

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: RESIDENTIAL MEDICATION MANAGEMENT POLICY 6.19

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Authority: [Title 71A RCW](#) *Developmental Disabilities*  
[Chapter 18.79 RCW](#) *Nursing Care*  
[Chapter 18.88A RCW](#) *Nursing Assistants*  
[Chapter 246-840 WAC](#) *Practical and Registered Nursing*  
[Chapter 246-841 WAC](#) *Nursing Assistants*  
[Chapter 246-945 WAC](#) *Pharmacy Quality Assurance Commission*  
[Chapter 388-101 WAC](#) *Community Residential Services and Supports*  
[Chapter 388-101D WAC](#) *Requirements for Providers of Residential Services  
and Supports*  
[Chapter 388-826 WAC](#) *Out-of-Home Services*  
[Chapter 388-829C WAC](#) *Companion Homes*

### PURPOSE

This policy establishes procedures for community residential providers supporting clients who use medications.

### SCOPE

This policy applies to DDA field services staff and the following state-operated and DDA-contracted providers:

#### For adults:

- Companion homes
- Group homes
- Group training homes
- Stabilization, Assessment, and Intervention Facility
- State-operated living alternatives
- Supported living

For children:

- Intensive Habilitation Services
- Licensed child foster homes
- Licensed group care facilities for medically fragile children
- Staffed residential homes
- State-operated living alternatives

**DEFINITIONS**

**Consent** means verbal or written agreement by the client or the client's legal representative to proceed with a prescribed treatment or medication.

**Controlled substance** means a drug, substance, or compound used to manufacture a controlled substance included in Schedules I through V as set forth in federal or state laws, or federal or commission rules, but does not include hemp or industrial hemp as defined in [RCW 15.140.020](#).

**Legal representative** means a parent of a child if the client is under age eighteen, a court-appointed guardian if a decision is within the scope of the guardianship order, or, for the purpose of this policy, any other person authorized by law to act for the client.

**Enabler** means a physical device used to facilitate a client's self-administration of a medication. Physical devices include, but are not limited to, a medicine cup, glass, cup, spoon, bowl, prefilled syringe, syringe used to measure liquid, specially adapted table surface, straw, piece of cloth, or fabric.

**Instill** means administration of medication via drop by drop or with a catheter into the body.

**Medication administration** means the direct application of a prescribed medication by injection, inhalation, ingestion, application, or other means, to a client by a person legally authorized to do so.

**Medication assistance** (referred to as "self-administration of medication" in Chapter [246-945 WAC](#)) means support to a person to self-administer their own medication under [RCW 69.41.085](#) and [Chapter 246-945 WAC](#) by a non-practitioner.

**Nurse delegation** means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants or home care aides. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the client.

**Prescriber** means a physician or other healthcare professional authorized by law to prescribe medications.

**POLICY**

- A. The provider must ensure that clients who need support to take their medication or apply treatments are supported in a manner that maintains the client's health, safety, and independence.
- B. The provider must ensure medication assistance or medication administration is delivered in a way that meets the client's needs and balances health and safety with client independence.

**PROCEDURES****A. Medication Assistance**

- 1. The client retains the right to refuse medication.
- 2. A provider may provide medication assistance if:
  - a. The client is able to put the medication into their mouth or apply or instill the medication; and
  - b. The client is aware they are taking a medication. The client does not need to state the name of the medication, its intended effects, side effects, or other details.
- 3. The provider can perform the following actions under medication assistance:
  - a. Reminding or coaching the client to take the medication;
  - b. Handing the medication container to the client;
  - c. Opening the medication container;
  - d. Using an enabler;
  - e. Placing the medication in the client's hand; and
  - f. Steadying or guiding a client's hand while the client applies or instills a medication (e.g., ointment, or eye, ear, and nasal preparations).

4. Medication assistance may be provided with prefilled insulin syringes. Medication assistance is limited to handing the prefilled insulin syringe to the client to self-inject. Medication assistance with the administration of any other intravenous or injectable medication is specifically excluded.
5. For a provider to support a client to alter a medication, the medication must be identified by the healthcare provider or pharmacist as safe to alter. This must be documented on the prescription container and in the medication administration record.
6. For children and youth receiving out-of-home services or intensive habilitation services, the licensed provider must also act in accordance with Chapter [110-145](#) or [110-148](#) WAC when administering the client's medications. If there are inconsistencies between this policy and licensing requirements, requirements in Chapters 110-145 and 110-148 take precedence.
7. If a provider has concerns about how medication assistance is being provided, the provider must contact the client's case manager for a possible referral to nurse delegation.

B. Nurse Delegation

1. To perform a nursing task, the provider must:
  - a. Have an active credential as a nursing assistant under [Chapter 18.88A RCW](#) or as a home care aide under [Chapter 18.88B RCW](#); and
  - b. Provide the delegated nursing tasks in accordance with [WAC 246-840-910 through 970](#).
2. When a nursing care task has been delegated, the task must be performed only for the specific client who was the subject of the delegation.
3. The delegated authority to perform the nursing care task is not transferable to another employee.
4. Delegating nurses may delegate tasks within their scope of practice, but must not delegate the following tasks under [WAC 246-841-405](#):
  - a. Administration of medication by injection except for insulin (i.e., intramuscular, intradermal, subcutaneous, intraosseous, and intravenous);
  - b. Sterile procedures;

- c. Central line maintenance; or
  - d. Acts that require nursing judgment.
5. The DDA nursing services unit manager may be a liaison or a resource for consultation between the contracted delegating nurse and the residential provider.
6. Nurse delegation complaints during normal business hours can be filed with the Department of Health at (360) 236-4700. The Department of Health nursing professional [Complaint/Report Form](#) is available on the Department of Health website.

C. Medication Administration by a Licensed Professional

A licensed professional must perform a client's nursing tasks if:

- 1. The client requires more than medication assistance and the employee supporting the client is not nurse delegated; or
- 2. The procedure cannot be delegated.

D. Storage of Medications

- 1. A provider must:
  - a. Keep a client's medications so they are not readily available to others. Medications stored in a client's room must have provisions for adequate segregation and security (this is a non-restrictive procedure under [DDA Policy 5.15, Restrictive Procedures](#)).
  - b. Secure medications if a client is currently assessed to be at risk with uncontrolled access to their medications.
  - c. Store medications under proper conditions for sanitation, temperature, moisture, and ventilation, and separate from food or toxic chemicals.
  - d. Store medications in the original medication containers with pharmacist-prepared or manufacturer's label, or in medication organizers clearly labeled with the:
    - i. Name of the person for whom the medication is prescribed;
    - ii. Medications included;

- iii. Dosage;
      - iv. Time; and
      - v. Route.
  2. Clients who receive community residential services, other than out-of-home services, may manage their own medication organizers when they are filled and labeled by:
    - a. The client;
    - b. A pharmacist;
    - c. A registered nurse;
    - d. Licensed practice nurse; or
    - e. The client's legal representative or family member.
  3. Community residential providers who provide medication assistance to an adult client must confirm that the medication organizers are labeled per requirements in WAC 388-101D-0330 before administration of medication. The client, a pharmacist, a registered nurse, licensed practical nurse, or the client's legal representative or family member may label the medication organizer.
  4. An staffed residential home, facility for medically complex children, or a child foster home provider must:
    - a. Comply with Chapters [110-145](#) and [110-148](#) WAC;
    - b. Keep prescription and over-the-counter medications in a locked container and in a manner that minimizes the risk of medication errors; and
    - c. Lock human medications and animal medications in separate containers.
  5. A group home or group training home provider must:
    - a. Keep all medications in locked storage; and
    - b. Use medication organizers only when filled by a pharmacist.
- E. Documentation
1. The provider must maintain a record in the client's residence, either electronically or in hardcopy, of the following:
    - a. Medication orders from a prescribing professional provided under self-administer, administer with assistance, medication administration, and

medication refusals by the client for the current month medications are being administered, including:

- i. What the medication is prescribed for; and
  - ii. For a PRN medication, the provider's observation of the client following medication use.
- b. Records as applicable and as provided by the delegating nurse:
- i. A copy of the consent for nurse delegation provided by the delegating nurse;
  - ii. The long-term care worker credential form received from the delegating nurse;
  - iii. All nurse delegation instruction sheets – the delegated tasks may be indicated on the medication administration record (MAR) or treatment sheet;
  - iv. The nurse visit form or a written statement that confirms the date the nurse completed the nursing assessment with the client; and
  - v. Documentation of any recensions provided under subsection (5)(d) of this section.
2. The provider must communicate to the client's prescribing professional when:
- a. The medication does not appear to have the prescriber's intended effects; and
  - b. Any observable changes in the client's behavior or health occur that might be an adverse side effect of the medication.
3. The provider must make available to clients and staff information on side effects of any medications the client takes. If the medication is delegated, the delegating nurse will provide training to the provider on side effects to be monitored.
4. The provider must have a system to account for and verify all medications for which they are responsible. All providers, except companion home providers, must have a specific procedure for counting medications identified as controlled substances.

5. The delegating nurse must provide to the provider:
  - a. A copy of the consent for nurse delegation and the documents related to delegation;
  - b. A written statement that confirms the date the nurse completed the nursing assessment with the client – this may be recorded on the nurse visit form or documented in the client’s record;
  - c. Nurse delegation instructions to delegated staff; and
  - d. A copy of any completed [DSHS 13-680](#), *Nurse Delegation: Rescinding Delegation*, or strikethrough of a delegated caregiver’s name and the date of rescission on [DSHS 14-484](#), *Nurse Delegation: Nursing Visit*.

F. Disposal of Medications

1. The provider must properly dispose of all medications that are discontinued, superseded by another, or are beyond what the pharmacist states as the expiration date. The provider must list the name of each medication, amount disposed, and date of disposal.
2. Two people, one of whom may be the client if over 18 years old, must verify the disposal by signature.
3. Each group home and group training home must have a written disposal policy approved by a pharmacist.

G. Informed Consent

1. For a client who receives nurse delegation, the delegating nurse must obtain written consent before delegating tasks. An electronic signature is valid. Verbal consent is valid up to 30 days.
2. When accompanying a client at a medical appointment, it is important that a provider let healthcare professionals know that they are not a legal representative for the purposes of consent. If the provider accompanies the client to a medical appointment, the provider must, upon the legal representative’s request:
  - a. Share the appointment summary, instructions sheet, or drug information sheet they receive with the client’s legal representative; or



- b. Share access to the client's patient portal, if available, with the client's legal representative.
3. For additional requirements regarding informed consent for psychotropic medication see [DDA Policy 5.16](#), *Psychotropic Medications*.
4. If a client's legal representative is unwilling to follow orders from a healthcare professional for a medication and the provider believes this decision is not in the client's best interest, the provider should discuss the matter with the client's case manager, who will consult with the field services administrator and the Office of the Attorney General as appropriate. DDA will work with the provider to develop a plan to address the situation.

#### H. Skin Observation

If a provider is concerned about a client's skin health or integrity, contact the case manager who may initiate steps under [DDA Policy 9.13](#), *Skin Observation Protocol*.

#### **EXCEPTIONS**

Any exception to this policy must have the prior written approval of the deputy assistant secretary or designee.

#### **SUPERSESSON**

DDA Policy 6.19  
Issued July 1, 2021

Approved:

  
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Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 1, 2023