



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: RESIDENTIAL MEDICATION MANAGEMENT POLICY 6.19

Authority:	RCW 7.70.065	Actions for Injuries Resulting From Health Care
	Chapter 18.88A RCW	Nursing Assistants
	Chapter 71A RCW	Developmental Disabilities
	Chapter 246-840 WAC	Protocol for Delegating Nursing Care Tasks
	Chapter 246-841 WAC	Nursing Assistants
	Chapter 246-888 WAC	Medication Assistance
	Chapter 388-78A WAC	Boarding Homes
	Chapter 388-101 WAC	Community Residential Services and Supports

PURPOSE

This policy describes the procedures to be used by contracted residential service providers in supporting persons with developmental disabilities who use medications.

SCOPE

This policy applies to all persons who provide services in community residential programs certified and funded by the Division of Developmental Disabilities (DDD).

POLICY

When providing instruction and support services to DDD clients, the service provider must ensure that individuals who use medications are supported in a manner that safeguards their health and safety.

For licensed boarding homes only, medication management requirements as described in WAC 388-78A-300 take precedence over this policy.

PROCEDURES

A. Self-Administration of Medications

1. Residential service providers must have a written policy that has been approved by DDD regarding supervision of self-medication.
2. The service provider, unless he or she is a licensed health professional or has been authorized and trained to perform a specifically delegated nursing task, may only assist the client to take medications. The service provider can perform the following actions:
 - a. Communicate the prescriber's order to the client in such a manner that he/she self-administers his/her medication properly;
 - b. Remind or coach the client when it is time to take a medication;
 - c. Open the client's medication container;
 - d. Hand the client the medication container;
 - e. Place the medication in the client's hand;
 - f. Transfer medication from one container to another for the purpose of an individual dose (e.g., pouring a liquid medication from the container to a calibrated spoon or medication cup or using adaptive devices);
 - g. Alter a medication by crushing, mixing, etc., as long as the client is aware that the medication is being altered or added to food or beverage. A pharmacist or other qualified practitioner must determine that it is safe to alter a medication and this must be documented on the prescription container or in the client's record;
 - h. Guide or assist the client to apply or instill skin, nose, eye, and ear preparations. The practice of hand-over-hand administration is not allowed; and
 - i. For group homes that have a boarding home license, refer to WAC 388-78A-300 for additional tasks that may be allowed.
3. The service provider may administer the client's medication if he/she is a licensed healthcare professional. Medications may only be administered under the order of a physician or a health care professional with prescriptive authority.

4. If a client requires assistance with the use of medication beyond that described in A.2. above, the assistance must be provided either by a licensed healthcare professional or a registered nurse (R.N.) who delegates the administration of the medication according to Chapters 388-101 and 246-840 WAC.

B. Nurse Delegation (Chapter 246-840 WAC)

1. Nursing assistants who have been delegated a nursing care task must perform the task as follows:
 - a. In compliance with all requirements and protocols of Chapter 246-840 WAC and WAC 246-841-405;
 - b. Only for the specific person who was the subject of the delegation; and
 - c. Only with the consent of the client or another person authorized to provide consent for healthcare on behalf of the client under RCW 7.70.065.

Persons authorized to provide consent for healthcare must be a member of one of the following classes of persons in the order of priority listed below:

- i. The client if he or she is own legal representative;
 - ii. The client's legal representative, if any;
 - iii. An individual who holds a durable power of attorney for the client's healthcare decisions;
 - iv. The client's spouse;
 - v. The client's children who are at least eighteen (18) years of age;
 - vi. The client's parents; or
 - vii. The client's adult siblings.
2. The delegated authority to perform the nursing care task is not transferable to another nursing assistant.
 3. The nursing assistant must not be subject to any employer reprisal for refusing to accept delegation of a nursing task based on the person's safety issues.

4. The R.N. delegator cannot delegate the following tasks:
 - a. Administration of medication by injection (intramuscular, intradermal, subcutaneous, intraosseous, and intravenous);
 - b. Sterile procedures; or
 - c. Central line maintenance.

5. Before performing any delegated nursing task, the service provider must:
 - a. Complete the inservice staff training as required in WAC 388-101-1680;
 - b. Be a "nursing assistant - registered" or a "nursing assistant - certified";
 - c. Complete nurse delegation core training as approved by the Department of Social and Health Services (DSHS) and receive a certificate of completion. The service provider must maintain documentation of this training activity.
 - d. Receive task-specific training from a delegating R.N..

6. Nursing tasks that a provider may perform when delegated by an R.N. include but not limited to:
 - a. Oral and topical medications and ointments ("oral medication" means any medication that can be ingested through the mouth or administered directly into a gastrostomy tube);
 - b. Nose, ear, and eye drops and ointments;
 - c. Dressing changes and catheterization using clean techniques;
 - d. Suppositories, enemas, and ostomy care in established and healed condition;
 - e. Blood glucose monitoring; and
 - f. Gastrostomy feedings in established and healed condition.

7. Any person may call the Nurse Delegation Hotline at (800) 422-3263 to file a complaint.

8. The nursing assistant may consent, or refuse to consent, to perform a delegated nursing care task, and is responsible for his/her actions with regard to this decision.
9. No agency may discriminate or retaliate in any manner against a person because the person made a complaint or cooperated in the investigation of a complaint.
10. DSHS shall impose a civil fine of not less than \$250 and not more than \$1,000 on any provider who knowingly performs or knowingly permits an employee to perform a nursing task except as delegated by a nurse pursuant to Chapter 18.88A RCW and Chapters 246-840 and 246-841 WAC.

C. Storage of Medications

1. Providers 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;
 - b. Store medications under proper conditions for sanitation, temperature, moisture and ventilation, and separate from food or toxic chemicals; and
 - c. Store medications in the original medication containers with pharmacist-prepared or manufacturer's label, or in medication organizers which are clearly labeled with the:
 - i. Name of the person for whom the medication is prescribed;
 - ii. Medications included; and
 - iii. Dosage frequency.
2. Supported Living (SL) agencies may allow medication organizers maintained by the client when the organizers are filled by:
 - a. The client;
 - b. A pharmacist;
 - c. An R.N.; or
 - d. The client's family member.

A Supported Living agency providing medication assistance to a client must assure that the medication organizers are labeled. The client, a pharmacist, an R.N., or the client's legal representative or family member may label the medication organizer.

3. Group Homes must:
 - a. Keep all medications in locked storage; and
 - b. Use medication organizers only when filled by a pharmacist.

D. Documentation

The service provider must maintain a written record of all medications administered to, monitored, or refused by the client.

E. Disposal of Medications

The agency administrator or his/her designee must properly dispose of all medications that are discontinued or superseded by another. The administrator or designee must list the medication, amount disposed, and date of disposal. Two (2) people, one of whom may be the client, must verify the disposal by signature. Group Homes must have a written disposal policy approved by a pharmacist.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Division Director.

SUPERSESSION

DDD Policy 6.19
Issued September 1, 2005

DDD Policy 6.19
Issued November 1, 2003

DDD Policy 6.19
Issued January 1, 2002

DDD Policy 6.19
Issued June 30, 2000

TITLE: RESIDENTIAL MEDICATION MANAGEMENT POLICY 6.19

DDD Policy 6.19
Issued June 27, 1997

Policy Directive 541
Issued December 7, 1982

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: July 1, 2007