



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*
Chapter 388-826 WAC *Voluntary Placement Program*

PURPOSE

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

SCOPE

This policy applies to clients receiving DDD community residential services, which includes Supported Living (SL), Companion Homes (CH), Group Homes (GH), Group Training Homes (GTH), State Operated Living Alternatives (SOLA), Adult Family Homes (AFH), Adult Residential Care (ARC) facilities, Licensed Staffed Residential (LSR) programs, and Foster Homes (FH).

Individual providers and personal care services are outside the scope of this policy.

For licensed boarding homes only, medication management requirements as defined in WAC 388-78A-2210 through 2290 take precedence over this policy.

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.

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

This section applies only to adult residential services providers.

1. Adult 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-2210 through 2290 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 who delegates the administration of the medication according to Chapters 388-101 and 246-840 WAC.

B. Skin Observation Protocol (SOP)

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

1. For clients in DDD 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, *Nurse Delegation: Referral and Communication*.
2. For clients in DDD 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 ADSA contracted Delegating Nurse. Use DSHS 01-212, *Nurse Delegation: Referral and Communication*.
 - 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*.

C. 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 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
 - d. Central line maintenance; or

- e. Acts that require nursing judgement.
5. Before performing any delegated nursing task, the service provider must:
- a. Complete the staff training as required in [WAC 388-101-3260](#);
 - b. Be either a Nursing Assistant-Registered (NA-R) or a Nursing Assistant-Certified (NA-C);
 - 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.
6. Nursing tasks that a provider 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 360/246-4700.
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](#).

D. 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. 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.

A Supported Living 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. Group Homes (GH), Group Training Homes (GTH), Licensed Staffed Residential (LSR) agencies, and Foster Homes (FH) must:
 - a. Keep all medications in locked storage; and
 - b. Use medication organizers only when filled by a pharmacist.
4. Providers supporting children/youth in LSR and FH settings must also comply with WAC 388-148-0352.

E. Documentation

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

F. Disposal of Medications

The agency administrator, his/her designee, or FH provider must properly dispose of all medications that are discontinued or superseded by another. The administrator, designee, or FH 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 Division Director.

SUPERSESSION

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

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