Kokua
Support. Encourage. Empower.

TITLE: MEDICATION PROCEDURES

POLICY 2.4

Rev. November 2018

PURPOSE AND SCOPE

This policy outlines Kokua requirements for employees who assist clients with their medications.

A. RESPONSIBILITY FOR MEDICATION PROCEDURES

The Service Coordination Team is responsible to assure that Kokua's medication procedures and staff training are effective and ensure client health and safety. Work Teams are responsible to ensure that proper medication procedures are followed by all team members. Team members who do not follow Kokua's medication policy and procedures may face disciplinary action.

B. TRAINING REQUIREMENTS

All Life Skills Instructors, Team Leaders and Client Service Coordinators must complete Nurse Delegation Core Training and must maintain a current Nursing Assistant Registered (N.A.R.) Certification. Additionally, all Kokua employees must receive training on Kokua's medication policies and procedures prior to assisting a client with self-medication.

C. SUPERVISION OF CLIENTS WHO CAN NOT INDEPENDENTLY SELF- MEDICATE

Supervision of medications for clients who are not self-medicating will be provided by the DDA-contracted delegating nurse. The delegating nurse will be consulted when any questions arise regarding proper completion of a medical procedure or administration of medication. The nurse will also be informed of all serious medication incidents.

D. MEDICATION INCIDENTS

A Medication General Event Report must be completed whenever a medication is missed due to staff error or a medication has been given inappropriately. Medication General Event Reports must contain written follow-up by the Client Services Coordinator explaining the causative factors and any corrective actions taken. Any medication error or nurse delegation error that has or may result in injury/harm as assessed by a nurse, medical professional, or a pharmacist must be reported to DDA within one business day. Such errors must also be reported to the Department of Health as referenced in Chapter 246.841 WAC. DOH contact information: Phone (360)236-4700. Email: **HSQAComplaintIntake@doh.wa.gov**

E. MEDICATION PROCEDURES

Each Kokua client will have a Master Medication List which records each of the client's current medications. Medications for each client will also be recorded on a monthly medication log. The log will list each medication, the prescribing physician, the dose, the description of medication and method of administration, times and the possible side effects. All side effects noted will be reported to the physician. The medication log is used to record all medications taken by the client.

All medications obtained from the pharmacy will be checked against the medication log before administration to assure the correct medications have been received.

Assistance with self-medication must conform to the proper time frames and dosages indicated on the Medication Log, unless directed otherwise by the physician or the

Delegating Nurse. Before any medication is given, the staff person must physically compare each medication to the Medication Log to assure that he or she has :

- The right client,
- The right medication,
- The right dose,
- The right time
- And the right route.

Any discontinuation, addition or dosage change will be recorded on the medication log. All entries on the log will be initialed by the staff person administering the medication at the time the medications are given.

If a client refuses to take a medication or if a medication is not given for any reason, this must be recorded on the back of the medication log including a description of the circumstances and the signature of the staff making the entry.

The Team Leader will review each client's medication log weekly to assure that all entries are complete. If any entries are missing or incomplete, the Team Leader will ensure that the appropriate corrections are completed as soon as possible. All missing or incomplete medication charting requires a Medication General Event Report for missed charting. This incident report will be turned in to the Client Services Coordinator. The Team Leader will document their weekly check process on the bottom of the back side of the Medication Log.

F. MONITORING OF PRN MEDICATIONS

A supply of prescribed PRN medications must be available in the client's home at all times. When PRN medications are given, the time of administration must always be noted on the back of the medication log. Follow-up charting will be done to report on the efficacy of the PRN medication.

The Team Leader will monitor the use of all PRN medications to be sure they are given appropriately.

G. SELF MEDICATION

All clients should participate as much as possible in the taking of their medications. Self-medication should be a goal for all clients. Clients should receive supportive training and any adaptations necessary to help them move toward independence. The process leading to self-medication should be fully documented and all self-medication will be supervised until the client is reliably independent. Clients who are independent in self-medication should have this noted in both the DDA ISP and in Kokua's IISP. Clients who become self-medicating may sign the medication log indicating they have taken their medication.

For clients who receive less than 24-hour support and who are independent in self-medication, oversight will be provided by the client's regular staff. Medication should be counted on every shift to ensure medications are being taken as prescribed. If discrepancies are noted, the discrepancies will be reported in writing to the Independent Living Program Coordinator who will provide documented follow-up.

H. MEDICATION REFUSALS

A client has a right to refuse to take their medication. All medication refusals must be documented on a Medication General Event Report. If a client has a pattern of refusing medication, staff must support the client to better understand the reason for the medication and the potential harm that could occur from repeated refusals. This training should be documented on the *Important Information about Your Medications* form. All health and safety refusals must be reviewed every six months.

I. STORAGE OF MEDICATIONS

Medications will be stored under proper conditions for safety, sanitation, temperature, moisture and ventilation and all medications must be in containers labeled by the pharmacist, the client or the client's guardian or family member.

J. DISPOSAL OF UNUSED MEDICATIONS

Outdated, discontinued, contaminated or superseded medications will be stored in a locked disposal box while awaiting disposal. As the staff places medications in the disposal box, he or she will ensure that the medication is labeled with the date, the name of the medication, the dosage, the prescription number and the amount of medication. If a medication is loose, outside of its original bubble-pack, or is otherwise missing any of the previously stated information, the staff will place a completed disposition sticker on a zip lock bag containing that medication. The staff will then fill out the House Medication Disposal Log indicating whether the medication is in a bubble pack or not, the name and dosage of the medication, the amount of medications to dispose and the purpose for disposition. This form will be kept in the locked box with the medications.

Disposal of expired or soiled medications will be done on a weekly basis. Medications removed for disposal will be taken by a Coordinator-level staff from the clients' homes directly to the Kokua office. Once at the Kokua office, the medications will be placed into a locked file cabinet. Within one week the medications will be inventoried and taken to a local police station for disposal. Two trained staff persons will participate in the disposal process and sign to verify proper disposal.

K. OVER THE COUNTER MEDICATIONS

All over-the-counter medications present in a client's home require written approval from the client's physician. This approval must be renewed yearly.

L. WHEN A CLIENT IS NO LONGER ABLE TO SELF-MEDICATE SAFELY

When Kokua staff persons become aware that a client has lost the ability to safely self-medicate, the case manager will be notified in writing within 24-hours. The Services Coordinator will ask the DDA Case Manager to reassess the client to determine the level of support that is needed. The DDA Case Manager will authorize Nurse Delegation for the client if needed.

M. HOSPICE CARE AND NURSE DELEGATION

When a client has been authorized for hospice care, the delegating nurse will be notified. If the hospice nurse discontinues any of the client's medications, these changes need to be reported to the delegating nurse. When the hospice nurse gives orders for comfort kit medications to be administered, the delegating nurse will also be notified. A delegated client remains a delegated client while on hospice services.

When a client is prescribed hospice services for end of life comfort:

- All staff working in the client's home and all fill-in staff whom may work in the client's home must attend hospice care training. The delegating nurse will also be contacted to provide "refresher" training on the administration of liquid medications.

- Because the Comfort Kit contains controlled substances, the medication amounts will be checked or counted at every shift change. Kokua requires that a ledger be used for recording the medication checks and that staff sign the ledger to acknowledge the checks have been completed.

- When the hospice nurse orders the administration of pain medication from the Comfort Kit, there should be two staff present to ensure medications are given correctly. A staff on duty may:
    - Call the On-Call who will dispatch staff to attend the administration for safety and accountability purposes, or
    - Page the Executive Director's pager (413-6586) to notify the Executive Director, or designee that comfort care has been initiated.

N. USE OF MEDICAL CANNABIS

Kokua will provide support for the prescribed use of medical cannabis by a client when the following conditions have been met:

- Providing the support will not conflict with any RCW, WAC or DDA contract requirement
- The client or guardian provides Kokua with a copy of a valid recommendation or authorization signed by the client's medical provider which meets the requirements outlined in RCW 96.51A and in which the medical provider states that, in the provider's professional opinion, the patient may benefit from the use of medical cannabis.
- The client's medical condition meets the criteria for a qualifying condition per RCW 69.15A.010
- The physician supplies Kokua with a list of possible side effects, which Kokua staff will monitor
- The cannabis will be taken in oral form only
- The cannabis is purchased and brought to the home by the client's guardian or family member. After July 1, 2016, the guardian will purchase the cannabis at a state-licensed retail shop and the guardian will provide Kokua with a copy of the receipt to be kept in the client's medical file.
- The dosage is determined by the guardian or a family member
- Any unused or outdated product will be disposed of by the family member or guardian
- There will be a signed agreement with the guardian or family member that they will comply with the provisions of this policy
- If the client receives nurse delegation, the Delegating Nurse agrees to delegate the client's staff
- Individual Kokua staff will not be penalized for refusing to assist the client with medical cannabis if they believe it is not in the client's best interest. Such staff may submit a Position change Request and ask to be moved to another job position.
- The total product present in the home will never exceed:
    - 16 ounces of marijuana-infused product in solid form
    - 72 ounces of marijuana infused product in liquid form, or
    - 7 grams of marijuana concentrate

The medical cannabis product will be stored in a locked container and will be monitored according to Kokua's procedures for controlled substances. Kokua staff will follow the standard procedures for medication charting and client medication refusals.