



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: RESIDENTIAL MEDICATION MANAGEMENT POLICY 6.19

Authority: Chapter 71A RCW Developmental Disabilities
Chapter 18.88A RCW Nursing Assistants
Chapter 7.70.065 RCW Actions For Injuries Resulting From Health Care

Chapter 246-316 WAC Boarding Homes
Chapter 246-840 WAC Protocol for Delegating Nursing Care Tasks
Chapter 246-841 WAC Nursing Assistants
Chapter 275-26 WAC Community Residential Services and Supports

PURPOSE

This policy outlines 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.

PROCEDURES

A. Self-administration of Medications

1. Residential programs must have a written policy, approved by DDD, regarding supervision of self-medication.
2. The caregiver, 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 by:
 - a. Reminding the person when it is time to take a medication;
 - b. Handing the person the medication container;
 - c. Opening the person's medication container;
 - d. Guiding or assisting the person to apply or instill skin, nose, eye and ear preparations; and
 - e. Communicating the prescriber's order to the person in such a manner that the person self-administers his or her medication properly.
3. The residential caregiver may administer the person's medication when the caregiver 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 Section 2 above, then assistance must be provided either by a licensed health care professional, or a registered nurse could delegate the administration of the medication according to Chapter 275-26-074 WAC, *Nurse Delegation*.

B. Nurse Delegation

1. The residential caregiver may perform the following specified nursing tasks when delegated by a registered nurse (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, a residential caregiver must:
- a. Complete the inservice staff training as required in Chapter 275-26 WAC;
 - 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 shall maintain documentation of this training activity.
3. Nursing assistants who have been delegated a nursing care task in compliance with requirements established by the Nursing Care Quality Assurance Commission shall perform the task as follows:
- a. In compliance with all requirements and protocols established by the Commission in Chapters 246-840 and 246-841-405 WAC;
 - b. Only for the specific person who was the subject of the delegation;
 - c. Only with the consent of the person or another person authorized to provide consent for health care on behalf of the individual under Chapter 275-26 WAC Chapter 7.70.065 RCW. “Persons authorized to provide consent for health care” shall be a member of one of the following classes of persons in the following order of priority:
 - i. Legal guardian, if any;
 - ii. An individual who holds a durable power of attorney for health care decisions;

- iii. The person with developmental disabilities' spouse;
 - iv. The person with developmental disabilities' children who are at least eighteen years of age;
 - v. The person with developmental disabilities' parents; and
 - vi. The person with developmental disabilities' adult siblings.
4. The delegated authority to perform the nursing care task is not transferable to another nursing assistant.
 5. The nursing assistant shall 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 shall be responsible for their 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 RCW 18.88A, and Chapters 246-840 and 246-841-405 WAC.

C. Storage of Medications

1. Facility-based services shall:
 - a. Keep medications in locked storage.
 - 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 as follows:
 - i. Medication organizers which are under locked storage maintained by facility staff may be used only when filled by a pharmacist; and
 - ii. Medication organizers shall carry a label which clearly identifies the:
 - (a) Name of the person for whom the medication is prescribed;
 - (b) Medications included; and
 - (c) Frequency of dosage
2. Non-facility based services shall:
- 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 as follows:
 - i. Medication organizers maintained by the individual may be used when they are filled by:
 - (a) The person;
 - (b) A pharmacist;
 - (c) A registered nurse; or

- (d) A person's family member or guardian.
- ii. Medication organizers shall carry a label which clearly identifies the:
 - (a) Name of the person for whom the medication is prescribed;
 - (b) Medications included; and
 - (c) Frequency of dosage.

D. Documenting and Recording

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

E. Disposal of Medications

The program administrator or their designee shall properly dispose of all medications that are discontinued or superseded by another. The designee shall list the medication, the amount disposed and the date of disposition. Two people must verify the disposal by signature. Facility-based programs shall have a disposal policy approved by a pharmacist.

SUPERSESSSION

DDD Policy Directive: 541
Issued December 1982

Approved: /s/ Timothy R. Brown Date: 6/27/1997
Acting Director, Division of Developmental Disabilities