

# ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## ADMINISTRATIVE PROCEDURE

Date Issued: 7/24

Page 1

<b>CHAPTER</b> Health and Medical		<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication		<b>SUBJECT</b> Medication Management		
<b>WRITTEN BY</b> Pamela Leslie, RN & John Baugh, MD	<b>REVISED BY</b> Karen Recker, Belinda Raymo, and Sandy O'Neill		<b>AUTHORIZED BY</b> Telly Delor	

### I. APPLICATION:

- ☐ SCCCMH Board
- ☒ SCCCMH Providers & Subcontractors
- ☒ Direct Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

### II. PURPOSE STATEMENT:

St. Clair County Community Mental Health (SCCCMH) shall ensure safe, accurate and effective use of all medications, which are prescribed, monitored and/or handled by SCCCMH staff. St. Clair County Community Mental Health (SCCCMH) and People's Clinic shall provide a consistent and safe protocol for the prescribing of all medications for Health Integrated Care Patients. SCCCMH shall prescribe psychotropic medications and maintain a chronological record of psychotropic medications for each individual. People's Clinic shall treat all conditions except mental health conditions for those patients who are currently shared with SCCCMH, health integration.

### III. DEFINITIONS:

- A. Blister Packs: A transparent, molded piece of plastic, often sealed to a sheet of cardboard, used to package and display a medication for self-administration. Also called *bubble pack*.
- B. Complimentary Starter Dose / Sample Medications: Medications provided by various pharmaceutical companies for prescribed person receiving services use. Medications are prepackaged in sealed, individually wrapped containers.
- C. Consent for the Use of Psychotropic Medication: A form used to document informed consent by an individual and/or parent/guardian for treatment with psychotropic medication.
- D. Contractual Pharmacy: The pharmacy with whom SCCCMH has entered into a contractual relationship with for the joint management of sample and indigent psychotropic medications. (See contract for details).
- E. Controlled Substance: A drug or substance considered to have a high potential for abuse, either psychological or physical dependence. Those classified as "sleeping pill", sedatives, mild tranquilizers, and potent painkillers mainly of the barbiturate, benzodiazepine, and opium-derivative families and are included listed under Schedule I-V, April 2001 Chapters 1-2, Drug

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

Control Act, State of Michigan 1970. Amphetamines and some stimulants are classified as controlled substances and are included in CFR - Code of Federal Regulations Title 21.

- F. Dispensing: The practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation or other means of administration).
- G. Disposal of Medications: Includes the following:
1. A discontinued medication (including medication in a bubble pack)
  2. An expired medication
  3. A medication that has deteriorated in appearance or smells bad (i.e., aspirin smells like vinegar when it has deteriorated).
  4. A contaminated medication (i.e., spilled, dropped on floor).
- H. Empowered Guardian: A person appointed by the Court to exercise authority on behalf of the individual as specified by the Court.
- I. Health Integrated Care Patient: An individual who is a shared case receiving services from both the People's Clinic and St. Clair County Community Mental Health.
- J. Informed Consent: All of the following are elements of informed consent:
1. Legal Competency: An individual shall be presumed to be legally competent. This presumption may be rebutted only by a court appointment of a guardian or exercise by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.
  2. Knowledge: To consent, a recipient or legal representative must have basic information about the procedure, risks, other related consequences, and other relevant information. The standard governing required disclosure by a doctor is what a reasonable patient needs to know in order to make an informed decision. Other relevant information includes all of the following:
    - a. The purpose of the procedures.
    - b. A description of the attendant discomforts, risks, and benefits that can reasonably be expected.
    - c. A disclosure of appropriate alternatives advantageous to the recipient.
    - d. An offer to answer further inquiries. Page 2 CHAPTER Recipient Rights CHAPTER 05 SECTION 002 SUBJECT 0010 SECTION Recipient Rights SUBJECT Psychotropic Medication and Informed Consent
  3. Comprehension: An individual must be able to understand what the personal implications of providing consent will be based upon the information provided under item B.2.
  4. Voluntariness: There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the recipient.
- K. Medication: A drug used in treatment or prevention of a disease or relief of pain which includes prescription and over-the-counter drugs.

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

- L. Medication Boxes: A container/device used in the process of self-administration of prescribed medications/over the counter (OTC) medications that need to be taken on a regular schedule by oral route as ordered by a person licensed to do so, after dispensing by a person licensed to do so.
- M. Medication Control: Is identified as the process of physically controlling, transporting, storing, and disposing of medications, including those self-administered by the person served.
- N. Medication Coupons /Vouchers: Coupons supplied free of charge by a Pharmaceutical Company to SCCCMH to be given, in combination with a prescription for the same medication, to a person receiving services for redemption at a pharmacy for a specific type and quantity of medication.
- O. Medication Review: Medication review involves evaluating and monitoring medications, their effects, and the need for continuing or changing the medication regime.
- P. Medication Storage Area: A secure, locked location that allows filled prescriptions, sample, complimentary, and patient assistance medications to be stored under the proper conditions: sanitation, light, temperature, moisture, ventilation, segregation and safety. Access to the storage area is limited to authorized licensed health care personnel.
- Q. Off-Site Storage Area: A secure, locked location that allows filled prescriptions to be stored under the proper conditions: sanitation, light, temperature, moisture, ventilation, segregation and safety. Access to the storage area is limited to authorized clerical/Nursing personnel for each site.
- R. Over-the-Counter Medications: Includes all drugs which can be purchased over the counter at a store and do not need to be prescribed by a person licensed to do so. This includes, but is not limited to, the following: aspirin, cold medications, milk of magnesia, etc. However, all medications administered by this agency must be prescribed by a person licensed to do so.
- S. Patient Assistance Medications: Medications provided by various pharmaceutical companies for uninsured/underinsured person receiving services for a designated period of time based on an application and acceptance process.
- T. Prescription Medication: Includes all drugs which must be prescribed by a person licensed to do so by the Department of Licensing and Regulation (i.e., physician, dentist), and dispensed by a pharmacist.
- U. Psychiatric Evaluation: A comprehensive evaluation, performed face-to-face by a psychiatrist, or nurse practitioner that investigates an individual's clinical status including the presenting problem, the history of the present illness, previous psychiatric, physical and medication history, relevant personal and family history, personal strengths and assets, and a mental status examination. This examination concludes with a written summary of positive findings, a bio-psychosocial formulation and diagnostic statement, an estimate of risk factors, and initial treatment recommendations.
- V. Psychotropic Medications: Drugs prescribed to control mood, mental status or behaviors. Any new medication so approved by the Food and Drug Administration (FDA) shall be included in this administrative procedure.

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

- W. Qualified Staff: A group home employee or foster care provider who has been qualified to administer medications by completing and passing training/criteria set forth by St. Clair County Community Mental Health.
- X. Self-Administration: (This definition applies to **adults** only) Is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his / her body; and may include the organization storing the medication for the person served, or may include staff handling the bottle or blister-pack to the person served, instructing or verbally prompting the person served to take the medication, directing the person served through steps to ensure proper adherence, and closely observing the person served self-administering the medication.
- Y. Service Staff: Staff assigned to provide direct service, (i.e., group homes and day program - direct care staff, outpatients – clinicians, case managers).

#### IV. STANDARDS:

- A. Medications shall be prescribed by a doctor's order and/or by individuals licensed to prescribe in the State of Michigan (including Telepsychiatry services). Informed consent shall be obtained by a person licensed to do so for all medications prescribed at SCCCMH.
- B. SCCCMH prescribers prescribe psychotropic medications for integrated care patients. Should a patient require treatment for non-mental health issues, the Psychiatrist will defer the management for physical medications to People's Clinic Provider.
- C. People's Clinic prescribes medication for the treatment or prevention of a disease for Health Integrated Care Patients. Should a question regarding the use of psychotropic medication occur, the People's Clinic Prescriber will email the treating Psychiatrist and SCCCMH nurse for the day for a consultation with the Psychiatrist/Prescriber.
- D. When prescribing medications, the prescriber shall document evidence of ongoing:
  1. Education and safe use techniques regarding the medication prescribed to the person receiving the medication and, if applicable, to family members/guardians or others involved in the treatment of the person receiving medication services from SCCCMH.
  2. Efforts to inform the person receiving medication about how the medication works, the risks and benefits, side effects, contraindications, risks associated with pregnancy, the importance of taking the medication regularly, the need for monitoring, potential drug interactions, and instructions regarding administration as required in the CARF standards.
  3. Review of medication effectiveness; allergies or adverse reactions; use of alcohol, tobacco or illicit drugs; use of over-the-counter medications; and the need for necessary laboratory studies or procedures.

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

4. Assessment for the presence of abnormal involuntary movements related to medications prescribed by SCCCMH persons licensed to do so, (antipsychotics only). This shall be done upon initiation of the medication and every 6 months thereafter.
  5. A provider shall review the administration of a psychotropic medication periodically as set forth in the recipient's Individual Plan of Service and based upon the recipient's clinical status.
- E. Sample medications shall be:
1. Collected by nursing representatives and stored in a double locked area. Nursing staff will direct nursing clerical to re-order additional sample medications from the pharmaceutical representative, or nursing will directly and the pharmaceutical representative for additional samples, as supplies are depleted and in need of replacement.
  2. Prepared by nursing staff for distribution in labeled packages with instructions for use.
  3. Provided to individuals by SCCCMH staff (cannot be Pharmacy staff).
  4. Disposed of when out of date by SCCCMH staff using the appropriate process for medication disposal.
  5. Samples may never enter the pharmacy space.
- F. Self-administration of medication is the usual manner in which medication is expected to be used by persons receiving prescriptions from a staff prescriber. This is also the preferred administration of medication prescribed by non-SCCCMH prescribers. Self-administration of medication includes an individual receiving a prescription from a prescriber, taking it to a pharmacy to be filled and taking the medication home to follow the instructions for using the medication on their own or with the help of a parent, guardian or significant other.
- G. Blister packaging can be a form of dispensing to help a person with self-administration. The use of blister packaging can be an individual preference or a recommendation from the treatment team to improve proper and safe use of a medication.
- H. Medication boxes can be another form of helping a person with self-administration of medication. The use of a medication box requires the person receiving the medication to take the medication out of a current, dispensed prescription bottle and put it into a container labeled for time and day of use. If the medication box is a recommendation of the treatment team and is to be filled under SCCCMH supervision, then the process must be supervised by a SCCCMH nurse.
- I. Storage of medication at SCCCMH must be kept in a double locked cabinet or room and accessed by Nursing/Pharmacy personnel only. All controlled substance will be counted and documented prior to use, during provision and after provision and shall be accompanied by 2 signatures/sets of initials.
- J. Prescribed psychotropic medication shall be available to individuals as long as it is medically necessary. Where payment or other administrative delays may affect the continuation of necessary

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

medication, the person receiving the medication, their support staff and nurse, and the prescriber shall work together to maintain an adequate medication supply for the person. If necessary, the agency medical director shall be consulted to resolve such issues.

- K. Medication shall not be used as punishment or for staff's convenience.
- L. Medications must be administered by or under supervision of personnel who are qualified and trained staff.
- M. Only medications authorized by a physician are to be given at discharge or leave and at the physician's discretion, medication may be made available to ensure the recipient has an adequate supply until he or she can become established with another provider.
- N. The Psychiatrist/Nurse Practitioner/Physician's Assistant is responsible to document all current medications at the time of the initial psychiatric evaluation and subsequent medication reviews in the electronic health record as well as record any changes or discontinuation of medications as made available to them. It should also be noted that the Primary Case Holder will be responsible for providing the Prescriber any changes in medications upon discharge from the hospital (whether it be medical or psychotropic).

## V. PROCEDURES:

### A. Informed Consent

#### **Psychiatrist/Nurse Practitioner/Registered Nurse**

1. Acquires written informed consent using Informed Consent for the Use of Psychotropic Medications, or uses form printed by Electronic Health Record (EHR) from the individual, parent of a minor, or guardian under the following conditions:
  - a. A new medication is started or aa discontinued medication is restarted.
  - b. A legally competent minor reaches his/her eighteenth birthday.
  - c. A change in guardianship occurs.
2. Obtains consent by telephone if the individual's empowered guardian is unavailable and **follows up in writing** in accordance with [Administrative Procedure #03-002-0025 Consent Forms](#), and form [#0018 Consent – Telephone Authorization: Guardian](#) Consent
3. Ensures that the individual and/or parent/guardian understands:
  - a. Their right to refuse psychotropic medication.
  - b. Their right to verbally retract his or her consent to the medication at any time.
4. Does not obtain consent through force, threats or promise of reward, however, may encourage individual to consent to taking the psychotropic medication.

<b>CHAPTER</b> Health and Medication		<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication		<b>SUBJECT</b> Medication Management		

5. Documents discussion of consent or refusal. If oral consent is given, but an individual refuses to sign a written form, documents this on the Informed Consent Form.
6. Understands that an individual's or parent/guardian's verbal refusal to accept psychotropic medication overrides his/her prior written consent; and that unless a new consent form is signed or a verbal agreement is made, verbal or written refusals bar administration of a psychotropic medication.
7. Files original consent in the individual's electronic health record. Provides a copy of the consent to the individual and/or guardian.
8. Explains the specific risks and most common adverse effects before prescribing psychotropic medications.
9. Advises the individual to report the occurrence of side effects to the prescriber and provides written information about the possible side effects.
10. Utilizes medication education handouts from any of the following resources: The Essential Guide to Prescription Drugs, Epocrates, and Patient Information Sheets approved by the American Medical Association or from other pharmaceutical associations.
11. Attaches the medication education handout to the original consent form and provides a copy to the individual and/or guardian.

## **B. Medication Selection**

### **Psychiatrist/Nurse Practitioner**

1. Determines the initial dosage by considering the individuals' need, age, sex, weight, physical condition, and any previous adverse reactions to medications.
2. Checks and routinely monitors for the presence of any physical/health condition/other medications affecting drug therapy.
3. Reviews the medication at least every ninety (90) days and more frequently if clinically indicated.
4. Documents the medication review on Medication Review Psychiatric Evaluation Form, in Oasis, addressing the effects and purpose of the medication on the individual's behavior and targets symptoms, results of laboratory tests, involuntary movements screenings Abnormal Involuntary Movement Scale (AIMS), and if applicable, rational for medication changes.
5. Maintains the medication at the minimum maintenance dose needed, or the individual may be titrated off the medication, after the desired clinical result is obtained and the condition has stabilized.

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

6. Weighs the benefits of continued treatment against the risks of long-term antipsychotic medication and documents the basis of the decision to either continue, discontinue or change medication.

### **Case Manager/Clinician/Registered Nurse/Paraprofessionals**

7. Records any apparent effects the medication has on the individual's target behaviors as specified in the IPOS.

## **C. Involuntary Movements**

### **Psychiatrist/Nurse Practitioner**

1. Assesses the individual every 6 months for involuntary movements and more frequently as indicated for high-risk groups (elderly, especially female), utilizing the AIMS.
2. Assesses the individual during the time of day when symptoms are most exaggerated, if possible.
3. Documents status of involuntary movements either in the Medication Review/Psychiatric Evaluation Form or on the AIMS form. Whichever form is used should be placed in the individuals record.

### **Registered Nurse**

4. Alerts prescribing physician of new symptoms observed or any increase in severity of symptoms.

## **D. Discontinued Medications**

### **Psychiatrist/Nurse Practitioner/Registered Nurse/Clinician/Case Holder/Clerical Staff**

1. Search all to view information related to date and reason when the EHR generates the consent for medications, and it is discontinued by the prescriber. A "red" banner will appear under the medication when it is discontinued.

### **Residential or Community Agency Supervisor/Designee/Specialized Foster Care**

2. Updates form [#0048 Medication Administration Record](#) (MAR) to reflect discontinued, new, and changed medications as the result of discharge from a health care facility (hospital, nursing home, etc.) for either a behavioral health or medical admission, or as the result of any physician/provider appointments, or as the result of any Emergency Center/Urgent Care Center visits.
3. Notifies the appropriate pharmacy of discontinued medications, so it is no longer dispensed and provides the pharmacy with a copy of any new prescriptions that are not electronically sent by the prescriber.



<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

4. Notifies the individual's day program (if applicable) of the discontinuation of medication doses that the day program would usually administer.
5. Removes the discontinued medication from supply and disposes of it per administrative procedures.
6. Completes these tasks on the date of discharge/discontinuation (residential) or as soon as practical (community agencies).

#### **E. Disposal of Medications**

##### ***Discontinued, Expired, Deteriorated, or Contaminated Non-Controlled Substances***

##### **Registered Nurse/Residential or Community Agency Supervisor/ Designee/ Specialized Foster Care**

1. Segregates discontinued or expired medication immediately from other medications.
2. Ensures the right medication is being disposed of when a prescription is discontinued, by comparing the container label with the prescription and stop/discontinue order, if available.
3. Places discontinued or expired medications in a designated container in a locked area to be transported to the Sheriff's Department for destruction.
  - a. For SCCCMH sites: Disposed medications once accumulated will be transported to the Sheriff's department with two staff (to include one Registered Nurse).
4. Renders the label of medication container illegible and places the medication container in the recycling or garbage container.
5. Documents the disposal of medication on form [#0305 Disposal of Medications](#).

##### ***Controlled Substances***

##### **Residential or Community Agency Supervisor/ Designee/ Specialized Foster Care**

1. Follows steps 1 and 2 listed above under "Disposal of Medications".
2. Documents the disposal of controlled substances on form [#0112 Controlled Substances Count Sheet](#) and verifies with two staff initialing the notation.
3. Follows steps 3, 4, and 5 listed above under "Disposal of Medications".

##### **Registered Nurse & Witness (for SCCCMH sites)**

4. Follows steps 1 and 2 as listed above under "Disposal of Medications".

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

5. Documents the disposal of controlled substances on form [#0112 Controlled Substances Count Sheet](#) and verifies with at least one RN and a witness (two RN's at SCCCMH Main Office) initialing the notation.
6. Documents the disposal of controlled substances in a contact note in the EHR, which is signed by the two RN's or the RN and witness.
7. Follows steps 3, 4, and 5 listed above under "Disposal of Medications".

**F. Sample and Indigent Medication**

*Initial use of sample and indigent medication*

**Primary Case Holder/Designee**

1. Faxes completed fax coversheet, patient information form, and prescription to the contractual pharmacy for indigent medication only. Pharmacy cannot handle sample medication.
  - a. Completed patient information form is needed upon initial access to the program or if there is a change in insurance information.
  - b. Provides original prescription to clerical staff.

**Contractual Pharmacy**

2. Fills prescription according to process as outlined in contract:
  - a. Checks prescription coverage
  - b. Uses available vouchers
  - c. Bills SCCCMH for payment
  - d. Returns filled prescription to program site according to designated timelines using Genoa Pharmacy courier system.
  - e. Does not handle/manage sample medication.

**Program Clerical**

3. Receives from the courier and signs for filled prescriptions and secures them in a filled prescription storage area.
4. Returns pharmacy copy of signature sheet and original prescriptions in the shipping bag.
5. Informs primary Case Holder of available filled prescriptions.

**Primary Case Holder/Designee**

6. Informs person receiving services of available medications and coordinates getting the medications to that person.

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

7. Explains to the individual receiving services that samples will be used for a maximum of 3 months and dispensed at two-week intervals. The individual receiving services will be required to complete paperwork for Patient Assistance Programs provided by Pharmaceutical Company. Assistance can be provided if needed.

### **Contractual Pharmacy**

8. Bills person receiving services for any co-pays

### ***Refilling Prescriptions using the Indigent Medication program***

### **Primary Case Holder/Designee**

1. Do the following if there are refills remaining on the original prescription, faxes completed faxed cover sheet and instruction sheet to contractual pharmacy.
  - a. Obtains a new prescription and faxes completed fax cover sheet and prescription to contractual pharmacy when there are no refills remaining on the original prescription.
  - b. Provides original prescription to clerical staff.

### **Contractual Pharmacy**

2. Fills prescription according to process as outlined in contract:
  - a. Checks prescription coverage
  - b. Uses available vouchers
  - c. Bills SCCCMH for payment
  - d. Returns filled prescription to program site according to designated timelines using Genoa Pharmacy courier system.
  - e. Does not handle/management sample medication.

### **Program Clerical**

3. Receives from the courier and signs for filled prescriptions and secures them in a filled prescription storage area.
4. Returns pharmacy copy of signature sheet and original prescriptions in the shipping bag.
5. Informs Primary Case Holder of available filled prescriptions.

### **Primary Case Holder/Designee**

6. Informs person receiving services of available medications and coordinates getting the medications to the individual.

### **Contractual Pharmacy**

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

7. Bills person receiving services for any co-pays

***Receiving Sample Medications and Coupons/Vouchers from pharmaceutical companies***

**Physician/NP/Registered Nurse**

1. Signs the Written Physician Delegation Form (this form is supplied by the pharmaceutical company) as deemed appropriate.
2. Signs receipt for medication from pharmaceutical representative and keeps a copy of the receipt with the sample medications.

**Physician/NP/Registered Nurse**

3. Takes sample medications and receipts to medication storage area.

**G. Drug Storage**

**Residential or Community Agency Supervisor/Designee/Specialized Foster Care**

1. Provides a drug preparation area that is well lighted to promote visual accuracy of reading medication containers and (MAR)-Medication Administration Record.
2. Provides a drug preparation area located so personnel will not be interrupted when handling medications.
3. Stores all drugs, syringes and needles in a locked medication room/area/cabinet at all times, except when authorized personnel are administering medications. This room/area/cabinet will be double locked at the end of each day or when not in use.
4. Double locks medications in Community based programs in a cabinet in a locked room.
5. Provides individual compartments for each individual's medication within the locked storage cabinet. Individual compartments should be labeled with the individual's name.
6. Keeps medication cabinet keys away from the cabinet in an area not accessible to individuals served.
7. Medications for topical or external use shall be stored on separate shelves or in separate locked cabinets from internal medications. (This includes rectal Rx/Suppositories.) Additionally, eye drops shall be kept on a different shelf or in a different locked cabinet than ear drops.
8. Provides a separate locked compartment for those medications requiring refrigeration. The refrigerator must be capable of maintaining the necessary temperatures – have thermometers in fridge, record temperature weekly.
9. Ensures that each prescription medication remains in the original, pharmacy-filled/pharmacist-labeled packaging until removed at the time of administration and that each medication

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

container is labeled properly. All over the counter medications also remain in their original packaging until removed at the time of administration.

10. Reviews medications monthly and removes deteriorated and outdated medications. Disposes of medications according to procedures for disposal of medication in the administrative procedure (Refer to section: Disposal of Medication).
11. Ensures medication storage area is cleaned/ dusted on a regular basis (e.g., monthly).
12. Ensures the Poison Action Guides which includes the telephone number of the area poison control center is posted at the medication storage area.
13. Ensures that when an individual is transferred into a new group home or program from another facility, (hospital, group home, program, etc.) all relevant Medication Administration Records, Standing Medication Orders, Standing Missed Medication Orders, prescriptions/prescriber orders, and medication supplies are reviewed and reconciled by the receiving facility/program in order to ensure accuracy and comprehensiveness.

## **H. Medication Counts**

*(This applies to Group Homes, Specialized AFC Homes, and Community Based Programs)*

### **Residential or Community Agency Supervisor/Designee/Specialized Foster Care**

1. Ensures all prescription medications are counted at least daily. Uses form [#0049 Medication Counts](#) or form [#0049A Medication Counts – CIS](#) (optional, if you have an automated/electronic system/MAR with report printing capability) to document the count for non-controlled substances. Documents initials next to the appropriate count result. Medication Counts may be done more often if deemed appropriate by Supervisor/Designee or your agency's standard of practice. The count is to reflect the entire supply stored at the facility—both in the medication cart/cabinet, as well as any additional supply stored elsewhere on the premises.
2. Adds to the appropriate count sheet, any new supply of medication as soon as it is received at the facility.
3. Notifies the appropriate pharmacy (if a residential facility) immediately, if an expected medication or supply renewal does not arrive with the order that was delivered/received.
4. Ensures all Controlled Substances are counted at each change of shift with one staff member from the off-going shift and one staff member from the on-coming shift completing the timed and dated shift change count together using form [#0112 Controlled Substance Count Sheet](#); or at the beginning and end of the workday (community programs and Specialized AFC Homes). The count is to reflect the entire supply stored at the facility—both in the medication cart/cabinet, as well as any additional supply stored elsewhere on the premises.

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

5. Documents initials (both staff) at each controlled substance shift change count. In the “# provided” column, “Shift Change” can be written to indicate that medication was not provided during this count and that this was a “change of shift” hand-off count.
6. Counts controlled substance each time a controlled substance is administered and documents with date and time on form [#0112 Controlled Substance Count Sheet](#) (in addition to documenting the dose on the MAR). The start count will reflect the supply level prior to medication administration. The number of tablets provided for the ordered dose and the remaining count will be documented in the appropriate columns. This notation will be verified by two staff members, and each will initial the count attesting to the count accuracy. All controlled substance counts shall reflect the entire supply in possession of the facility.
7. Counts additional tablets/supply and documents on form [#0112 Controlled Substance Count Sheet](#) using two staff signatures/sets of initials when the controlled substance stock is resupplied. This is done as soon as the new supply is received in the facility.
8. Follows the Medication Management administrative procedure, Section E “Disposal of Medications” for disposal of any contaminated, degraded, expired, or discontinued medications.
9. Signs and initials in the space provided at the bottom of form [#0112 Controlled Substances Count Sheet](#) or in the space provided on the Medication Counts ([form #0049](#) or [#0049-A](#)).
10. Informs staff which medications are to be counted and when the counts should be done.

### **Qualified Staff**

11. Ensures all medications are counted and properly documented on the Medication Count Sheet using form #0049 or #0049A for non-controlled medications (or an appropriate electronic counting system/MAR) or form #0112 for controlled substances (see above procedure).
12. Follows Medication Error procedures ([Administrative Procedure #04-001-0045](#)) if a count discrepancy is noted.
13. Reports discrepancy to supervisor.

### **Supervisor/Designee**

14. Maintains a record of completed Medication Count Sheets (form 0049 or 0049A, or electronic count records) for at least 1 year (non-controlled substances) and for at least 3 years (controlled substances).
15. Recommends more frequent medication counts, if indicated.

## **I. Medication Counts**

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

*(This applies to medications kept by SCCCMH Nursing Department for individual medication management)*

1. Uses form [#0112 Controlled Substance Count Sheet](#)
2. Counts and documents all controlled substances prior to use, during provision and after provision and shall be accompanied by two signatures/initials on form #0112.

## **J. Injectable Psychotropic Medications**

### **Psychiatrist/Nurse Practitioner**

1. Prescribes medication utilizing the E- Prescribing Program.
2. Verifies that the order should include the name of the medication, dosage to be administered, route of administration and frequency of injections, and refills available.

### ***Injectable Psychotropic Medications***

#### **Registered Nurse**

3. Obtains vital signs, blood pressure must be 150/90 or below and pulse 110 or below to receive injection unless otherwise approved by prescriber.
4. Follows the 5 rights of medication administration
  - a. Right Medication
  - b. Right Dosage
  - c. Right Time
  - d. Right Route
  - e. Right Individual
5. Administers psychotropic injectable according to prescription. Missed injections may be given up to one month late, as long as vital signs and urine drug screen are within acceptable parameters, without first clearing this with prescriber.
6. Monitors individual's immediate response to the injectable medication administered.
7. Documents in the E Record using appropriate tab.

#### **Staff**

8. Continues monitoring the individual's response to the injectable medication.
9. Informs Case Holder immediately of "No Shows".
10. Schedules individual for next injection, if applicable.

<b>CHAPTER</b> Health and Medication	<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication	<b>SUBJECT</b> Medication Management		

11. Notifies Prescriber of individual's complaints, unusual behavior, signs of abnormal movement and documents on a dispense note in OASIS.

### **Primary Case Holder/Staff**

12. Submits to nurse or nursing clerical original prescription of Injectable psychotropic medication order written by SCCCMH or hospital discharge Psychiatrist (whether it be by paper or by electronic means). Also provided is documentation of injection given during psychiatric hospitalization (medication, dose, route, date, and site).

### **Case Holder/Secretary/Registered Nurse**

13. Schedules (Secretary) or requests to be scheduled (Case Holder or RN) next medication review as requested by psychiatrist or at least every three (3) months

## **K. Documentation**

### **Psychiatrist/Nurse Practitioner/Physician's Assistant**

1. Updates the medication history through the E prescribing program as changes in psychotropic medication orders occur (i.e. new order, changes in dose and frequency, or discontinuation). Include start dates and stop dates where applicable.

### **Registered Nurse/Medical Assistant**

2. Enters information on the electronic health record (EHR) when an adverse or allergic reaction occurs from a medication. Lists the medication and type of reaction (i.e. rash, hives, etc.). Information entered for these types of reactions will show up in red in the EHR automatically.
3. Refers to the E prescribing program for changes and information regarding medications, side effects, adverse reactions, and start and stop dates if needed.
4. Enters non-CMH medications into the other medications section of the EHR prior to medication reviews/psych evaluations or as notified of non-CMH medication changes.

## **VI. REFERENCES:**

- A. Administrative Rule 330.7158 (8) (a) (b)  
Follow the link below for the list of Controlled Substances; Schedules II-V  
<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cf CFR/CFRSearch.cfm?CFRPart=1308>
- B. [Form #0018](#)
- C. [Form #0048](#)
- D. [Form #0049](#)



<b>CHAPTER</b> Health and Medication		<b>CHAPTER</b> 04	<b>SECTION</b> 001	<b>SUBJECT</b> 0050
<b>SECTION</b> Drugs and Medication		<b>SUBJECT</b> Medication Management		

E. [Form #0049A](#)

F. [Form #0112](#)

G. [Form #0305](#)

H. [03-002-0025 Release of Case Record Information](#)

I. [04-001-0045 Medication Errors](#)

VII. EXHIBITS:

A. Poisoning Action Guidelines

VIII. REVISION HISTORY:

Dates Issued 10/11, 09/12, 09/13, 09/14, 09/15, 09/16, 09/17, 11/17, 03/19, 01/20, 01/21, 7/23.

# POISONING ACTION GUIDES

EXHIBIT A

## SWALLOWED POISON

Survey the scene  
Check the victim  
Do you suspect the victim swallowed poison?

Yes

No

Place victim on side if vomiting;  
Call 911 and the Poison Control Center;  
have containers in hand if possible;

Follow directions from EMS and  
the Poison Control Center;

Monitor ABCs;

Save containers and any vomit  
to give EMS

## INHALED POISON

Survey the scene;  
Is it safe for you to check victim?

Yes

No

Shout, "Help!";

Remove victim from source of poison;

Get victim to fresh air;

Check the victim

Place victim on side if vomiting;

Call 911 and Poison Control Center;

Follow their directions;

Monitor ABCs;

Call 911

Stay clear of danger

## ABSORBED POISON

Survey the scene  
Check the victim  
Did victim come in contact with poison?

Yes

No

Remove victim from source  
of the poison;

Wash or brush poison from skin;

Remove clothing and other  
articles with poison on them;

Call 911 and the Poison  
Control Center;

Follow their directions;

Monitor ABCs

## BE PREPARED FOR POISONING EMERGENCIES....

1. Keep the number of the Poison Control Center near each phone.  
The Poison Control Center number for your community is  
1-800-222-1222.
2. Keep syrup of ipecac and activated charcoal on hand. Use these only when  
the Poison Control Center or other medical professionals instruct you to do  
so.