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| **Policy Name:**  | **Medication Storage, Administration and Monitoring**  | **Date Revised:**  | **2/2020** |
| **Purpose:** | **Protocol for Medication Management**  | **Board Approval:** |  |

**Policy:**

A well-planned and implemented medication management system supports the safety of GNB youth and improves the quality of care that they receive. The process of medication management at GNB addresses the administration of medications. GNB provides medication management services directly via the Psychiatrist as appropriate.

**Procedure:**

1. At GNB, a client may be admitted with medications that have been previously prescribed and procured from a pharmacy. In such cases, GNB mental health staff will collaborate with the psychiatrist to review the medication prescribed. For any client prescribed medications, a thorough medication review will be completed and signed by a Physician or Psychiatrist. This review is an ongoing process and will be completed by a GNB mental health program staff working within their scope of practice at a minimum every 6 weeks, or more frequently as clinically appropriate, and will include:
	1. Any observations of side effects, as well as a review of any reported side effects
	2. reported by the client or noted in the youth’s record; and
	3. The youth’s response to each psychotropic medication currently prescribed and the youth’s perspective on the effectiveness of the medication; and
	4. The youth’s compliance with taking the prescribed psychotropic medication; and
	5. A justification for the continued prescription of psychotropic medication, or any changes to the youth’s medication plan; and
	6. A statement that the physician or psychiatrist has considered the goals and objectives of the youth as listed in their Needs and Services Plan and that the prescription is consistent with those goals and objectives.
2. Training
	1. Staff must receive training on assisting clients with the self-administration of medications and perform the following actions before the medication may be administered to the client:
		1. The medication container must be fully labeled by the prescribing pharmacy and be in the client’s name. Prescriptions issued to anyone but the client cannot be administered and must be disposed of according to agency procedures. A replacement label must be obtained immediately for any medication with missing or incomplete labels.
		2. Medication must be checked for expiration, deterioration, contamination, discoloration and particulates (crumbs). If any of these conditions are present, a pharmacist or the prescriber must be consulted before this medication can be administered to the client.
		3. Medication must be counted at the time of receipt and the amount recorded on the client’s medication sheet. Any discrepancies noted must be brought to the attention of the STRTP clinician. Medication must be placed in a secure double-locked environment following inspection and acceptance.
		4. If a medication is not permitted to be brought into the organization for any reason, the prescriber and the client must be notified immediately and, if applicable, a replacement medication obtained.
3. Consent for Psychotropic Medications
	1. At GNB, medications are sometimes prescribed to clients after they enter the program by the Psychiatrist or other community Physician. All psychotropic medications must be accompanied by a signed informed consent or current JV 220, written by the Psychiatrist or outside Physician and signed by the judge, authorizing the medications for the youth. GNB implements a robust procedure to track and monitor for timely completion of medication consents and JV 220 forms to ensure that all medications are properly consent to prior to administration.
		1. Medication prescriptions are filled at a local pharmacy and staff will assist the youth in obtaining the medication from the pharmacy.
4. Medication Storage
	1. Proper medication storage is essential in order to maintain its integrity and minimize the risk of medication diversion. In order to prevent clients and unauthorized individuals access, all prescription and non-prescription drugs are stored in double-locked environments that are accessible to trained and approved staff only. Keys to access medications must be held by staff at all times while on duty. Extra keys may only be held by the Facility Manager or other agency leaders.
	2. Medication must always be stored according to manufacturer or pharmacist instructions for that type of drug. Medications are never stored with food, cleaning agents or other non-medical items. If instructions indicate that refrigeration is required, medication is placed in a separate refrigerator (that does not contain food or drinks) in a secure area. Non-refrigerated medications should also be kept within their manufacturer recommended storage temperature range.
	3. When clients are discharged from GNB, the following procedures must be observed:
		1. Medications must be transferred to the client’s authorized representative or legal guardian. A signed receipt for the transfer must be obtained and filed in the client’s chart.
		2. A list of current medications, dosages, and instructions must accompany the medications.
		3. Also included should be full contact information for the prescriber(s).
5. Medication Administration Safety
	1. In order to prevent medication errors and adverse reactions, GNB has strict policies and procedures that must be observed during medication administration.
	2. Administering staff must wash their hands according to CDC hand washing guidelines or cleanse with an alcohol based hand sanitizer prior to medication preparation. Additionally, the area used to prepare medications must be kept clean and uncluttered.
	3. Medications Support Services shall be provided within the scope of practice by any of the following: Physician, Registered nurse, Licensed Vocational nurse, Psychiatric Technician, Pharmacist, or Physician Assistant.
	4. STRTP staff do not administer medications to youth, but assist with self-administration. The staff member supporting self-administration must check the label of the medication container prior to administration in order to verify the following:
		1. That the medication matches the medication order (kept in client file) and the product label
		2. That the medication has not expired
		3. That the medication is being administered to the right client, it is the right drug, right dose, right route and has the right documentation.
	5. If there are any concerns on the part of staff or client/client’s family about the administration of the medication or the medication itself, the administering staff must discuss these concerns with the Psychiatrist, Primary Care Physician, Child Welfare Worker and the prescriber.
	6. For any medications administered to youth during their admission at GNB, the following will be recorded on the Medication Assistance Record (MAR) by a GNB mental health program staff working within their scope of practice and will be maintained in the client record:
		1. The date and time of the prescription or non-prescription medication was taken; and
		2. The dosage that was taken or refused;
		3. The youth’s response; and
		4. Any side effects, either observed by staff or reported by the youth
	7. Prior to administration, the staff member will look at the Medication Assistance Record (MAR) to verify the medication has not already been administered. The MAR is kept in a medication binder, which is kept in a locked cabinet within the staff office.
	8. Greater New Beginnings also maintains centrally stored medication records for each client, for at least one year, which includes:
		1. Name of the client for whom the medication was prescribed
		2. Name of the prescribing physician
		3. Medication name, strength and quantity
		4. Date filled
		5. Expiration date
		6. Number of refills
		7. Any instructions regarding the control and custody of the medication
	9. During preparation and before administration, the staff member administering the medication must visually inspect the medication for signs of deterioration or contamination such as particulates, discoloration, or other loss of integrity.
	10. The staff person preparing the medication for administration (e.g., counting pills, measuring liquid medicine) must administer the medication to the client themselves. Medications can only be administered by staff operating within their scope of practice. STRTP staff do not administer medications, but assist and observe youth to self-administer medication.
	11. Medication cannot be passed between staff after it is removed from the original container.
	12. Medication must be administered immediately after preparation.
	13. Youth are called to the designated area one at a time in order to protect the privacy of each youth.
	14. After the medication is administered, the staff will monitor the youth swallowing the pill to prevent diversion and will document the administration on the client’s MAR.
	15. Only program staff who have received medication management training are permitted to administer medication to agency clients. The Facility Manager and all counselors working at GNB are trained to administer medications during orientation training with the Registered Nurse and additional one-on-one coaching by the Registered Nurse or Facility Manager.
		1. Proof of their orientation and ongoing medication trainings are documented in the training log in each employee’s human resources file.
6. Medication Disposal
	1. Medications that have expired, been discontinued or are not taken with the client upon leaving the program will be destroyed by the Facility Manager and witnessed by one other adult who is not a client or a resident.
	2. All medications, over-the-counter medications, and ointments that have expired must be destroyed. GNB staff regularly check the medication dates on prescribed and over-the-counter medications taken by clients. GNB staff communicate promptly with the physician for prescribed medications and ensure that refills are obtained when appropriate.
	3. All medications that the client has discontinued taking are destroyed.
	4. When clients leave the program and do not take their medications with them, GNB staff attempt to contact them and return their medications to them. When clients who have left the program cannot be contacted or report not wanting their medications, the medications must be destroyed. Any clients who leave the program without their medications run the risk of decompensation in their mental health treatment.
	5. Any medication refusal will be fully documented in the mental health progress note, MAR and discharge plan as they transition out of placement.
	6. The Facility Manager records all destroyed medications in the Centrally Stored Medications and Destruction Record (LIC 622B).
		1. The Facility Manager is also responsible for training staff on proper methods for destroying medications.
	7. Medications requiring disposal must be kept segregated from other medications and in a double-locked environment until they are disposed of.
	8. Unused medication will be destroyed in line with safety and federal regulations. Medications are disposed of by taking them to a designated disposal site (police station).
	9. When medications are destroyed, two staff sign to acknowledge full medication destruction and final pill count on the Centrally Stored Medication and Destruction Record. Unused medication may not be flushed down the toilet, thrown into trash receptacles, or diverted to another individual.
	10. Medication destruction records will be maintained by the program for one year.
7. Staff and Nonminor Dependent Training on Self-Administration and Destroying Medications
	1. GNB staff receive training on the self-administration of medications and use of the Centrally Stored Medication Record and Destruction Record. Staff receive training on and have responsibility for ensuring that the use of medications by clients is documented in their Medication Administration Record (MAR).
	2. GNB are responsible for ensuring youth received prescribed medications as indicated on medication labels.
	3. Staff are also trained in how to assist youth and nonminor dependents in the self-administration of medications.
	4. Nonminor dependents receive training on self-administration of medications that they have been prescribed by a physician or a psychiatrist.
8. Emergency/Non-Prescription Medications
	1. GNB keeps non-prescription medications on-site to address relatively minor medical problems such as headaches, mild fever, and indigestion. Medications permitted by the agency for this use are listed on a PRN Medication List.
	2. An authorization to administer PRN medications and a list of approved medications must be signed by the primary care provider, Psychiatrist or community psychiatrist at the time of program entry and retained in the client’s chart.
	3. Non-prescription medications are kept in a double-locked environment, but are readily available to staff for administration when needed.
	4. Inventory is checked on a monthly basis, stock replenished and expired medications removed when necessary.
	5. All emergency/non-prescription medications are purchased and maintained in the form that is most ready for administration
9. *Medication Monitoring*
	1. Youth who are prescribed psychotropic medication will work collaboratively with GNB staff and the Psychiatrist to ensure that they are seen at least monthly.
	2. The GNB STRTP Clinician will assist youth in attending these appointments and will provide information as necessary to the Psychiatrist for the purpose of care coordination.
		1. Older youth will be provided with strategies for remembering these appointments, as well as pill reminder mechanisms to assist them in learning their medication regimen.
	3. Staff will assist the youth in getting their prescriptions filled at a local pharmacy and will support the youth by storing and monitoring medication, as per agency policy.
	4. All psychotropic medication will have a parental authorization or current JV 220 approved and signed by the judge.
	5. At all times, GNB staff will encourage youth and psychiatrists to critically examine the youth’s medication regime and to utilize the fewest possible medications at the lowest possible doses appropriate to the youth’s care.
	6. For those youth not on psychotropic medications, a Psychiatrist will review their course of treatment every 90 days, or more frequently as clinically appropriate. This review will be documented in a progress note and signed by the Psychiatrist at the time of the review.