



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: RESIDENTIAL MEDICATION MANAGEMENT POLICY 6.19

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| 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 388-820 WAC | Community Residential Services and Support      |

**PURPOSE**

This policy describes procedures to be used by residential 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 persons with developmental disabilities, the provider must ensure that individuals who use medications are supported in a manner that safeguards the person's health and safety.

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

**PROCEDURES**

A. Self-Administration of Medications

1. Residential providers must have a written policy, approved by DDD, regarding supervision of self-medication.
2. The 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 person to take medications. The caregiver can perform the following actions:
  - a. Communicate the prescriber's order to the person in such a manner that the person self-administers his or her medication properly;
  - b. Remind or coach the person when it is time to take a medication;
  - c. Open the person's medication container;
  - d. Hand the person the medication container;
  - e. Place the medication in the person'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 person is be aware that the medication is being altered or added to food. A pharmacist or other qualified practitioner must determine it is safe to alter a medication and this must be documented on the prescription container or in the person's record; and
  - h. Guide or assist the person to apply or instill skin, nose, eye and ear preparations. Practice of hand-over-hand administration is not allowed.
3. The provideer may administer the person's medication if he or she is a licensed health care professional. Medications may only be administered under the order of a physician or a health care professional with prescriptive authority.

4. If a person requires assistance with the use of medication beyond that described in A.2. above, then assistance must be provided either by a licensed health care professional or a registered nurse (RN) who delegates the administration of the medication according to Chapter 388-820 WAC.

B. Nurse Delegation

1. The provider may perform the following specified nursing tasks when delegated by an RN:
  - 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.
2. Before performing any delegated nursing task, the provider must:
  - a. Complete the inservice staff training as required in WAC 388-820-060;
  - b. Be a "nursing assistant - registered" or a "nursing assistant - certified"; and
  - c. Complete nurse delegation core training as approved by the Department of Social and Health Services (DSHS) and be issued a certificate of completion. The provider must maintain documentation of this training activity.
3. 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 WAC 246-840 and 246-841-405;

- b. Only for the specific person who was the subject of the delegation; and
- c. Only with the consent of the individual or another person authorized to provide consent for health care on behalf of the individual under RCW 7.70.065.

"Persons authorized to provide consent for health care" must be a member of one of the following classes of persons in the following order of priority:

- i. The person, if he or she is his or her own guardian;
  - ii. Legal guardian, if any;
  - iii. An individual who holds a durable power of attorney for health care decisions;
  - iv. The person's spouse;
  - v. The person's children who are at least eighteen (18) years of age;
  - vi. The person's parents; or
  - vii. The person's adult siblings.
- 4. The delegated authority to perform the nursing care task is not transferable to another nursing assistant.
  - 5. The nursing assistant must not be subject to any employer reprisal for refusing to accept delegation of a nursing task.
  - 6. The nursing assistant may consent, or refuse to consent, to perform a delegated nursing care task, and is responsible for his or her own actions with regard to their decision.
  - 7. 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.
  - 8. DSHS shall impose a civil fine of not less than \$250.00 and not more than \$1000.00 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 person's medications so they are not readily available to others. Medications stored in a person's own 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. Frequency of dosage.
2. Non-facility based agencies may allow medication organizers maintained by the individual when the organizers are filled by:
  - a. The person;
  - b. A pharmacist;
  - c. An RN; or
  - d. The person's family member or guardian.
3. Facility based services must:
  - a. Keep all medications in locked storage; and
  - b. Use medication organizers only when filled by a pharmacist.

D. Documentation

The provider must maintain a written record of all medications administered to, taken, or refused by the person.

E. Disposal of Medications

The program administrator or his or 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 must verify the disposal by signature. Facility-based programs must have a written disposal policy approved by a pharmacist.

**SUPERSESSSION**

DDD Policy 6.19  
Issued June 27, 1997

DDD Policy Directive 541  
Issued December 1982

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

Date: 6/30/2000