: none"> • Incident Report • Review Health and Safety of the individual • Documentation • Contacts <p>Take necessary corrective action to see that errors do not occur in the future.</p>

NON-TRADITIONAL MEDICATION ADMINISTRATION

(Eyes On Meds)-typically staff only interacts with the client to administer their medications, sometimes several times per day by driving to their homes at designated times.

Who	Does What
Designated Staff	<p>Schedule and attend all pertinent medical appointments. Provide appropriate follow-up as necessary including acquiring prescribed medication from the pharmacy. This includes:</p> <ul style="list-style-type: none"> - Ensure there is a current copy of the prescription stored in the client file - Ensure there is a current copy of the prescription stored in the client home - Match the label, MAR & prescription for accuracy - Deliver the correct medication to each client and storing in the appropriate container as directed per IPOS. - Deliver the correct MAR to each client
Certified Staff	<p>Will administer medication per protocol above (matching label, MAR & script) and at the appropriate designated time per the prescription.</p> <p>Will only pass medication in which there is a prescription. If client bought their own medications (over the counter), staff must not assist except documenting in progress notes that these meds were purchased.</p>
Program Coordinator	<p>At the IPOS, will guide the clinical team to generate agreed upon protocol for medication administration during inclement weather or when travel is hazardous to ensure client and staff safety.</p>

EMERGENCY WEATHER - Blizzard

Who	Does What
Program Coordinator	<ul style="list-style-type: none">• Follow the weather report making sure what time of the day would be unsafe for staff to be on the roads• Follow the National Weather Advisory regarding travel• Notify case managers that medications will be left for consumers, to take on their own, at the scheduled times that staff would not be able to be there<ul style="list-style-type: none">• Medications will be left available to consumer according to scheduled times, for as long as needed.• Program Manager will call each consumer at time medications are to be taken, verifying that they were taken