

One Step Beyond, Inc.
POLICIES AND PROCEDURES

PROGRAM: **ALL PROGRAMS**
SUBJECT: **MEDICATION ADMINISTRATION**
POLICY NUMBER: QA 103
DES/DDD POLICY: **2.19**
DATE: AUGUST 23, 2023

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PURPOSE:

To ensure all program members receive his/her required medications in a safe and timely manner. To outline a process for medication submission from the parent/guardian to the day program and verification of members' meds according to members' PCSP.

POLICY:

All prescription medication that is administered at OSBI must be submitted as follows:

- 1.1 The bottle must be clearly labeled by the pharmacy. The bottle must have member's name, medication name, dosage, and time administered.
- 1.2 All medications will be kept in lock boxes at all times.
- 1.3 Only staff members who have been properly trained on the entire medication administration process and signed the acknowledgment form (see form 4) will be permitted to distribute medications.
- 1.4 Member Medication Logs (see form 1) must be completed (including initials and remaining pill count) at the time the medication is administered.
- 1.5 If a member is absent, the medication must still be counted and the medication log completed (see example).
- 1.6 An OSBI Prescription Refill Form (see form 2) must be completed by an OSBI employee and promptly sent.
- 1.7 OSBI staff may not administer any medication that is expired.
- 1.8 All OSBI members must have a valid standing orders form (signed by a doctor within the last year) on file to receive PRN/ OTC or for any Scheduled PRN medication.
- 1.9 If a PRN medication is administered, a PRN Administration Record (see form 3) must be completed.
- 1.10 The steps listed below must be followed in order to provide accurate and safe medication administration for program members. If the below steps are not followed, progressive action may be taken, up to and including termination.

2.0 PROCEDURE

2.01.1 Prescription Medication -Parent/guardian responsibility:

- 2.01.1.1 Notify OSBI Program Coordinator/Supervisor that their son/daughter will be taking medication while attending OSBI. Notify OSBI Program Coordinator/Supervisor immediately of any changes to current medication.

2.01.1.2 Complete and return the OSBI Prescription Medication Submission Form when medication is being submitted to OSBI.

2.01.1.3 Submit clearly labeled prescription bottle. in a pharmacy issued bottle. Bottle must clearly state: members name, medication name, time of administration, dosage.

3.1.2 **OSBI Program Coordinator/Supervisor's responsibility**

Guidelines for Medication refill requests:

3.1.2.1 Contact the parents and inform them that a refill is being requested and the empty pill bottle and Refill Form will be sent home.

3.1.2.2 Complete the Original Medication Refill Form and send home with the program member along with the empty prescription pill bottle.

3.1.2.3 Document and date on the Member Medication Log (in the notes section) that the empty pill bottle was sent home.

3.1.2.4 Photocopy the original Medication Refill Form and file it in the Medication Log binder. (this way there is a back-up just in case the original does not return).

Upon receipt of a program member's medication, OSBI Program Coordinator/Supervisor will:

3.1.2.5 Complete the original copy of the OSBI Prescription Medication Refill Form returned by the parent/guardian ensuring to sign off that they have received the medication.

3.1.2.6 Ensure the medication submitted matches the Member Medication Log and document in the notes section on the date and the pill count that was received from the parent/guardian.

3.1.2.7 Check and make sure that the medication is current and not expired. If an expiration date is not listed, go one year from the date the medication was filled.

3.1.2.8 If a members' medication is expired, contact the guardian/responsible person. Inform them the reason you will be sending the medication home. Any expired medication is NOT to be given to a member by OSBI staff.

3.1.2.9 Make note of the expired medication submission in the notes section on the Member Medication Log.

- 3.1.2.10 The completed original Refill Form is filed in the Medication Log binder. Remove the photocopy and dispose of it properly.
- 3.1.2.11 Lock medications in the lock box.

Dispensing **Scheduled** Prescription Medication

- 3.1.2.12 Only properly trained OSBI staff will be permitted to dispense medications.
- 3.1.2.13 Confirm the following **5 RIGHTS** before administering any medications: **right member, right drug, right time, right route, and right dose.**
- 3.1.2.14 Once the medication has been given, complete the Member Medication Log with staff initials, time administered and remaining pill count under the proper date.
- 3.1.2.15 If the last pill is given, please see medication refill guidelines.

Dispensing **PRESCRIBED PRN** (As needed) AND **PRN/OTC** (as needed over the counter medication)

- 3.1.2.16 If any member of OSBI is **prescribed** a scheduled PRN medication, the Program Coordinator/Supervisor must check to ensure that OSBI has a signed physician order on file. (example: lorazepam)
- 3.1.2.17 If any member of OSBI has a **standing order** to receive PRN/OTC medication, the Program Coordinator/Supervisor must check to ensure that OSBI has a signed physician order on file. (signed by a physician within the last 12 months.) (example: Tylenol)
- 3.1.2.18 After you administer the medication, complete the OSBI PRN Administration Record form.
- 3.1.2.19 Follow up with the program member 30 minutes after the medication has been given and document the results on the PRN Record form. **(MANDATORY)**

3.1 Specialized Member Medication Procedures

- 3.1.1 If a member carries emergency medication with them at all times AND are not able to self-medicate according to their ISP, the following guidelines will be implemented to ensure safe securement and administration.
- 1.10.1 A procedure will be drafted for each individual member who requires a specialized medication policy for emergency medication.

- 3.1.3 All OSBI staff will review and understand the procedure for each individual's specialized medication policy. All OSBI staff will review and sign annually for each member. **(MANDATORY)**.
- 3.1.4 The specialized medication will be kept in a locked pouch. The OSBI staff assigned to the member will wear the key to the locked pouch on a lanyard around his/her neck. This allows for quick and immediate access in the event of an emergency. The locked pouch is held within a backpack along with a copy of the member's medication procedure and medication administration log (staff is responsible for the key at all times).
- 3.1.5 If the member receives transportation services in the morning or afternoon from OSBI, the medication backpack will be transported with them and then returned to the transportation office to a secure location for overnight storage.
- 3.1.6 If they do not receive Transportation services, the medication backpack will be secured in the Supervisor's office for overnight storage.
- 3.1.7 If at any time the emergency medication must be administered, the staff must follow the individual member procedure (in backpack) and notify the program Supervisor for further instruction.

1.11 Medication Administration Error

A medication administration error can include (but is not limited to) any of the following instances:

- 1.11.1 Missed or late dose (by more than 1 hour)
- 1.11.2 Administering the improper dose of medication
- 1.11.3 Administering a medication at the wrong time
- 1.11.4 Administering a medication to the wrong program member
- 3.3.5 Administering the wrong route.

If a medication error occurs, you must complete the following steps:

- 3.3.5.1 OSBI staff must contact their administrator/director immediately.
- 3.3.5.2 Contact the prescribing pharmacy (if unable to contact, any local pharmacy will do) and ask for further instructions. Be sure to document the name and phone number of the pharmacist and what was stated.
- 3.3.5.3 Contact the parent/guardian/responsible person and inform them of the medication error and the pharmacist's suggested instructions.
- 3.3.5.4 If told to do so by the pharmacist or parent/guardian, contact the **Banner Good Samaritan Poison and**

Drug Information Center 1-800-222-1222 (24 hours).

- 3.3.5.5 If told to do so by the pharmacist, parent/guardian, or Poison and Drug Information Center, contact emergency services (911) and be sure to have the ingested medication information available.
- 3.3.5.6 Complete an Incident Report and include the pharmacist's name, phone number, and instructions that were given along with any further medical intervention that was needed.