



DEVELOPMENTAL DISABILITIES ADMINISTRATION
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](#) *Assisted Living (formerly Boarding Homes)*
[Chapter 388-101 WAC](#) *Community Residential Services and Supports*
[Chapter 388-826 WAC](#) *Voluntary Placement Services*

PURPOSE

This policy describes the procedures to be used by community residential services providers who contract with the Developmental Disabilities Administration (DDA) to support persons with developmental disabilities who use medications.

SCOPE

This policy applies to DDA Field Services staff and to the following DDA contracted residential service programs

For adults:

- Supported Living (SL)
- Group Homes (GH)
- Group Training Homes (GTH)
- Companion Homes (CH)
- State Operated Living Alternatives (SOLA)

For children:

- Licensed Staffed Residential (LSR)
- State Operated Living Alternatives (SOLA)
- Licensed Child Foster Home (CFH)
- Licensed Group Care Facility

For group homes licensed as assisted living facilities or as adult family homes, medication management requirements as defined in [WAC 388-78A-2210 through 2290](#) and [WAC 388-76-10430 through 10490](#) take precedence over this policy.

DEFINITIONS

Consent means verbal or written agreement by a decision-maker to proceed with a prescribed treatment/medication.

Controlled Substance means a drug, substance, or immediate precursor identified by the pharmacist or prescribing practitioner as a controlled substance.

Decision-maker means the person legally authorized to give consent. The decision-maker may be the person, the person's legal guardian, or other legal surrogate.

Medication administration is the direct application of a prescribed medication whether by injection, inhalation, ingestion, or other means, to the body of the client by an individual legally authorized to do so.

Medication assistance is assistance with **self-administration** of medication rendered by a non-practitioner to a client receiving certified community residential services and supports in accordance with [RCW 69.41.085](#) and [Chapter 246-888 WAC](#).

Medication service is any service provided by a certified community residential services and support provider related to medication administration or medication assistance provided through nurse delegation and medication assistance.

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

POLICY

- A. When providing instruction and support services to DDA clients, the service provider must ensure that individuals who use medications are supported in a manner that safeguards their health and safety.
- B. Service providers may not administer medications for a client or assist a client to self-administer medications if consent has not been given.

PROCEDURES**A. Self-Administration of Medications**

1. Service providers must have a written policy regarding supervision of self-medication.
2. The service provider, unless he or she is a licensed healthcare 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 they self-administer their 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 prescribing practitioner must determine that it is safe to alter a medication and this must be documented on the prescription container or in the client 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.
3. The service provider may administer the client's medication if the service provider is a licensed healthcare professional. Medications may only be administered under the order of a physician or a healthcare professional with prescriptive authority.
4. If a client requires assistance with the use of medication beyond that described above in section A.2., the assistance must be provided either by a licensed

healthcare professional or a Registered Nurse who delegates the administration of the medication according to Chapters [388-101](#) and [246-840](#) WAC.

5. For children and youth, aged 18-20 receiving Voluntary Placement Services, the service provider must also act in accordance with chapter 388-148 or 388-147 WAC related to the administration of medications. If there are inconsistencies between the policy and licensing requirements under the chapters named above, the service provider is required to meet the more stringent of the two.

B. Consent

1. All new prescription medications or prescribed changes in dosages of current medications require consent to take the medication(s). In the event that there is not a written consent for ongoing medications, a verbal consent for new or changed medications must be obtained and followed up with written consent within ninety (90) days.
2. Written consent for ongoing medication management may be obtained at the time of the client's annual Individual Support Plan (ISP) meeting. This written consent can include consent for new medications as they occur, and must be reviewed and renewed annually.
3. Service providers are not decision-makers for the purposes of consent. Service providers, therefore, may need to clarify their role if it appears that the prescriber believes that the service provider can give consent for medications.
4. If a client's legal representative is unwilling to provide consent 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 Resource Manager (CRM), who will consult with the Field Services Administrator (FSA) and/or the Office of the Attorney General as appropriate. DDA will work with the provider to develop a plan to address the situation.

C. Skin Observation Protocol (SOP)

When the SOP is triggered in the client assessment, the Case Resource Manager (CRM) or Social Worker (SW) must use the [DSHS 01-212](#), *ALISA Nurse Delegation: Referral and Communication CRM's Request*, form to initiate the request for completion of the required activities for the SOP:

1. For clients in DDA residential programs receiving Nurse Delegation services, the CRM/SW must refer the client to the delegating nurse to complete the SOP. Use [DSHS 01-212](#), *ALISA Nurse Delegation: Referral and Communication CRM's Request*. This link is available on the DSHS DDA intranet website only.

2. For clients in DDA residential programs who do not receive Nurse Delegation services:
 - a. Refer to the Registered Nurse working with or employed by the agency; or
 - b. If there is no Registered Nurse working with the residential agency, refer to an ALTSA contracted delegating nurse. Use [DSHS 01-212](#), *ALTSA Nurse Delegation: Referral and Communication CRM's Request*. This link is available on the DSHS DDA intranet website only.
 - c. Payment for services under this section is made by using Regional "Professional Services" funds codes.
3. The Registered Nurse will complete all observation, education, referrals, service planning, recommendations, and documentation as required by the SOP. This includes the:
 - a. [DSHS 13-780](#), *Nursing Services Basic Skin Assessment*; and
 - b. [DSHS 13-783](#), *SOP Pressure Ulcer Assessment and Documentation*.

Note: These links are available on the DSHS DDA intranet website only.

D. Nurse Delegation

1. Before performing any delegated nursing task, the service provider staff must:
 - a. Complete the staff training as required in [WAC 388-101-3260](#) or to become a Home Care Aide Certified (HCAC), complete training per [WAC 388-112](#).
 - b. Be either a Nursing Assistant-Registered (NA-R), a Nursing Assistant-Certified (NA-C) or a Home Care Aide Certified (HCAC);
 - c. Complete the *Nurse Delegation for Nursing Assistants* class (9 hours);
 - d. Complete the *Nurse Delegation Training: Special Focus on Diabetes* (3 hours) when the provider anticipates that the Nursing Assistant may be administering insulin injection under nurse delegation;
 - e. Maintain documentation of this training activity; and
 - f. Receive task-specific training from a delegating Registered Nurse.

2. Staff who have been delegated a nursing care task must perform the task as follows:
 - a. In compliance with all requirements and protocols of [WAC 246-840](#) 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:
 - 1) The client if he or she is own legal representative;
 - 2) The client's legal representative, if any;
 - 3) An individual who holds a durable power of attorney for the client's healthcare decisions;
 - 4) The client's spouse;
 - 5) The client's children who are at least eighteen (18) years of age;
 - 6) The client's parents; or
 - 7) The client's adult siblings.
3. The delegated authority to perform the nursing care task is not transferable to another staff.
4. The staff must not be subject to any employer reprisal for refusing to accept delegation of a nursing task based on safety issues.
5. The Registered Nurse delegator cannot delegate the following tasks:
 - a. Administration of medication by injection except for insulin (i.e., intramuscular, intradermal, subcutaneous, intraosseous, and intravenous);
 - b. Sterile procedures; or
 - c. Central line maintenance; or
 - d. Acts that require nursing judgment.

6. Nursing tasks that a staff may perform when delegated by a Registered Nurse include, but are not limited to, the following:
 - 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 Complaint Resolution Unit (CRU) at 1-800-562-6078 to file a complaint. Nurse delegation complaints during normal business hours can be filed with the Department of Health (DOH) at 360-236-4700. The DOH nursing professional complaint form is available at this link: <http://www.doh.wa.gov/portals/1/Documents/Pubs/669277.pdf>.
8. 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.

E. 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 (this is a non-restrictive procedure per Policy 5.15);
 - b. Control access to 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; and

- d. Store medications in the original medication containers with pharmacist-prepared or manufacturer's label, or in medication organizers which are clearly labeled with the:
 - 1) Name of the person for whom the medication is prescribed;
 - 2) Medications included; and
 - 3) Dosage frequency.
2. SL agencies may allow medication organizers maintained by the client when the organizers are filled by:
 - a. The client;
 - b. A pharmacist;
 - c. A Registered Nurse; or
 - d. The client's family member.

An SL agency providing medication assistance to a client must assure that the medication organizers are labeled. The client, a pharmacist, a Registered Nurse, or the client's legal representative or family member may label the medication organizer.

3. GH, GTH, LSR, and CFH providers must:
 - a. Keep all medications in locked storage; and
 - b. Use medication organizers only when filled by a pharmacist.
4. LSR and CFH providers supporting children/youth must also comply with the medication storage requirements described in [Chapter 388-148](#) or [388-145 WAC](#).

F. Documentation

1. The service provider must maintain a record of all medications assisted with, administered to, monitored, or refused by the client.
2. Providers must have a system to account for and verify all medications for which they are responsible. They must also have a specific procedure for counting medications identified as controlled substances. Refer to Definitions Section, Controlled Substance.

G. Disposal of Medications

The agency administrator, their designee, or CFH provider must properly dispose of all medications that are discontinued or superseded by another. The administrator, designee, or CFH provider must list the name of the medication(s), amount disposed, and date of disposal. Two people, one of whom may be the client, must verify the disposal by signature. Each GH and GTH must have a written disposal policy approved by a pharmacist.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESSION

DDA Policy 6.19
Issued July 1, 2013

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 1, 2015