

The Right Door for Hope, Recovery and Wellness

Chapter Title		Section #	Subject #
Clinical		C	351.1
Subject Title	Adopted	Last Revised	Reviewed
Medication Safety	3/15/08	9/16/26	4/25/08; 2/1/11; 1/5/14; 6/23/15; 3/9/17; 8/12/19; 2/14/20; 3/12/20; 8/18/20; 9/16/21; 9/9/22; 9/12/23; 9/16/24; 4/14/25; 5/28/26

PROCEDURE

Application

This procedure shall apply to The Right Door for Hope, Recovery and Wellness and all services operated by or under contract with it.

1. Inventory and Storage of Medication

1.1. All medications are stored according to manufacturer's recommendations.

1.2. All medications administered or distributed in agency programs will be kept inside a locked medication room in locked cabinets (double locked system) accessible only by RNs, providers, or other trained staff.

1.2.1. Medication samples/vouchers:

1.2.1.1. Store medication in original container alphabetical order by medication brand name.

1.2.1.2. Store medication vouchers in a secure and organized location.

1.2.1.3. Maintain an inventory of medication samples and vouchers updated each time medication samples or vouchers are received or dispensed.

1.2.1.4. Review inventory at least quarterly either by The Right Door staff or outside pharmacy audit.

1.2.1.5. Dispense medication samples at the request of the prescribing practitioner.

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1.2.1.6. Medication samples/vouchers are to be used for persons served without prescription coverage, financial hardship, prior authorization, or any other situation that would cause a delay in treatment.

1.2.1.7. Notify pharmaceutical representative when supply is depleted.

1.2.2. Medication of persons served:

1.2.2.1. Medications of persons served brought to the facility for the purpose of repackaging into weekly/other cassettes/pill boxes.

1.2.2.2. Medications are brought in and stored in original package managed by the Primary Case Worker.

1.2.2.3. The Primary Case Manager will be assigned a locked medication bag/key for each medication of persons served that are being held by The Right Door in the medication room in the locked cupboard.

1.2.2.4. All medications of persons served will remain in the locked medication room at all times when not being dispersed to the person served.

1.2.2.5. Each medication of the person served will contain a recent copy of the prescribed medications from the electronic medical record as well as a medication administration record (MAR) to facilitate documentation of medication disbursement.

1.2.2.6. The MAR shall be turned into Medical Records for scanning each month, and another MAR for the new month will be used.

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1.2.2.7. A provider will only administer medication at the order of a physician. [R 330.7158(1)]

1.2.2.8. If an individual cannot administer their own medication, a provider will ensure that medication is administered by or under the supervision of personnel who are qualified and trained. [R 330.7158 (5)]

1.2.3. Injectable Medications:

1.2.3.1. Store medications in original container

1.2.3.2. Store according to the manufacturer's guidelines (locked refrigerator or locked cupboard, etc).

1.2.3.3. Monitor the temperature of the refrigerator weekly to ensure compliance with instructions from the manufacturer and safe storage conditions.

1.2.3.4. Maintain an inventory of injectable medications stored at designated site.

1.2.3.5. Update inventory each time medications are received or administered.

2. Preparation, Safe Handling and Administration at The Right Door for Hope, Recovery and Wellness

2.1. Medications must be administered by or under supervision of personnel who are qualified and trained staff.

2.2. Injections:

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2.2.1. Verify that there is a current prescription/verbal order for the medication to be administered.

2.2.2. Verify that there is a current consent signed by the person served /guardian.

2.2.3. Verify that there are no known medication allergies to the medication to be given.

2.2.4. Verify “5 rights” (recipient, medication, dose, route, time.).

2.2.5. Prepare medication per package instructions.

2.2.6. Positively identify recipient.

2.2.7. Provide privacy.

2.2.8. Explain procedure.

2.2.9. Administer medication using clean technique and Universal Precautions.

2.2.10. Document medication administration on Injection Log noting medication, dose, injection site, and the date next injection is due.

2.2.11. Provide recipient with appointment card for next appointment to receive medication.

2.2.12. Record medication administered on Medication Inventory Log.

2.2.13. Document medication administration in Electronic records.

2.3. Medication Samples/Coupons/Vouchers:

2.3.1. Verify that there is a current prescription/verbal order for the sample(s) to be dispensed.

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2.3.2. Verify that there is a current consent signed by the person served /guardian.

2.3.3. Verify that the person served has received written medication information.

2.3.4. Verify that there are no known medication allergies to the medication to be sampled.

2.3.5. Remove sample(s) from cabinet.

2.3.6. Record person served name, medication, lot number, expiration date, and quantity given on Medication Sample Log for each medication.

2.3.7. Provide person served with written (Sample Request Form) and verbal (if applicable) instructions regarding correct medication, dose, time and route.

2.3.8. If preparing sample medications to be picked up/delivered at a later time, include "Receipt for Medications" form with medications. This form must be signed at the time that the person served receives the medication samples.

2.3.9. Record date, medication name, dose, and quantity dispensed on the electronic records.

2.3.10. Send Medication Receipt and Sample Request Form to Medical Records Department for data entry and scanning.

2.4. Residential Setting:

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2.4.1. Store all medications in original containers with legible pharmacy label(s).

2.4.2. Store medications in a clean, organized, well-lit cabinet that is away from heat sources.

2.4.3. Keep medication cabinet locked at all times except when adding or removing medication(s).

2.4.4. Use medication cabinet ONLY for medication storage.

2.4.5. Keep the key to the medication cabinet in the possession of one person at all times.

2.4.6. Maintain a medication count sheet for each medication stored for each person served. Report discrepancies in medication count to your supervisor.

2.4.7. Store topical medications separately from medications to be administered internally.

2.4.8. Store refrigerated medications in a locked and labeled container away from food items.

2.5. All medications that are given to a person served at discharge or leave must be authorized by a physician and provided in sufficient quantity to ensure an adequate supply until the person served can become established with another provider.

3. Verification/Handling Process for Medications Brought to the Program for a Person Served

3.1. If a person served needs medication to be monitored by staff, the primary case worker will need to obtain a numbered medication bag from a nurse

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in Medication Services. One medication bag will be given for each person served.

3.2. All medications stored in Medication Services or dispersed by staff will be stored in their primary pharmacy container that includes:

3.2.1. Name of person served

3.2.2. Medication name

3.2.3. Identifying description of pill

3.2.4. Date dispensed

3.2.5. Amount of medication

3.2.6. Instructions for use/proper dosing

3.3. Medication Services will monitor which clinician is responsible for each locking medication bag. The key to the numbered medication bag will be signed out and witnessed by a nurse in Medication Services. The Primary Case Worker is then responsible for the key and the locked medication bag during the duration it is signed out. When the locked medication bag is not in use, it should remain in the locked medication cupboard within Medication Services. All medications of persons served will remain in a locked bag when not being dispersed to a person served.

3.3.1. Each medication bag will contain a recent copy of the prescribed medication from the electronic medical record as well as a medication administration record (MAR) to facilitate documentation of medication disbursement. The MAR shall be turned into Medical Records for scanning each month for accurate recording of medication administration. Blank MARs will be kept in the cupboard with the medication bags for convenient access to clinicians.

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3.3.2. When a clinician is finished with the medication monitoring with a person served and no longer needs the locking medication bag, they will need to ensure all medications have been removed, MAR sheet has been sent to scanning and keys are returned with the medication bag to Medication Services to be inventoried by a nurse. When the person served is deemed stable, any remaining medications will be returned to them for independent pill box set up. If the quantity of pills is considered a safety issue for the person served, arrangements will be made through the pharmacy of choice for limited quantities and scheduled deliveries of medications. Case managers are encouraged to utilize bubble packing from the pharmacy for any persons served that require long-term medication set up assistance.

Medication Preparation and Administration– *Residential Setting*

- 4.1. Only successfully trained personnel shall administer medications.
- 4.2. Safely handle all medications utilizing Universal Precautions and all applicable guidelines set forth in agency policies and procedures related to medications.
- 4.3. Safely handle all medication utilizing Universal Precautions and all applicable guidelines set forth in agency policies and procedures related to medications.
- 4.4. Check the medication record of each person served to see if they are scheduled to receive medication on your shift.
- 4.5. Give medications as prescribed and on time (1/2 hour before, or 1/2 hour after the scheduled time is considered "on time").
- 4.6. Be knowledgeable about medications you administer, including expected and adverse effects.

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- 4.7. Review the known allergies of the person served. Allergies are noted in red on the medication administration record in the file or on red allergy stickers. Consult with a licensed health care provider if necessary. Any food allergies affecting medication administration are noted in red on the medication record and in the clinical record.
- 4.8. Work in a clean and well-lighted area for preparing medication.
- 4.9. Wash your hands and use clean technique while preparing and administering medications.
- 4.10. Compare the label of the medication container with the medication record three (3) times to ensure accuracy, as follows:
- 4.10.1. Before the container is taken from the storage area.
- 4.10.2. Before the medication is removed from the container.
- 4.10.3. Before the container is returned to the storage area.
- 4.11. Prepare the right medication in the right dosage at the right time by the right method for the right person.
- 4.12. Follow special instructions written on the label or attached to container, e.g., shake, warm, do not take with milk, etc. Never cut an un-scored tablet.
- 4.13. Pour capsules, tablets and pills into the lid of a medication bottle. From the lid, pour the medication into a disposable medicine cup.
- 4.14. Pour liquids from the unlabeled side of the bottle and wipe off excess medication with a clean cloth or swab.

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- 4.15. Measure liquid medication in measuring spoons or measuring glass/cup. Do not mix medications together unless directed to do so by the prescribing practitioner.
- 4.16. When measuring liquid medication, pour it at eye level.
- 4.17. Administer only medication which you prepare yourself.
- 4.18. Prepare only the medications of one person served at a time.
- 4.19. If there is anything unusual about the appearance or smell, do not give the medication until you check with the pharmacist or prescribing practitioner. If the medication must be withheld, notify the prescribing practitioner, and complete an Incident Report for placement in the record of the person served.
- 4.20. Do not use the medication of one person served for another person served.
- 4.21. If you find any discrepancy between the medication record and pharmacy label, consult with pharmacist or prescribing practitioner for clarification.
- 4.22. Do not administer prescription medication from a container that does not include all of the necessary information:
- 4.22.1. Name of person served.
 - 4.22.2. Name of drug.
 - 4.22.3. Prescription number.
 - 4.22.4. Pharmacy name and address.

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4.22.5. Dosage.

4.22.6. Frequency and amount to be dispensed.

4.23. Positively identify the person served prior to the administration of medications. Positive forms of identification could include:

4.23.1. Photo identification (e.g., driver's license or photo of person served labeled with name and date of birth maintained in chart of the person served); or

4.23.2. Two other forms of identification (e.g., person served stated name, date of birth, social security number, or address).

4.24. Do not "force" a person served to take medication against their will. (If refusal occurs more than twice monthly, consult the interdisciplinary team for assistance.) Report refusals according to the Incident Reporting Guidelines. Alternative plans should be considered. In the event medication is court ordered and refused, immediately contact person in charge of Plan of Service.

4.25. Explain to the person served the reason for taking the medication and what the procedure will be.

4.26. Remain with the person served until they swallow the medication. Ask the person served to open their mouth to assure that the medication was swallowed.

4.27. Document administration in the medication record of the person served.

4.28. Refill all medication, whether prescription or over-the-counter, in a timely manner so that medication supply does not become depleted.

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4.29. Do not pour medication from one bottle to another or re-label a bottle.

4.30. Do not return an unused dose of medication to the container (refer to section 7.0 for disposal procedure).

4.31. Documentation: Maintain a Medication Record for each person served which includes the following data:

4.31.1. The name and case number of the person served.

4.31.2. Notation of known medication allergy(ies).

4.31.3. The month and the year.

4.31.4. The starting date of the medication (month, day, year).

4.31.5. The medication, dosage, times and route.

4.31.6. The ending date (the date the order expires).

4.31.7. If medication is withheld or refused, document the circumstances in the record of the person served. Circle your initials and contact the prescribing practitioner for instructions. Record the details. Complete an Incident Report and notify your supervisor. (See section 6.0 of this procedure).

4.32. Withholding Medication:

4.32.1. Withhold medication only under unusual circumstances such as those listed below:

4.32.1.1. Incomplete or missing pharmacy label or medication record.

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4.32.1.2. Person served exhibits a dramatic change in status. If the person served is showing signs of seizures, unconsciousness, difficulty breathing or other change that appears to be life-threatening, do not administer the medication. Notify local emergency medical services. Contact the prescribing practitioner regarding the missed dose after the emergency situation has been resolved.

4.32.1.3. If you cannot verify the “5 rights” (recipient, medication, dose, time, route), get assistance from your supervisor and/or pharmacist before administering the medication.

4.32.2. If the person served refuses to take the medication, explain to the person served the possible risks involved in not taking the medication as prescribed, and encourage the person served to accept the medication. (Refer to 2.22)

4.33. Discharge or Leave

4.33.1. Release only medications prescribed by a physician at the time of discharge or leave of the person served.

4.33.2. Release medications only in appropriate pharmacy-labeled containers.

4.33.3. Document the released medications in the record of the person served.

4.33.4. *All medications that are given to a person served at discharge or leave must be authorized by a physician and provided in sufficient quantity to ensure an adequate supply until the person served can become established with another provider.*

5. Transportation and Delivery

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5.1. Remove medication from locked cabinet.

5.2. Complete inventory log for each medication removed.

5.3. Place medication in a secure bag/container.

5.4. Lock medication in trunk of car during transport.

5.5. Hand medication(s) directly to the designated recipient.

5.6. Document medication dispensation in recipient's clinical record.

5.7. Return any unused/undelivered medication to the locked storage cabinet.

5.8. Document returns on the appropriate inventory log.

6. Adverse Reactions to Medication

6.1. Upon receipt of a report of an adverse reaction to medication, The Right Door for Hope, Recovery and Wellness nursing staff will:

6.1.1. Provide instruction to the caller to seek emergency medical care, provide monitoring, contact the nearest Poison Control Center, and/or withhold future doses of the medication in question, as appropriate to the situation and reaction type.

6.1.2. Instruct the caller to complete an Incident Report after emergency medical treatment has been obtained (if appropriate).

6.1.3. Notify the prescribing practitioner of adverse reaction.

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6.1.4. Notify person served of any changes in medications or instructions from the prescribing practitioner (if applicable).

6.1.5. Document details of the adverse reaction in the clinical electronic record.

6.2. Upon observation of a possible adverse reaction to medication, contracted residential staff will do the following:

6.2.1. Contact emergency medical services if reaction is life threatening (difficulty breathing, loss of consciousness, new onset of seizure activity, etc.).

6.2.2. Contact the prescribing practitioner for instructions.

6.2.3. If prescribing practitioner is not available, contact the nearest Poison Control Center.

6.2.4. Report reaction to home supervisor.

6.2.5. Complete an Incident Report.

6.2.6. Document details of reaction and any additional instructions in the record of the person served for review by relevant staff members.

7. Medication Errors

7.1. The following situations qualify as medication errors:

7.1.1. One person served received a medication prescribed for another person served.

7.1.2. Medication was refused.

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7.1.3. Medication dose was missed.

7.1.4. Incorrect medication was given.

7.1.5. Incorrect dose was given.

7.1.6. Medication was administered at the incorrect time.

7.1.7. Medication was administered without regard to prescribed instructions.

7.2. Upon receipt of a report of medication error, The Right Door for Hope, Recovery and Wellness nursing staff will:

7.2.1. Provide instruction to seek emergency medical care, provide monitoring, contact the nearest Poison Control Center, alter medication schedule and/or withhold future doses of medication, as appropriate to the situation.

7.2.2. Instruct the caller to complete an Incident Report after emergency medical treatment has been obtained (if appropriate).

7.2.3. Provide additional medication education, as appropriate.

7.2.4. Notify the prescribing practitioner of medication error, as appropriate.

7.2.5. Document details of the medication error in the clinical electronic record.

7.3. Upon discovery of a medication error, contracted residential staff will:

7.3.1. Contact the prescribing practitioner for instructions.

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7.3.2. If prescribing practitioner is not available, contact the nearest Poison Control Center.

7.3.3. Follow instructions, as given.

7.3.4. Report medication error to home supervisor.

7.3.5. Complete an Incident Report.

7.3.6. Document details of reaction and additional instructions in the record of the person served for review by relevant staff members.

7.3.7. If medication error involved medications belonging to another person served, account for the medication given in the medication record of that person served (e.g. medication count sheet).

8. Disposal

8.1. Medications stored at The Right Door for Hope, Recovery and Wellness are to be disposed of in the following situations:

8.1.1. The date of expiration has passed.

8.1.2. The medication has been contaminated.

8.1.3. The medication was removed from its container but was not administered/dispensed.

8.1.4. The medication has been discontinued.

8.1.5. The medication has been returned by the person served.

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8.2. Any medications needing to be disposed of will need to be done with a nurse in Medication Services. Inventory sheets will be kept within the locked medication disposal cupboard in a padlock secured medication box.

8.3. The inventory sheets will remain in the locked disposal box until the collecting pharmacy can verify contents of the medication box during pick up times. The pharmacy technician may take a copy of the inventory sheet when collecting the medications for their own verification purposes.

8.4. After medications have been disposed of by the collecting pharmacy, a new inventory sheet will be placed in the medication disposal box.

8.5. The medication disposal box will always remain locked. Nursing staff will have a key.

8.6. All multi-dose vials will be labeled with the discard date 28 days after opening and vials will be discarded in the Sharps container.

8.7. In the residential setting, medications are to be disposed of in the following situations:

8.7.1. The date of expiration has passed.

8.7.2. The medication has been contaminated (spilled, dropped, changed in smell or appearance).

8.7.3. The medication has been removed from its original container but was not administered.

8.7.4. The prescribing practitioner has given an order to discontinue the medication (documentation of this order is to be placed in the medication record of the person served).

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8.7.5. The prescribing practitioner has given an order to change the dosage of the medication, and the current supply cannot be used (documentation of the dosage change is to be placed in the medication record of the person served).

8.8. Procedure for disposal of medications (in residential setting or at The Right Door for Hope, Recovery and Wellness when pharmacy service is not available).

8.8.1. Two staff are present, one serving as a witness. If two staff are not present, then the staff that is disposing must contact their supervisor. Supervisor will act as a second witness.

8.8.2. Compare the pharmacy label with the order to discontinue/change medication (if applicable).

8.8.3. Store the disposed medication away from current medication of the person served in locked container/cupboard.

8.8.4. Return the disposed medication to the pharmacy or transport medication to The Right Door for Hope, Recovery and Wellness Medication Service. The Right Door for Hope, Recovery and Wellness Medication Service staff will give to pharmacy.

8.8.5. Document the method of disposal in the medication record with the initials of both staff members performing the procedure.

8.8.6. Record D/C (or discontinued) on the medication record in the space where the next dose would have been given (only if disposing in response to a discontinue/dosage change order).

8.8.7. Complete an Incident Report.

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Chapter Title		Section #	Subject #
Clinical		C	351.1
Subject Title	Adopted	Last Revised	Reviewed
Medication Safety	3/15/08	9/16/26	4/25/08; 2/1/11; 1/5/14; 6/23/15; 3/9/17; 8/12/19; 2/14/20; 3/12/20; 8/18/20; 9/16/21; 9/9/22; 9/12/23; 9/16/24; 4/14/25; 5/28/26

8.8.8. Make relevant staff aware of the disposal.

8.8.9. Contact the prescribing practitioner if medication supply is exhausted by the disposal and a prescription is required for replacement.

8.9. Medications may only be flushed down the toilet if the pharmacy label specifically states that it is acceptable to do so.

9. Pharmacy Oversight

9.1. Contracted pharmacy services provide the following services at all The Right Door for Hope, Recovery and Wellness sites on no less than a quarterly basis:

9.1.1. Monitor medication inventories for proper storage and compliance.

9.1.2. Assist with proper disposal of expired and discontinued medications.

9.1.3. Monitor medication dispensation and distribution practices.

9.1.4. Monitor for appropriate monitoring practices (informed consent, AIMS, laboratory testing, etc.).

9.1.5. Monitor for compliance with current state and federal regulations and notify The Right Door for Hope, Recovery and Wellness of pertinent changes.

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The Right Door for Hope, Recovery and Wellness

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Kerry Possehn, Chief Executive Officer	Date
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