



## **Procurement, Storage, Distribution, and Disposal of Medications**

(8.609.6B)

### **Policy Summary**

The purpose of this policy and procedure memorandum is to describe medication administration procedures, oversight of nursing services on medical procedures and delegation of nursing tasks to ensure that ABLE is in compliance with the rules and regulations of Colorado Health Care Policy and Finance (HCPF), Division for Intellectual and Developmental Disabilities (DIDD), Colorado Department of Human Services, and the Colorado Department of Public Health and Environment (CDPHE).

This Policy and Procedure Memorandum details:

- Qualified Medication Administration Person
- Annual ABLE Medication Procedures Review
- Medication Administration Guidelines, Rules and Regulations
- 7 Rights
- Promotion of Self- Administration of Medication
- Self-Administration of Medication, Self-Assessment Test or Monitoring of Medications
- Storage of medication
- Procedures for preparing medications
- Medication Administration Records (MARs)
- MAR Review
- Medication errors
- Medication error reporting
- Medication error monitoring
- Documentation errors
- Procedures for storing, administering and documenting Controlled Medications
- Staff administration of controlled medications
- Host Home Providers administration of controlled medications
- Receiving and Releasing medications
- Delivery of medications
- Medication reminder boxes
- Physician orders/ verbal orders
- Disposal of medications

1. ABLE's Registered Nurse will provide oversight and supervision of all tasks associated with the administration of medication; to include administration of medication, self- administration of medication, monitoring of clients self- administering their meds, MRB's, documentation, errors and physician orders.

**a. Disclosure Statement**

In order to become a QMAP the staff or HHP will be required to sign a disclosure form stating they have not had a professional license to practice pharmacy, nursing or medicine revoked for any reasons related to the administration of medication. A copy of the disclosure statement will be kept in the direct care staffs' or providers' personnel file as well as the Nurse's office.

**b. QMAP**

All staff and HHPs who provide direct care to ABLE's day program and/or residential participant base who are receiving services through Medicaid's Comprehensive Services and Supported Living Services Waiver will pass the Colorado Department of Public Health and Environment approved Medication Administration Course they will become a Qualified Medication Administration Personnel prior to the administration of medication to persons receiving services through ABLE Day Program and Residential Services.

**c. Medication Administration Course**

Staff and HHPs will attend the Medication Administration course and pass both the written and practicum prior to administration of medication to participants. The passing score for the written portion of the QMAP test will be graded at the Nurse's discretion. A passing score for the practicum/competency observation is a 100%.

The Medication Administration course is taught by ABLE's Nurse and will be scheduled according to need. The course will include lecture, discussion and demonstration. The course materials provided meet the criteria of CDPHE. A Medication Administration Student Manual can be obtained from the Nurses' office prior to the class; this packet will be used during the class.

If an employee or HHP does not pass the written test they will be required to review the Medication Administration Student Manual within a specified time frame detailed by Senior Director. Tutoring will be made available. If a passing score for the written test is obtained the practicum can then be administered and completed. In the event a passing score is not obtained for the written part of the exam on the second attempt the employee or HHP will be terminated as administering medication safely and appropriately is an essential function of the job.

**d. Practicum /Competency Observation**

When you have completed the written portion of QMAP with a satisfactory score a practicum/competency observation will be conducted by the nurse. Only two competency observations of medication administration may be attempted. You must obtain a passing score on the practicum the first time. If a passing score is not obtained for a practicum, the employee or HHP will be terminated as administering medication safely and appropriately is an essential function of the job.

**e. Documentation of Completion**

After successful completion of both the written and practicum portion of QMAP testing, the ABLE nurse will issue a Documentation of Medication Administration completion certificate. The document will be maintained in staff's personnel file, Residential file, in the Nurse's office and a copy will be given to staff directly.

ABLE's Nurse will then send the names of the individuals who have successfully completed the course and practicum to CDPHE.

**f. Prior QMAP Training**

New staff and HHPs who have obtained a QMAP prior to working with ABLE will be registered on the CDPHE data base verification system. The new staff/HHP will be required to take the ABLE Medication Policy and Procedures Review class; there will be a test and observation of a practicum/competency observation. The new staff/HHP will also be required to sign the Disclosure statement.

If a new staff or HHP is unable to provide the appropriate documentation of completing of the QMAP, they will be required to take the class and pass prior to administration of medication to any participant.

**At no time will a medication be administered to a person receiving services by an unlicensed staff who does not have a QMAP certificate.**

**g. On the job training and mentoring QMAPs**

After successful completion of the QMAP class, staff and HHPs will meet periodically with ABLE's registered nurse to review the proper medication administration procedures.

ABLE's registered nurse, nursing assistant or residential managers will monitor the storage of medication, MARs and physician orders on all Host Home Visits; an observation sheet of competency will be signed and stored within the Host Home red book.

All day program medications, storage of medications, MARs and physician orders will be monitored quarterly or more often as needed by the ABLE registered nurse.

**h. Annual ABLE Medication Procedure Review**

All staff or HHPs with a QMAP will complete a minimum of one hour of training annually to maintain medication administration competency. This will be done through ABLE's Medication Procedure Review class.

**2. Storage of Medications**

All medications will be stored in strict compliance with the manufacturer's direction and standards for storage. Medications will be stored in a dry place, a container that limits lights exposure, and placed in an area of moderate temperature unless otherwise specified. Medications are to be stored in a manner that will provide the upmost safety for person receiving services in our residential homes and at day program.

- a. Day Program medications will be locked in a locked bag at all times. During community outings medications, will be kept locked in a locked bag; upon return to program medications will remain locked and stored in a designated area. Controlled medications will be double locked and counted at the end of every day.
- b. Residential Service participant's medications will be stored in a container in a safe and secure location where only the Host Home provider may access them; the recommendations for storage will be documented in the Health and Safety Assessment and Plan. All controlled medications for adults must be locked at all times.
- c. Liquid medications for both Day Program and Residential Services will be placed in a sealable plastic bag so as not to damage other medications in case of leakage. More specific storage of liquid medications will be detailed on individual prescription labels.
- d. Medications for external use will be kept in a separate container away from all other medications.

### **Original Prescription Container**

All medications must be stored in their original prescription container. Prescription medications are to be obtained from a licensed pharmacy. A prescription container from the pharmacy will contain:

- 1) Name, address and phone number of the pharmacy.
- 2) Name of the participant.
- 3) Name and dosage of medication.
- 4) Time and medication is to be taken.
- 5) Route of medication.
- 6) Date the medication was ordered.
- 7) Date the medication expires.
- 8) Prescription number and physicians name.
- 9) Amount of medication at time of filling and number of refills.
- 10) OTC medications must also be kept in their original container and have either a pharmacy prescription label or the individual's full name clearly written on the container and will also be included on the MAR.

QMAP'd staff and/or HHPs will not alter the prescription label by writing on it. A note may be attached to the label to address changes at the ABLE nurse's direction. The contents of any medication container having no label, an incorrect label or with an unreadable label (excessively solid, damaged, detached) will not be used.

### **3. Medication Administration**

Medication is comprised of a system called the "7 Rights", this provides a systematic safety check to ensure medication is administered correctly.

It is the responsibility of all QMAP'd staff and HHPs to ensure the 3 checks are tripled checked every time medication is administered.

**The 7 Rights are:**

1. Right Person

- a. Check to make sure the correct person is receiving medication by asking his or her name. If a person receiving services is non-verbal and a picture is unavailable of the person receiving services staff will ask another staff member to assist in verification. The procedure for a single host home provider is to verify with a photo in the file or with an ID card.

2. Right Medication

- b. Compare the Physician's Orders (POs) written instructions to the Medication Administration Record (MAR) and the pharmacy label.

3. Right Dosage

- c. Be sure to give the exact amount of medication as specified by the Physician per the Physician on the PO, the pharmacy label and MAR.

4. Right Time

- d. Check the MAR for the correct time when the medication is to be given. Up to 30 minutes before and 30 minutes after the prescribed time is an acceptable time range.

5. Right Route

- e. The MAR, PO, and pharmacy label will state the method by which the medication is to be taken, whether by mouth, apply topically (skin), etc.

6. Right to Refuse

- f. Each person receiving services has the right to refuse to take their medication at any time. Another attempt will be made by staff and/or HHP to administer, if the person continues to refuse proper MAR documentation will be done and the appropriate team members notified.

7. Right Documentation

- f. Ensure documentation for all of the top 6 Rights.

**Remember to document after each medication is given on the MAR.**

All information on the MAR must match the pharmacy's prescription label and the PO's. All prescription labels must match the MARs and the PO's. If there is any discrepancy staff or HHP will not administer the medication and will contact the ABLE RN right away for clarification.

**4. Procedures for Preparing for Medication Administration**

The following procedures have been designed to provide a systematic method of administering medication. It is very important the environment is free of all distractions when administering medications. Be sure to pre- prep for all materials needed to administer medications correctly; water, cups, spoons, measuring cups, or any other necessary supplies such as applesauce.

**Medications will be triple checked prior to administration; PO, pharmacy label and MAR.**

**5. Medication Administration for Adults**

- a. Persons in service will receive needed/appropriate level of support in using medications safely per physician orders.
- b. If a Physicians Order, Self – Medication Administration Test and/or an IDT has determined the persons in services may self-administer medications and/or be monitored while self-administering medications, this will be noted in their Service Plan (SP) and documented on their Physician Order by the physician and/or filed in their book with their passed self-administration of medication test.
- c. Persons in service who self-administer will have administration of their medication monitored one time per year and/or their physician order renewed. If a physician order to self-administer is not obtained, competency will be documented in their yearly SP.
- d. Documentation of medication “monitoring”, will be included on the MAR.

**Definitions:**

**“Monitoring”** medication taken by the client:

1. Reminding a specific individual client to take medication at the time ordered.
2. Observing a specific individual client to make sure s/he took medications.
3. Making a written record of each medication, with the note "monitored".
4. Making a written record of each medication administered, including both prescription and over the counter drugs and fill out a MAR.

ABLE's goal is to encourage persons in services to strengthen their abilities and independence. ABLE holds to the highest standard in the promotion of self-administration or otherwise maximizing independence with medications.

**"Self-administration"** means the ability of a person to take medication independently without any assistance from another person. It is okay to make a general "reminder" to self-administering clients.

1. The client is completely responsible for taking his/her own medications. Staff is not involved other than to ensure safety of other clients and encourage notification of updated information.
2. There is no requirement for daily documentation of self-administered medication.
3. There should be a note on the plan of care at least once yearly, updated as appropriate, documenting the facility's knowledge of medications being self-administered.
4. If a facility administers some medications and a client self-administers some medications the facility must have written physician approval for each self-administered medication.

#### **6. Medication Administration Record (MAR)**

- a. Each person in services receiving medications through ABLE's Residential Services or Day Program will have a written MAR, this is part of their permanent record. The MAR will detail the name of the medications, dosage, routes and times to be taken (if applicable). The information on the MAR must match the information on the POs and pharmacy label.
- b. Documenting on the MAR is the responsibility of the QMAP administering the medication and will be completed each time a medication is administered. The MAR is a legal document; it can be used in legal cases as evidence. Blue or black ink will be the only colors used to document on the MAR. White out will never be used or any other means of covering up written information. A single line through an error is acceptable and/or contact ABLE's RN for direction on documentation errors on the MAR.

#### **Steps to documenting on the MAR.**

1. Document immediately after administration of a medication.
2. Only document what was given by you; do not document for medications administered by someone else. QMAPs cannot allow another person to document for them.
3. If the medication is not given or if the person in services refuses to take the medication, the MAR will be initialed, then circled, the QMAP will then provide an explanation of why the medication was not given. The staff or HHP will notify ABLE's RN if applicable.

4. Each time a PRN medication is given the date, time, reason for administration (it may be necessary to notify the RN prior to or after a PRN medication is given), results of the medication after 30 to 60 minutes must be documented and the staff/HHP will initial. Communication between Residential and Day program will take place for clients being dually served to avoid medication errors/overdosing. The ABLE RN will be notified anytime a PRN is used on a regular basis (i.e. more than once in 3 days). Psychotropic medications cannot be given on PRN basis.
5. The MAR will reflect any newly ordered medications and discontinued medications. ABLE's RN will work with the staff and HHPs to add or delete medications to the MAR as needed. For discontinued medications, a line should be drawn through the rest of the dates indicating the medication is discontinued (nowhere to sign the MAR) and a transparent pink or red highlighter should be used to highlight the name of the discontinued medication.
6. Specific treatments of wounds or rashes will also be documented on the MAR as order by the Physician.
7. Blood pressures, monthly weights that have been ordered by the Physician will also be documented on the MAR.

**All MARs are reviewed on a monthly basis.**

### **Medication Errors**

All medication errors will be reported to the ABLE RN immediately. The ABLE RN will conduct a medical assessment and/or observe/triage for adverse reactions depending on the type of medication error.

- a. Any of the 7 Rights not being met is a medication error.
- b. The participant has run out of medication and the next dosage cannot be administered. Day staff will give a minimum of 5 days' notice to a parent or HHP when new medication is needed.
- c. Failure to notify the ABLE RN of new medications or treatments within 24 hours of being prescribed.
- d. Failure to notify the ABLE RN when there is a discrepancy on the PO's, MAR or prescription label.
- e. Failure to administer medications or treatments as ordered.
- f. Failure to notify the ABLE RN of a medication error.

### **Medication Error Reporting**

An incident report will be written by the staff or HHP making and/or reporting the error. The ABLE RN will then make recommendations and follow up comments on the incident report. A quarterly incident report summary of medication errors will be completed to identify trends related to medication errors. Identified trends will be addressed by the ABLE RN and/or the Senior Director, Kendra Wilson and a plan of correction will be made if applicable.

### **Medication Error Monitoring**

ABLEs' RN will monitor all medication errors and then provide coaching, re-education and guidance in accordance to the circumstances surrounding the error. Depending on the frequency of the medication errors and severity of the error a disciplinary action may occur, this will be determined by the Senior Director. This may include additional one on one training with the Nurse and or re-taking the Medication Administration Class. Medication errors are considered violations of ABLE policy and regulatory agencies; errors will be handled on a case by case basis to include disciplinary action and/or termination of employment or the HHP.

### **Procedures for storing, administering and documenting Controlled Medications**

Controlled Medications are regulated as they are considered to have a high potential for abuse, these medications include; narcotics, hallucinogens and anabolic steroids. Specific procedures must be followed due to strict regulations on the possessions of controlled substances.

### **Staff Administration of Controlled Medications**

Controlled Medication administration and counts of controlled medications will be witnessed by two QMAP'd staff at the end of every shift. This count will be documented on the Control Count Sheet any discrepancies will immediately be reported to the ABLE RN and the Senior Director, Kendra Wilson.

The following procedures will be followed each time a controlled medication is administered at Day Program.

- a. Two QMAP'd staff will count controlled medications together after administration of a Controlled medications and/or at the end of every shift.
- b. Together count the pills in the bottle or bubble pack of the controlled medications and check to make sure it matches the number on the ABLE Control Count Sheet in the count column. If there is a discrepancy call the ABLE RN right away or Senior Director.
- c. Set up the correct dose of the controlled medication following proper procedure (triple checking to be sure the PO, the MAR and the prescription on the label match).
- d. Notify the ABLE RN when a controlled medication is to be administered as a PRN.

- e. Record the date, time, and dose (number of tablets to be given) on the ABLE controlled MAR.
- f. Administer the medication to the Right participant, then immediately document your initials on the MAR for that medication.
- g. After administration count the medications left in the bottle together (2 people) and record the left over amount in the appropriate column.

The following procedures will be followed each time a controlled medication is administered at home (HHP).

- a. Count the pills in the bottle or bubble pack of the controlled medication and check to make sure it matches the number on the ABLE Controlled Drug Record in the count column for the previous day.
- b. Set up the correct dose of the controlled medication following proper procedure (triple checking to be sure the PO, the MAR and the prescription on the label match).
- c. Notify the ABLE RN when a controlled medication is to be administered as a PRN.
- d. Record the date, time, and dose (number of tablets to be given) on the ABLE controlled MAR.
- e. Administer the medication to the Right participant, then immediately document your initials on the MAR for that medication.
- f. After administration count the medications left in the bottle together and record the left over amount in the appropriate column.

HHPs will turn in the Controlled Drug Record to Residential Services, ABLE RN for each month. This record will be stored in the participants working file.

**Releasing Medications for Participants in the Residential Program.**

Medications sent with participants for respite, home visits, vacations, camps, etc. will remain in the original prescription container or individual unit dose pack. This rule applies to over the counter medications which must have the persons in services full name clearly written on the container. If the participant routinely uses an MRB, they may take a properly labeled MRB that contains only enough medication for the duration of the visit not to exceed 14 days. The HHP is responsible for ensuring that all medications match the medications listed on the MAR and PO whenever the participant's medication leaves the residence and that an adequate supply of medications are sent with the client to respite, vacation and/or camp.

If medication errors were made while the persons in services was in the respite care, home visit, vacation or camp, an Incident Report will be completed by the HHP.

## **7. Delivery of Medications**

ABLE works with many pharmacies that will deliver medications to ABLEs' day program or to the homes of our persons receiving services. HHPs are responsible for ensuring the labels on the prescription bottles match their POs and the MAR; if there is a discrepancy HHPs will call the pharmacy and/or the ABLE RN.

HHPs that need more assistance and oversight with medication administration will have regular host home visits conducted by the ABLE RN and Residential Managers.

Medications cannot be sent to ABLE or to a person receiving services home via transportation or another third party, unless prior arrangements have been made with the ABLE RN or a Residential Program Manager. Parents and providers are responsible to bring all medications into ABLE Day Program. Parents and Providers will be given a minimum of 5 business days' notice when medications are running low and new medications are needed at day program.

All medications coming to or leaving ABLE will go through the ABLE RN, Nursing Assistant or a Qualified Manager, a Medication Release and/or Return Sheet will be filled out each time a medication is received or returned. All medications will come in the original container or individual dose pack and will be counted and documented on the Medication Release Sheet.

## **8. Medication Reminder Boxes (MRBs) for Residential Participants**

A MRB is a compartmentalized box/device designed to hold medications according to a specific time element (day or week or portion thereof). The general guidelines for documentation of medication administration apply to MRBs.

Only a QMAP may administer or monitor administration of medications from a MRB. QMAPs may prepare (fill and label) MRBs only after being specifically trained to do so and only when overseen by a Qualified Manager; Residential Managers with MRB training will assist the RN in supervising any HHP who fill MRBs as well as oversight of persons in services filling MRBs.

Oversight of MRBs by the Residential Managers, Nursing Assistant and the ABLE RN will include ensuring implementation of correct filling of the MRB, regular monitoring of unlicensed staff/HHPs and MRBs, regular review of MRB labels against MARs and POs and ongoing assessments of the efficiency of the use of an MRB.

### **Guidelines for using an MRB**

All staff/managers/directors/HHPs who will be filling and/or monitoring Medication Reminder Boxes (MRBs) will complete all QMAP- MRB training.

- a. MRBs will only be filled for one week at a time, two weeks will need approval.
- b. MRBs will be labeled with the persons in services name, the name of each medication, the dosage, the quantity, the route of administration and the time each medication is to be administered. Original, properly labeled medication containers must be maintained at the residence.
- c. When a physician orders a change in a person in services medication regime, the HHP will immediately contact the Residential Manager, Nursing Assistant or ABLE RN to ensure the appropriate steps are taken to alter the MRB label, etc.
- d. PRNs cannot be in an MRB, Controlled Medications cannot be in an MRB.
- e. A MAR is required for recording all administration of medications from an MRB.
- f. Only by mouth medications can be kept in the MRB.
- g. Medications with special instructions such as “thirty minutes before meals” or “give before a dental appointment” cannot be placed in an MRB.

### **Procedures to follow prior to filling a MRB**

1. MRBs will be filled in a safe, quiet, secured area, free from interruptions.
2. Cross- check the MRB label with the Physician Orders and the MAR.
3. The label on the MAR will be verified with the PO and the MAR. The PO, MAR and MRB label will match exactly.
4. Resolve any discrepancies with the ABLE RN and make necessary changes before proceeding.
5. Check all MRBs for cleanliness, legible label and good repair prior to filling.

### **Procedures to follow for filling the MRB**

1. Wash your hands before filling MRBs and between persons in services. Do not handle pills with your hand/fingers. Gloves or rounded nose tweezers may be used to transfer medications to the MRB.
2. Fill the MRB, one client at a time. In order to minimize errors, the MRB should only be filled for one week at a time, unless other arrangements have been made.

3. Use an organized system when filling the MRB. Each medication on the MRB label is filled, one at a time triple checking the 5 Rights, until all medications for the client have been placed in the box. Count the number of medications in the MRB and compare to the MRB's label.
4. Document on the MAR the filling of a MRB, to include date, time and initials and signature.
5. Always ask for assistance when unsure of the order, a medication, label or the procedure used in filling MRBs.
6. Periodically cross- checking of the MRB label and the contents to the MAR should be done for accuracy.

### **9. Physician Orders**

All medication including over the counter medications or as needed (PRN) will be administered only by a QMAP and only with an order from a Medical Practitioner, (defined as a Physician, Dentist, Nurse Practitioner, or Physician Assistant with prescriptive authority). Physicians Orders are valid for one year and must be renewed yearly or more frequently if recommended by the physician or required by law.

- a. Day program persons in service requiring medication will have a current qualified medical practitioner order and the medication will be in a properly labeled original prescription container. No medications without a physician order will be administered by QMAP'd staff.
- b. Residential persons in service medications are routinely refilled. If assistance is needed with the pharmacy or setting up a delivery, please contact the ABLE RN.

### **New Prescriptions**

New prescriptions will be called to the pharmacy by either a Medical Practitioner or by the ABLE RN. In the event that an HHP is provided a new prescription after an examination at an Emergency Department or Doctor's office they will contact the ABLE RN or a Residential Manger. The HHP may be instructed to take the new prescription to the pharmacy for an immediate fill.

New medication or treatments prescribed by a Medical Practitioner, on a routine or PRN basis, will be communicated to the nurse within 24 hours of being prescribed. The participant should begin the new medication or treatment within two three days of being prescribed. If the new prescription or order cannot start within two to three days of being ordered the reason will be documented in Nursing Notes or an Incident Report.

### **Verbal orders**

Non-medical and non-nursing staff/HHP may not accept a verbal order or a phone order for medication or medication changes from a Medical Practitioner. All requests will be referred to the ABLE Nurse.

Program Managers, designated staff/HHP may add new prescriptions to the MAR or delete a prescription from the MAR only at the direction of the RN. The changes will be evaluated by the ABLE RN within 72 hours.

**Medication Disposal**

All discontinued, expired or damaged medications will be disposed of by the ABLE RN. Medications will be periodically checked for expiration dates or damage by staff and HHPs.

All contaminated (dropped on the floor, refused to take) or expired medications will be returned to the ABLE RN for proper disposal. Medications will be destroyed periodically by a certified disposal company; medication disposal programs are hosted by the Tri – County Health Department.

**Inquires**

Questions or comments regarding this procedure may be directed to the ABLE RN or the ABLE Senior Director, Kendra Wilson.

**References**

Colorado Department of Public Health and Environment (CDPHE), Chapter XXIV Medication Administration Regulations (Amended 12/16/92); Nurse Practice Act

Approved:

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Kendra L. Wilson, M.Ed.  
Senior Director

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Date