

# SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Clinical Policy

**NUMBER: BC071**

**NAME: DIRECT PROGRAM MEDICATION ADMINISTRATION**

INITIAL APPROVAL DATE:	02/09/1985	BY: SCCMHA Board
(LAST) REVISION DATE:	08/20/2020	BY: Clinical Policy Committee
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DISCONTINUED DATE:	N/A	BY: N/A

**I. PURPOSE**

To develop a policy for the administration of medication at Site Based and Community Based programs of Sanilac County Community Mental Health Authority.

**II. APPLICATION**

Populations: All site based & community-based programs  
Programs: All direct & contracted programs

**III. POLICY**

Administration of medication at Site Based and Community Based programs should be limited to situations that:

- A. Require a strict medication regimen.
- B. Present no reasonable medication schedule alternative that is both safe and therapeutically sound.

**IV. DEFINITIONS**

Trained staff members: A Sanilac CMH or contract staff that has successfully completed the DHHS Group Home Curriculum, including Basic Medication training.

**V. STANDARDS**

**INDIVIDUALS WITH OR WITHOUT GUARDIANS WHO LIVE INDEPENDENTLY**

- A. Persons who live independently may carry their own medication while at site based or Community Based programs. It is recommended that they obtain doctor consent and that they carry only the dosage necessary to take while at the program or a CMH sponsored outing.
- B. Persons who live independently and/or no guardian may self-medicate while at the site based or Community Based programs with Physician's orders on file (Medication and carry/self administer scripts).

**INDIVIDUALS WITH OR WITHOUT GUARDIANS WHO RESIDE IN AFC OR SUPPORTED LIVING ARRANGEMENTS**

- A. The individual, or guardian of the individual, must sign the approved request/consent form (Form #0335) for administration of medication annually for all prescribed medications.
- B. Written instructions signed by the individual or guardian and the person's physician/nurse

practitioner must be furnished and must include:

1. Person's name
2. Date
3. Name of medication
4. Purpose of medication
5. Time to be administered
6. Dosage
7. Possible side effects\*
8. Additional information from the physician

\*Access to side effect information may be obtained via the following: Nursing Drug Handbook, Internet and/or other sources.

- C. Medication shall be administered only at the order of a licensed medical practitioner prescriber. Licensed medical practitioner prescriber's orders are to be followed exactly with respect to dosage, number of doses per day, and discontinuing a medication. Staff administering medication will follow the 5 rights as taught in the medication training from DHHS. Checking the Physician Medication Order, Individual Medication Record, and Medication Label on bottle.
- D. All medication orders will expire in twelve (12) months and new orders will need to be obtained. Medication orders for psychotropic medications with psychiatric indications will expire in six (6) months and new orders obtained. After 30 days of not attending program, Medications will be verified and/or checked out.
- E. Licensed medical practitioner prescriber orders may not be changed except by the physician/nurse practitioner. Verbal licensed medical practitioner prescriber's orders to discontinue medication or to change doses may be issued, but must be supported the following day with a written order. Follow Standing Missed Medication Orders when available. (See Policy BC081.)
- F. The designated Medication Coordinator and/or designee/MHT will:
  1. Inform appropriate Agency personnel of the medication.
  2. Keep a record of the administration of the medication.
  3. Keep medication in a locked cabinet in a locked room.
  4. A key for this box will be kept by the Program Supervisor or his/her designee.
  5. Supervisor or designated Agency employee will review Medication Coordinator's record.
- G. All medication to be dispensed by staff at the Site Based or Community Based programs will be delivered by an adult responsible for the individual's medication administration unless there is an annual written order from a physician/nurse practitioner to self-medicate, in which case the person can carry or deliver their medication.
- H. If a medication has expired and not been replaced or if there is no medication available at program to be dispensed, that individual will be unable to attend program until the medication is delivered by the adult responsible for that person's medication. This includes PRN medications that need to be available for that individual.
- I. Only trained staff members shall administer medication at the appropriate times and in no instance shall a secretary or other untrained staff administer these medications. Individuals may dispense their own medication if a physician/nurse practitioner and guardian has

provided written authorization for them to do so and a copy of that order has been provided to the program.

- J. All medication dispensed at Site Based or Community Based Program should:
1. Be in the original container supplied by the pharmacy, which clearly identifies the person's name, doctor/nurse practitioner, drug and dosage. (Under no circumstances should a medication be given out of an unmarked bottle).
  2. Be dated within a six month period (for psychotropic medication) or a twelve month period (all other medications), unless there is an earlier expiration date given.
  3. Be logged into a journal specifying drug, dosage, staff administering medication and time.
  4. Be observed by another staff and initialed by both in the journal.
  5. All medications may be given within an hour before or an hour after their scheduled administration time.
  6. All medications at Site Based or Community Based Programs must be kept in a locked cabinet and in a locked room and the key maintained by the Program Supervisor or his/her designee in order to assure the safety of all individuals attending the program. Narcotics are to be maintained in separate locked boxes with the locked cabinet.
- K. Individuals who live independently may request to have their medications locked while at site based programs, but will have to supply a locked box for their medications. The individual will hold the key for the locked box and the Agency will store the box in a locked cabinet.
- L. If there is a history of medication refusal; the staff member should visually check the person's mouth after they report swallowing their pill. All medication refusals will be reported to the appropriate Case Manager. An Incident Report must be completed for all medication refusals and medication errors.
- M. Medications that can only be dispensed while an individual is participating in a Sanilac County Community Mental Health Authority sponsored community event or outing, should be administered by the group home staff or family member, who may be accompanying that person. If no one from the group or family home is attending, trained staff shall administer the medications as prescribed and outlined in this policy. Medications shall be held by the CMH staff and returned to the individual or their staff member upon arrival at their home.
- N. If an individual no longer attends one of the Site Based programs and the Agency has their medication in our possession, that individual or the adult responsible for their medication will be asked to pick up the medication. If they fail to do so within 30 days of our notification, the medication will be disposed of according to Agency Procedure DC1012.
- O. When a Physician prescribes an OTC medication, a Medication Order and Consent will need to be completed for the duration the medication is prescribed.
- P. Regarding Transporting Medications: All Medications being transported from one site to another must be transported in a locked bag and locked vehicle. All medications being transported will need to be counted and documented by 2 staff prior to leaving a building, along with being counted in by 2 staff when checking in at a site.
- Q. Regarding Checking Medications in/out: Physician orders, Medications Consents, and label on prescribed medications must be reviewed and match when checking out/in all medications. Any discrepancies will be brought to the attention of the Site Supervisor, Medications

Coordinator or designee/MHT.

VI. **REPORTING REQUIREMENTS**

- A. Case Managers should be notified if any staff member notes any significant behavior changes that might be due to medication.
- B. Medication errors and adverse drug reactions shall be immediately reported to the licensed medical practitioner prescriber and the Program Supervisor and shall be recorded on an Incident Report.
- C. If any questions arise concerning medication, they should be referred to the Agency nurse, and if not available, the licensed medical practitioner prescriber, and those recommendations shall be followed.

VII. **ATTACHMENTS**

Direct Program Medication Administration Consent Form #0335

VIII. **REFERENCES**

DCH Administrative Rule 330.7158  
Procedure DC1012 - Disposal of Medication