

The Right Door for Hope, Recovery and Wellness

Chapter Title	Chapter #		Subject #
Clinical	C		351
Subject Title Medication Safety	Adopted 04/15/99	Last Revised 7/22/19	Reviewed 11/22/04; 10/30/06; 2/28/08; 4/27/09; 4/26/10; 6/27/11; 5/29/12; 5/28/13; 7/28/14; 6/22/15; 6/27/16; 7/24/17; 6/25/18; 7/22/19; 7/27/20; 8/23/21; 8/22/22; 8/28/23; 8/26/24; 3/24/25

POLICY

Application

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

1. Preparation and Administration

- 1.1. Prescription and over-the-counter medications for persons served shall be prepared, dispensed, and administered in accordance with all applicable local, state, and federal regulations and laws pertaining to medications and controlled substances. Medications shall be administered by qualified, licensed personnel pursuant to Public Act 368 of 1978, as amended.
- 1.2. In specialized residential programs, medications shall be administered by qualified personnel trained through the Group Home Training Curriculum unless the treatment plan of the person served indicates that they should prepare and administer their own medication. In this case, the person served shall be supervised by licensed or trained personnel, subject to procedures set forth relative to this policy.

2. Storage and Distribution

- 2.1. The Right Door for Hope, Recovery and Wellness shall purchase, store, package, transport, deliver, dispense, and document medications in accordance with all applicable local, state, and federal rules and regulations. This shall be done under the supervision of the medical director and oversight by pharmaceutical staff within professional standards of health, safety, and security. Nursing staff shall monitor and maintain an inventory of all medications and medication vouchers stored and dispensed on site.

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2.2. Medication shall be safely transported, packaged, labeled, and documented for off-site administration.

3. Security

All medications shall be secured in a double-locked storage system.

4. Adverse Reactions

4.1. An adverse medication reaction is defined as any undesirable/unwanted effect from a medication, other than its intended effect. In the event of an adverse reaction, the person served or representative of the person served shall report the reaction to the prescribing practitioner within 24 hours of the occurrence. In the event of a severe reaction, the person served shall report to the nearest emergency department.

4.2. Adverse reactions to medication shall be reported as part of the quality monitoring and improvement system.

5. Medication Errors

5.1. The following situations qualify as medication errors:

5.1.1. one person served received a medication prescribed for another person served

5.1.2. medication was refused

5.1.3. medication dose was missed

5.1.4. person served received an incorrect medication

5.1.5. person served received an incorrect dose

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5.1.6. medication was administered at the incorrect time

5.1.7. medication was administered without regard to prescribed instructions

5.2. Medication shall be administered in a safe and humane manner to avoid injury to the person served and to maximize the therapeutic effect of the medications. In the event of a medication error, procedures shall be followed to minimize potential risk to the person served. The prescribing practitioner shall be notified of the error. The phone number for a poison control center shall be readily accessible.

5.3. All medication errors shall be reported as part of the quality monitoring and improvement system.

6. Disposal

Discontinued and expired medications shall be disposed of in a safe manner and in accordance with state and federal laws. Medication disposal shall never occur where humans or animals might gain access to discarded medications. The disposal shall be environmentally safe and in accordance with Standard Precautions.

7. Pharmacy Oversight

A pharmacist registered by the State of Michigan shall provide monitoring and oversight review of medication storage, administration, and dispensation on no less than a quarterly basis.

Reference:

CARF Behavioral Health Standards Manual, General Program Standards:
Medication Use

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Nancy Patera, Board Chairperson	Date		