

Medication Policies

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Regulation(s) supporting the need for this policy: 25-1-107ee, C.R.S; 10 CCR 2505-10 8.609.6 D4; 6 CCR 1011-1 Chap 08 14.6

MEDICATION STORAGE

POLICY:

Medications administered to individuals receiving Innovations services shall be stored under proper conditions of sanitation, temperature, light, humidity and security.

PROCEDURE:

1. All medications, prescription and over-the-counter (OTC), shall be stored in a safe place. For Staffed Sites, the medications will be stored in a locked area at the residence/ day program work site. When out in the community, medications will be in a locked box.
2. Medications requiring refrigeration shall be stored in the refrigerator in one of the following methods:
 - For Contract sites
 - i. A container that is kept in a refrigerator for medications only
 - ii. A separate refrigerator for medications
 - For Staffed Sites
 - i. A container that can be locked and kept in a refrigerator for medications only.
 - ii. A refrigerator that has a lock.
 - iii. A refrigerator in a room or closet that can be locked.
 - When out in the community, medications requiring refrigeration will be kept in a lockbox with a cold pack.
3. Authorized staff and/or providers shall have keys for medication cabinets, refrigerators and lock boxes.
4. Internal and external medications shall be stored separately. The internal medication may be placed in a separate container or on a separate shelf. When out in the community, internal and external medications will be in separate baggies labeled internal/external, and placed in a locked box.
5. Schedule II through Schedule IV narcotics shall be stored in a separate compartment under double lock and key. Reconciliation of receipt and disposition of controlled drugs shall be done weekly. More frequent reconciliation shall be completed (daily or by shift) when medication losses are realized.



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6. The Director of Nursing, Site Supervisors and/or Host Home Coordinators shall periodically inspect medication storage areas to ensure that medications are stored under proper conditions.

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MEDICATION REMINDER BOXES

Who may fill an MRB?

- A Nurse or Pharmacist.
- A Consumer independent with their medication management as assessed by the Nurse.
- Family or friends of the Consumer.
- By a direct care provider who has passed all the requirements of the Medication Administration course, who has passed all testing/assessment requirements regarding Medication Reminder Boxes, and who is monitored by a Qualified Manager.

Qualified Managers

- A Qualified Manager is an unlicensed individual designated and approved by the agency director or administrator to oversee MRB's.
- Qualified Managers have successfully been tested in Medication Administration according to the Colorado Division of Developmental Disabilities no less than every four years and complete Medication Administration Refresher courses yearly.
- Qualified Managers have reviewed and tested in the materials for Medication Reminder Boxes according to the Colorado Division of Developmental Disabilities and signed the Medication Administration Class Disclosure Form.
- Written approval is given by the agency director or administrator
- Responsibilities are maintained by demonstrating to the agency director or administrator that ongoing monitoring of MRB's is conducted and documented according to regulation and agency policy

Responsibilities of Licensed Personnel and Qualified Managers

- Verify that caregivers are Qualified Medication Administration Personnel (i.e. have completed Medication Administration II and received QMAP certification)
- Provide training materials and administer MRB test to caregivers
- Observe, assess and document the competency of caregivers in filling and labeling a consumer's Medication Reminder Box no less than 2 times
- Repeat observation, assessment and documentation when a consumer's medications are changed
- Provide all consumer/caregiver specific training documentation to the Nursing Services Administrative Assistant for scanning and routed to the medical chart
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Guidelines for the use of a MRB

- An MRB may not be filled for more than two weeks at a time.
- MRB's must be labeled with the name of the consumer, the name of each medication, the dosage, the quantity, the route of administration, and the time that each medication is to be administered. Original medication containers as labeled by a pharmacist must be maintained by the facility.
- All medications, prescriptions and non-prescription, require written signed physician orders.
- Original medication containers labeled by the pharmacist must be maintained by the agency in the home of the consumer.

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- A medication administration record (MAR) is required for recording all administrations from the MRB for consumers who are not deemed independent.
- The guidelines for documentation of medication administration apply to medication reminder systems.
- If the physician orders a change in a consumer's medication regime, the caregiver must discontinue the use of the MRB until the change has been refilled and re-labeled appropriately.
- If the medications in the MRB are not consistent with the labeling or the written physician's orders, the caregiver must discontinue the administration from the medication reminder system until the problem is resolved.
- Medication reminder boxes cannot be used for PRN or "as needed" medications.
- Only "oral" medications can be placed in a medication reminder box.
- Medications that must be administered according to special instructions such as "thirty minutes before meals" or "give before a dental appointment" may not be placed in a medication reminder box.
- Medications in the MRB may only be used at the time specified on the box.
- Compose a written policy for caregivers describing how to respond when or if a medication is changed; when a medication and/or label does not correspond to physician's orders
- Conduct routine oversight to MRB's through on site visits, regular review of MRB label against MAR and physician's orders, conduct ongoing assessments of caregivers and provide education to caregivers.
- Document all monitoring

Filling the Medication Reminder Box

- A licensed person or qualified manager must oversee the Caregiver filling the MRB.
- Check all MRBs prior to filling for cleanliness and good repair.
- Wash hands before filling MRBs. You may use gloves or rounded nose tweezers to transfer medications to bottle lid to MRB.
- MRB's should be filled in a safe, quiet, secured area, free from interruptions from staff, consumers and telephones.
- Cross-check the MRB label with the Physician Order Sheet and the MAR.
 - o Physician's orders, MAR and MRB label must match exactly.
 - o Verify and make any necessary changes before proceeding.
- Fill the MRB, one consumer at a time. The MRBs should not be filled for more than one (1) week at a time to minimize mistakes.
- Using an organized system, each medication on the MRB label is filled, one at a time, until all medications for a client have been completed.
- Count the number of medications in the MRB and compare to the MRB label.
- Document on the MAR the filling of the MRB, including date, time, initials, and signature.
- The Nurse will check the filling of the MRBs for first time set-ups.
- ALWAYS ask for assistance when unsure of an order, a medication, a label or the procedure used in filling MRBs.
- Periodic cross-checking of the MRB label and the contents to the MAR should be done for accuracy.
- Other than a situation that meets the criteria for using a Medication Reminder Box System, medications need to stay in their original, labeled container.

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DISPOSAL OF MEDICATION

POLICY:

Prescription and over-the-counter medications will be disposed of appropriately. This includes medications that have met their expiration date or have become contaminated (dropped on the floor or on other unsanitary surfaces) or unused medication due changes in the drug regime. Staff and providers are not authorized to dispose of medication themselves.

PROCEDURE:

1. Expired Medication

- Medications that have met or exceeded their expiration date shall immediately be removed from the medication cabinet.
- The medication shall not be removed from its original packaging.
- The medication shall be stored in a separately until the medication is either picked up by authorized pharmacy personal or by the site Nurse Case Manager. For Staffed Sites, the medication shall be stored in a locked container.

2. Contaminated Medication

Periodically staff, providers or individuals receiving service from Innovations may drop medication on unsanitary surfaces such as counter tops and floors. Staff shall place the medication in an envelope, seal the envelope, and do the following:

- Complete the Wasted Medication form
- Store the medication separately until the contracted pharmacist destroys the medication. For Staffed Sites, the medication shall be stored in a locked container.

3. Unused Medications

- Medications that can be returned to the pharmacy shall be returned and the appropriate account credited.
- If the medication is not accepted by the pharmacy, the medication shall be stored separately until the medication is picked up by the nurse and taken to appropriate pharmacy for disposal. For Staffed Sites, the medication shall be stored in a locked container.

4. Additional Considerations

- Drug containers with worn, illegible, or missing labels shall be promptly disposed of in a safe manner



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TRANSFER OF MEDICATION

POLICY:

The Innovations program shall utilize accurate and safe handling of medications when transferred to day programs, worksites, family visits and day outings.

PROCEDURE:

The following procedures shall apply to day or vocational programs who do not maintain an independent supply of medications to be administered during day program hours.

- 1. Receipt of transferred medications and medications administration book - residential to day program or worksite**
 - The day program or worksite staff assigned to pass medication shall verify that the appropriate medications are in the bubble packs.
 - Residential staff or providers shall be accountable for missing medications.
 - Residential staff or providers shall be responsible for getting missing medications to the day and worksite staff.

- 2. Transfer of medication to activities and events not directly supervised by Innovations for two (2) or fewer days, (e.g., home visits, Special Olympics, vacation, camps, etc.)**
 - Innovations shall assume no liability for medications administered off Innovations facility grounds and/or by persons not employed by Innovations.

- 3. Transfer of medication to activities and events not directly supervised by Innovations for three (3) or more days, (e.g., home visits, Special Olympics, vacation, camps, etc.)**
 - Two days prior to the planned departure, medication cards shall be taken to the contracted pharmacy to be repackaged as the pharmacy deems appropriate with the amount of medications needed during the leave of absence.



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CERTIFICATION TO ADMINISTER MEDICATIONS

POLICY:

Medication administration is a critical job element of staff who work directly with individuals receiving service from Innovations. Innovations will ensure that all staff and providers who administer medications are certified and trained to do so. Innovations will ensure that all individuals receive all of their scheduled medications as ordered by their physicians.

PROCEDURE:

A. Initial Certification

- a. All Innovations staff and providers will complete the Imagine! Qualified Medication Administration Person (QMAP) certification live class within 90 days of hire.
- b. If a staff or provider has an active QMAP certification from another agency, they will still need to complete the following:
 - i. review and pass a Computer Based Learning (CBL) module to establish competency
 - ii. have the approval of the site Nurse Case Manager
- c. Staff and providers shall not administer medications for a particular individual until they:
 - i. are QMAP certified,
 - ii. have been observed for three (3) medication passes,
 - iii. have approval of the site Nurse Case Manager,
 - iv. have been entered into MedSupport as a caregiver at the site where the individual lives, and
 - v. have reviewed the side effects of the individual's medication(s)

B. Certification Renewal

- a. All staff/providers who fill Medication Reminder Boxes (MRBs) will complete a live paper QMAP test every four (4) years. All staff/providers who do not refill MRBs will complete a live paper QMAP test every five (5) years.
 - i. The live paper QMAP test will be administered in a proctored setting, which will be overseen by the Nursing and Training teams.
 - ii. If the staff/provider makes any errors on the paper QMAP test, a Nurse will meet with the person to discuss the issue(s), and to ensure that the staff/provider understands the correct practice prior to renewing the person's QMAP.
- b. In addition, all staff/providers will renew their QMAP certification annually through a Computer Based Learning (CBL) module on Imagine!'s online training system, SmartView.

C. Medication Errors

- a. A staff or provider will be required to re-take the live Medication Administration QMAP training if:
 - i. the staff or provider receives three medication errors in a one-year period, or



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- ii. if the staff or provider commits a more serious medication error per discretion of the site Nurse Case Manager or Innovations Director of Nursing
- b. A staff or provider may lose their ability to administer medications indefinitely if he or she commits a major medication error, or has a concerning pattern of medication errors per discretion of the site Nurse Case Manager or Innovations Director of Nursing.

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MEDICATION ADMINISTRATION

POLICY:

Medication administration is specifically completed by persons who have received training and have been determined competent.

PROCEDURE:

1. Personnel qualified to administer medications include those who have satisfactorily completed the required medication administration training and practicum as certified by the Innovations Nurse.
 - The Innovations Nurse has the authority to revoke the privilege to administer medications of employees when determined they are not safely administering medications.
2. Designation of the staff and/or providers to complete medication pass:
 - Staffed Sites:
 - i. The supervisor shall designate on the schedule the staff that are responsible for medication administration for each shift. It shall be the responsibility of the supervisor to insure that each shift has qualified personnel to administer medications.
 - Contract Sites:
 - i. The provider will ensure that there is a qualified person to administer medications to the individual(s) at the home at all medication administration times
3. If applicable, staff and providers shall be responsible for implementing formal self-administration of medication programs across all medication passes. If applicable, individuals receiving service from Innovations shall have a formal skill acquisition program for learning to administer their medications. Training objectives will be commensurate with their skills and needs as assessed.
4. The person who is to receive medication shall be present before preparing medication.
 - Staff and providers are not to be disturbed or distracted when administering medications, (e.g., answering the telephone, responding to coworker's communications, etc.).
5. The staff/provider and the person scheduled to take medications shall wash their hands with hot water and soap before beginning medication administration. Hand sanitizer can be substituted for hot water and soap.
 - Hand washing shall be completed at the end of the medication pass for each individual receiving medication.
6. Check the labels and the MAR three times.
 - Check the MAR.

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- Locate the medication, compare the label with the MAR for the five (5) rights of medication (Right person, Right medication, Right dose, Right time, Right day)
 - Recheck before punching medication into a med cup or the hand of the individual.
 - Punch or measure the proper dosage into a medication cup or hand of the individual.
 - Recheck label and MAR before the person takes the medication.
7. The person receiving medication shall have available water, juice or food as appropriate.
8. The staff/provider administering medications shall:
- Not touch the medication
 - Identify medication up to the point of administration
 - Use gloves, cotton swabs to apply creams and lotions
 - Use gloves to administer eye drops if touching mucus membrane of the eye
 - Ensure all medications are stored safely when not in constant direct line of sight. For Staffed Sites, medications will be kept locked up when not in constant direct line of sight.
 - Report to the Innovations Nurse discrepancies in labeling, medications used, etc.
 - Know what the medications are for and their side effects.
9. Non-prescription medications requiring a physician's order prior to use shall be recorded on the MAR and are stored safely. For Staffed Sites, the medication should be kept locked up.
10. All Medications that are administered shall be documented on the MedSupport online system. If employees or providers use the Administer All feature on MedSupport, they shall cross-reference all medications administered with the ones that show up on MedSupport to ensure that they administered all of the medications listed. All sites shall have a paper MAR available for each individual at the site in case the MedSupport online system is down.

New Medications

1. New medications require a physician's order and shall be filled by licensed Pharmacists and started by staff trained to do so. Training shall be provided during the medication administration in-service.
- New medications shall be placed in the storage area by the staff receiving the medication from the pharmacy. For Staffed Sites, the medication shall be locked up.
 - The staff or provider receiving the new medication shall notify the person scheduled to administer medications that there is a new medication scheduled for administration.
 - The staff or provider who will administer the new medication will double check the medication with physician's orders or other appropriate instructions from the Innovations Nurse.
 - If the instruction and the medication label do not coincide, the staff or provider administering medication shall call the Pharmacist or Innovations Nurse.

Recertification: Will be done annually.

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MEDICATION ORDERS

POLICY:

All medication orders shall originate from the prescribing physician.

PROCEDURE:

A. New Orders

1. The physician may place telephone orders to the pharmacy or to qualified nursing personnel or fax an order to the Nursing office or pharmacy.
2. The physician may provide a handwritten prescription.

B. Telephone Orders

1. Telephone orders shall only be received by licensed medical professionals who are authorized to do so. This includes Licensed Practical Nurses (LPN) and Registered Nurses (RN).
2. Telephone orders shall require the prescribing physician's signature. This may be accomplished by fax or delivery to the physician for signature.
3. Physicians shall be asked to complete the transaction within 48 hours of placing the telephone medication order.

C. Delivery of Medications

1. Reorders shall be delivered by the contracted pharmacy within seventy-two (72) hours of the medication reorder.
2. Group home personnel who take receipt of delivered medication shall:
 - a. Verify the order sheet with the medications received.
 - b. Secure the medications in the locked medication storage area.
 - c. Report any discrepancies to the contracted pharmacy immediately
 - d. Report discrepancies to the Innovations Nurse.

D. After Hours Medication Order

1. Written prescriptions shall be taken to the pharmacy and presented to the pharmacist at the time that medications are picked up.
2. Prescriptions called directly into the pharmacy shall require no other action from staff or providers other than picking up the medication.



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SELF-ADMINISTRATION OF MEDICATIONS

POLICY:

Individuals receiving services from Innovations have the right to learn and actively participate in the administration of their medications to the fullest extent of their capabilities. This includes every aspect of medication administration from preparing the liquid or food the medications are to be taken with, washing of their hands prior to administration, removing medications from the containers, the name of their medications, why they take the medications, the side effects of the medications, and the dosages and times of day the medications are to be taken. Individuals who learn to independently administer their medications shall do so with medication administration certified staff observation to ensure medications are administered without error.

PROCEDURE:

1. If applicable, a self-administration of medication assessment shall be completed annually for each individual receiving service from Innovations. The interdisciplinary team shall establish training objectives that promote and enhance each individual's independence in administering their medications. It is expected that self-administration of medication training programs be implemented for all scheduled administration of medications.
2. The client's physician shall be informed of the interdisciplinary team's decision that self-administration of medications is a training objective.
3. The interdisciplinary team shall not determine an individual incapable of learning to self-administer medications based solely on the person's disabilities.
4. The decision that individuals are incapable of learning to expand upon skills or are incapable of learning any skill associated with administering medications shall occur only when it can clearly be demonstrated that numerous techniques were tried and failed. In situations when the interdisciplinary team has made this determination, it is expected that employees continue to encourage individuals actively participate in the administration of their medication.
5. Clients shall not independently self-administer medications until competency has been demonstrated.



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ROUTINE STANDING ORDERS

POLICY:

The primary physician for each individual receiving Innovations' services shall at least annually provide a list of acceptable non-prescription routine standing orders.

PROCEDURE:

1. A copy of the current Routine Standing Orders shall be kept in the Medication Administration Book, Medical File and Master File.
2. A supply of the medications listed on Routine Standing Orders shall be stocked at the residence.
3. Usage shall be recorded on the MAR and shall include the date given, time given, amount given, route given, reason given and follow-up or results.
4. The Innovations Nurse shall immediately be contacted when any medication listed on the Routine Standing Order is administered for forty-eight (48) hours.

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AUTOMATIC STOP ORDERS

POLICY:

Automatic stop orders shall be adhered to as dictated by the prescribing physician.

PROCEDURE:

- A. Medications not specifically limited to duration of use or number of doses will be controlled by the following automatic stop order:
 - 1. Antibiotics will automatically have a 10-day calendar stop date unless otherwise prescribed by the attending physician.
 - 2. All Schedule II through Schedule IV narcotic prescriptions shall not be refilled until the physician determines further medication is necessary.
- B. Anticoagulant medications shall have a written review date listed on the physician's order. At the time of the physician's order for anticoagulant medications, the physician shall provide an order for clotting studies.
- C. Anticonvulsants shall have physician's orders for the frequency of laboratory testing to determine blood levels to monitor therapeutic or toxic levels.
- D. Psychotropic medication shall have physician's orders for the frequency of the physician's evaluation of effectiveness. Psychotropic medications requiring monitoring of blood levels shall have a physician's order for the frequency of blood draws.



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SHIFTS WITH NO CERTIFIED MEDICATION ADMINISTRATION STAFF/PROVIDERS

POLICY:

Innovations will ensure that all shifts are staffed with at least one person certified to administer medications or prior arrangements have been made with certified personnel to come into the home and administer medications as scheduled.

PROCEDURE:

1. Staffed Sites

- a. In the event that a shift does not have certified staff to administer medications, the on-duty staff shall call the Site Supervisor. The Site Supervisor shall either come to the home and administer medications or locate a certified staff to administer medications.
- b. If the Site Supervisor cannot be located, the Innovations Nurse shall be immediately contacted. The Innovations Nurse will either come into the home to administer medications or will locate certified personnel who will come into the home and administer medications.

2. Host Homes

- a. In the event that a shift does not have certified individuals to administer medications, the on-duty person shall call the Host Home Provider. The Host Home Provider shall either come to the home and administer medications or locate a certified respite staff to administer medications.
- b. If the Host Home Provider cannot be located, the Innovations Nurse shall be immediately contacted. The Innovations Nurse will either come into the home to administer medications or will locate certified personnel who will come into the home and administer medications.

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ADVERSE REACTION TO MEDICATIONS OR ANESTHESIA

POLICY:

Staff and providers shall monitor individuals for side effects and adverse reactions to the medications they receive. Documentation shall be recorded into the medical and master files for individuals who experience adverse reactions to medications. Adverse reactions to local and general anesthesia shall be reported as required by Health Facilities and Emergency Medical Services Division (HFEMSD) Occurrence Reporting. Documentation shall be recorded into the medical and master files for individuals who experience adverse reactions to anesthesia.

PROCEDURE:

A. Adverse Reaction to Medications

1. Information data sheets for medications administered to individuals shall be maintained in the medication administration record (MAR).
2. It is expected that staff and providers remain knowledgeable of side effects of medications and immediately report potential side effects to the nurse or Director of Nursing.
3. The Innovations Nurse shall document in the individual's medical file suspected and confirmed adverse reactions/side effects of medications.
4. The Innovations Nurse shall immediately report all suspected or confirmed adverse reactions/side effects to the primary physician.

B. Irreversible Side Effects

1. Staff and providers will be knowledgeable about the side effects of medications that can lead to irreversible conditions such as Tardive Dyskinesia.
2. Innovations will take the following actions whenever a medication with irreversible side effects is ordered:
 - i. The Innovations Nurse Case Manager will provide a copy of the Irreversible Side Effects Info Sheet to the staff/provider.
 - ii. The Innovations Nurse Case Manager will update MedSupport to include a weekly task reminder for staff/providers to note any irreversible side effects of the medication
 - iii. The Innovations Nurse Case Manager will provider any additional training necessary and will document that in a Nursing Note in the individual's Medical Book.
3. **What to do when irreversible side effects are detected:**
 - i. If the symptom is life or limb threatening, call 911 immediately.
 - ii. As soon as possible, contact the site Nurse Case Manager. The Nurse Case Manager can provide additional instructions as needed.
 - iii. As soon as possible, contact the psychiatrist or prescribing physician. The physician or nurse you talk to may provide additional instructions as well.

C. Therapeutic blood Levels

The physician's orders shall specify the frequency of laboratory testing for medications requiring monitoring of blood levels. The Innovations Nurse shall complete the appropriate Occurrence Reporting incident report.

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MEDICATION VARIANCE

POLICY:

It is the policy of Innovations that medications be administered without error. Periodically, medication errors may occur and shall be reported as required by the following procedures. Medication errors shall be tracked and when patterns are identified, and corrective action will be taken.

PROCEDURE:

1. Medication Errors

- a. The following instances shall be considered a medication error:
 1. **Late dosage:** Late dosage is one hour prior to and one hour after the scheduled time.
 - Example: The physician's order is to administer the medication at 7:00 p.m. The medication was administered at 5:55 p.m. or at 8:05 p.m. This constitutes a medication error.
 2. **Missed dose**
 3. **Wrong time**
 4. **Wrong dose**
 5. **Wrong person**
 6. **Wrong medication**
 7. **Wrong route**
 8. **Wrong procedure:**
 - Example: The medication was to be taken with food and was not; the medication was to be crushed and was not; the medication was to be taken one hour before eating and was not.
 9. **Lack of documentation:** The MAR was not initialed as being given, incorrectly completed, etc.

2. Reporting Medication Errors

- a. Staff or providers who realize they have made a medication error or they discover a medication error made by another staff or provider shall immediately (before they leave their shift) report the medication error to the Innovations Nurse. When the Innovations Nurse is unavailable, staff shall contact in the following order:
 1. Other nursing personnel employed by Innovations
 2. Contracted pharmacy
 3. Call the emergency room
 4. Call the primary physician
- b. Staff or providers shall complete an incident report prior to leaving their shift and route to the Innovations Nurse.
 1. NOTE: Although "lack of documentation" is considered a Medication Error and needs to be reported to the Site Nurse Case Manager, it is not considered an incident and does not require an Incident Report.
- c. Some Medication Errors that happen at Group Homes will qualify as Occurrences that need to be reported to the Colorado Department of Public Health and Environment

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(CDPHE). Specifically, these are Medication Errors that result from an individual not receiving a critical medication, which could have led to the individual suffering significant harm. Consult with your Site Supervisor or the Regulatory Business Analyst if you have any question as to whether a Medication Error qualifies as an Occurrence.

- d. If a paper MAR is being used, staff or providers shall document action taken on the reverse side of the MAR.

3. Monitoring of Medication Errors and Corrective Action

The Innovations Nurse shall monitor medication errors to determine if patterns exist. Corrective action will be taken when patterns appear to exist. Corrective action may include, but is not limited to, decertification of staff or provider to administer medications, retraining, and termination of employment.

4. Dropped Medications

- a. Schedule I medications should be placed in a “baggie” and sent to Nursing Services for disposal.
- b. Schedule II through IV contaminated medications shall be placed in an envelope, seal the envelope and secure the envelope in the medication cabinet. Mark the envelope “Contaminated”.
- c. Staff or providers who witness “dropped medication” (Schedule I through Schedule IV medications) shall complete an incident report prior to leaving their shift.
- d. The staff or provider disposing of the medication (Schedule I medications only) and the staff who witnesses the disposal shall complete the Contaminated Medications Tracking Form.

5. Medication Refusal

- a. Periodically, individuals may refuse to take their medications as scheduled. Staff should counsel the individual on the possible negative consequences for refusing to take medications as prescribed by their physician.
- b. Staff or providers should make several attempts at medication administration during the one hour window unless otherwise stated by the individual’s interdisciplinary team.
- c. Staff or providers shall contact the Innovations Nurse for further instructions.
- d. Staff or providers will document all medication refusals in the MedSupport system.
- e. The interdisciplinary team shall address individuals who regularly (3 or more times during a 30-day period) refuse to take their medications.

6. Absence of MAR Documentation

- a. Staff or providers who discover the absence of MAR documentation shall check medication cards to determine if the medication was given. When it can be determined that the medication was administered, complete an incident report. When it can be determined that the medication was not administered, contact the Innovations Nurse for further instruction and complete an incident report prior to leaving shift.



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- b. In situations where a medication card is not available to check (liquids, pills in bottle, creams, shampoos, etc.) assume that the medication was missed and contact the Innovations Nurse and complete an incident report prior to leaving shift.
- c. If using a paper MAR, place an asterisk in the open box on the MAR in MedSupport and document.