

5/89
Rev. 6/96
Rev. 2/00

PARTICIPANT ILLNESS/INJURY

Policy

Cooperative Production, Inc. employees shall be responsible for appropriate measures when participants become ill or injured at work or at their day service site.

Procedures

1. On an annual basis, "Medical Authorization" forms will be signed by the guardian.
2. Any participant who becomes ill or injured, or states that he/she is feeling ill will be seen by the Program Nurse (or the Program Manager if a Nurse is unavailable).
3. If the person is too ill to remain at work, his/her parents/guardian/residential coordinator will be notified and transportation will be arranged through them for the individual to go home.
4. If a participant sustains an injury too serious to be treated at the program site, the person will be transported to the nearest hospital. The Nurse, Program Manager, or designee will accompany the person bringing all necessary medical information with him/her. The participant's parents/guardian/residential coordinator will be notified by an appropriate staff person that he/she has been taken to the hospital, and will meet the individual at the hospital as soon as reasonably possible.

In cases of severe injury or illness, staff shall immediately call for an ambulance.

5. The Program Manager or designee should notify the individual's Service Coordinator (or other DMR staff) as soon as possible.
6. Where applicable, a Program Nurse is responsible for documenting all medical incidents in Nursing Notes and for participants' files, as necessary. In programs where there is no Nurse, the Program Manager is responsible for all documentation including, but not limited to, Incident Reports.

MEDICATION COUNT SHEET

RESIDENT: _____

1145

OF TABS/CAP

EDUCATION: _____

— — — — —

USAGE

FREQUENCY: _____

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PHYSICIAN'S ORDERS

EDS REVIEWED BY: _____ DATE: _____ PHYSICIAN'S SIGNATURE: _____ DATE: _____

HARTING FOR		THROUGH	TELEPHONE NO.	MED. RECORD NO.
HYSICIAN	LT. PHY.		ALT. TELEPHONE	
YES			REHABILITATIVE POTENTIAL	

DIAGNOSIS		MEDICAID NUMBER			MEDICARE NUMBER		COMPLETE ENTRIES CHECKED BY:			TITLE:		
PATIENT												

COUNTABLE CONTROLLED SUBSTANCE BOOK

SECTION I INDEX

- A. Log in each person receiving countable controlled substances.
- B. Update index information when item is transferred to another page.

SECTION 2 NUMBERED COUNT PAGES - Pages 1-220

- A. Enter all information at the top of each person's page.
- B. Add new quantities of medicine, be sure to include new prescription number if applicable.
- C. If new directions are received start a new page.
- D. Document on this page every time the medication is administered.

SECTION 3 COUNT VERIFICATION PAGES

- A. Done at least once every twenty-four hours in the presence of and signed by two licensed or certified staff. There should be one staff from each shift participating in the count.

When a count discrepancy occurs, (e.g. count is off suspicion of tampering, etc.), contact the Division of Food and Drugs IMMEDIATELY at (617)727-2670. If the discrepancy is easily resolved (i.e. due to incorrect adding or subtracting, pill rolling under the refrigerator, or disposal of a drug), a call to DFD is not needed. The incident should be documented.

INDEX

*REMEMBER TO UPDATE INDEX INFORMATION WHEN ITEM IS TRANSFERRED TO ANOTHER PAGE.

Original Entry or
 Transferred from Page No.

Name: _____

Doctor:

Pharmacy:

Rx No.

R Date:

Drug & Strength:

R No.

R Date:

Directions:

R No.

R Date:

MEDICATION DISCONTINUED/DISPOSED

Date: _____ Removal Date: _____

Editor Certified
Removing: _____

Names of Licensed or Certified Staff Destroying Medication:
(Names required)

MEDICATION TRANSFERRED

New Page # _____

Amount
Transferred:

**Signatures of Licensed or Certified Staff Verification:
(2 signatures required)**

CONTROLLED SUBSTANCE COUNT VERIFICATION

FORM 120A BRIGGS, Des Moines, Iowa 50306 Printed in U.S.A.

PHYSICIAN'S TELEPHONE ORDERS

BRUGGS, Des Moines, IA 50306 (800) 247-2343
PRINTED IN U.S.A.

PRESS FIRMLY—USE BALLPOINT PEN

LEAVES OF ABSENCE (LOA)

Policy

Leaves of absence often require that an individual receive only a portion of the originally dispensed medication. While the re-packaging of client medications is not encouraged, there are certain circumstances where it is permissible. The DPH recommends that whenever possible a pharmacist should be responsible for repackaging or "split-packaging" prescription medications.

Procedures

1. For LOA's of less than 72 hours:
 - a. Whenever possible LOA medications are to be prepared by the pharmacy.
 - b. When this is not possible the following procedures are to be followed by licensed or certified staff.
2. Use an appropriate container so that the required information can be placed directly on the container.
3. The amount of medication needed for the LOA should be determined and transferred from the original Blister pack directly into the container.
4. The container should be marked with all necessary information. This information should be taken directly from the original Physician's Orders and must include at least the following:
 - A. Individual's name
 - B. Name, dosage, form and strength of medication
 - C. Directions for usage
 - D. Prescribing health care provider's name
 - E. Date medication was dispensed
 - F. Any cautionary statements (e.g. take with food or milk)
 - G. Amount of medication in container.
5. A separate container must be used for each type of medication to be administered.
6. When LOA medication is sent with the individual it must be noted as LOA on the medication record. Any controlled substance sent on LOA must be accounted for in the Controlled Substance Count Book.

7. Any LOA medication brought back to the home by the individual may not be used. The medication must be destroyed and documented in the approved way.
8. Medication being released from the residence to a non-staff person must have a double signature stating that the medication was accepted and the instruction was given. Signatures should be those of the staff person releasing the medication and the person assuming responsibility for the medication.

LEAVE OF ABSENCE

Name: _____
Date of Departure: _____ Expected Date of Return: _____
Destination: _____
Traveling alone? (If no, specify with whom) _____

MEDICATIONS: For each medication and strength specify exactly as on the prescription label.

Special medication instructions/comments or allergies (e.g.: side effects, cautions)

Staff who Prepared Medication

Staff who Double-checked Medication

To whom are medications entrusted? _____
I understand the above information regarding medication and its administration. My questions have been answered. I understand I may call the staff if any further questions arise.

Person Entrusted with Medication/Date

Staff/Date:

MEDICATION ADMINISTRATION PROGRAM (MAP)

Policy

Cooperative Production provides a variety of services that may include general and/or specific medical practices that conform to applicable MAP policies and procedures set forth by the Departments of Mental Health (DMH), Public Health (DPH), and Mental Retardation (DMR).

Procedures

Storage and Administration of Medication

Storage:

1. Medications are stored under proper conditions of labeling, light, temperature, moisture, ventilation, segregation, security and sanitation.
2. Medications requiring refrigeration must be stored in a locked container in refrigerator separate from the food. Container must be clearly marked.
3. External medications are not to be kept in the same area as oral medications.
4. Schedule II-V medications are to be secured by a double lock and key.
5. All prescribed and OTC medications, excluding Schedule II-V medications, are to be secured in a locked area or container.

Administration:

1. Put the safety of the individual first.
2. Medication administration is to be completed by a licensed/MAP certified employee.
3. Good hand washing technique shall be followed to decrease the spread of infection.
4. Good lighting is essential while preparing medications.
5. Avoid talking to others while preparing drugs, distractions lead to errors.
6. Check the expiration date. If medication has expired, call the pharmacy before giving the drug. In most instances, medication will need to be disposed of.

7. Make sure the Four Checks have been completed and the Five Rights (5R's) are followed.
8. **Do not pre-pour or prepare medications prior to administering them to each individual. Prepare medications for only one person at a time.**
9. Place medications into med. cup and then recheck your prescription bottle and medication sheet before administering drug.
10. Hand the person the medication in med. cup with glass of water; or administer via method prescribed by physician; or other method required for ingestion (i.e., crushed in applesauce). Assist if necessary. Stay with the person until the medication has been taken.
11. Dispose of medication that has been dropped on floor in accordance with disposal policy. Prepare the medication again. Document what occurred. Two signatures are needed.
12. Initial the medication sheet after the medication has been given.
13. **Never leave drugs unattended.**
14. When administering Schedule II-V or prn medications, always record on the medication sheet, the dosage, the effect, and the time the drug was given.
15. Each program site must have a specific area dedicated to the storage of all Schedule II-V medications (controlled substances) and each program site must utilize a bound Medication Count Book for recording Schedule II-V medications.
16. Medication counts for all Schedule II-V 7 prescription medication are scheduled to be conducted by two licensed/certified staff. A count must occur at the start and end of each shift. In situations where two licensed or certified staff people are not available, the single licensed/certified staff person coming on or off shift conducts a count and signs the Medication Count Book Sheet. At the first opportunity for a two-person count, the count must be done and both people sign in appropriate places.
17. In the residences, one staff person will be assigned to administer medication and have access to the key to the medication container; a back-up staff will be assigned by the Coordinator.
18. In the day services settings, medications are prepared and administered by nursing personnel. If the day program nurse is unavailable, a substitute will be contacted.
19. When there is a change in prescription medication, it is the responsibility to the nursing personnel and the Residential Coordinator to contact the pharmacy to have the label changed. The indicated staff will also arrange for the label change to occur if the person receives medication at more than one (1) site.

MEDICAL EMERGENCIES RELATED TO MEDICATION ADMINISTRATION

Staff are required to respond to any life-threatening emergency (where an individual's life may be in danger or there is risk of serious or lasting injury) immediately by calling 911. While waiting for help to arrive, provide emergency first aid treatment as you have been trained. After the individual is out of immediate danger, notify the Agency Administrator-on-Call at 1-617-486-4609. If the emergency is related to a medication occurrence, call your Area MAP consultant for technical assistance regarding medical intervention, if any, to be taken.

The following emergency telephone numbers should be posted in the medication dispensation areas at the respective locations.

Emergency Telephone Numbers (Residential)

Administrator-on-Call	-----	1-617-486-4609
Brooks Pharmacy	-----	1-508-880-3237
Poison Control Center	-----	1-800-682-9211
MAP Coordinator	-----	1-508-866-5000
Dept. of Public Health	-----	1-617-983-6782

Emergency Telephone Numbers (Day Services)

Director of Health Services	-----	1-508-824-1717
Poison Control Center	-----	1-800-680-9211
MAP Coordinator	-----	1-508-866-5000
Dept. of Public Health	-----	1-617-983-6782
Individual's Primary Care Physician	— (phone number located on Individual's Emergency Fact Sheet)	

MEDICATION OCCURRENCES

Department of Mental Retardation

Page 1 of 3
v.0627Individual: First Name: Last Name:

(* = Required Field)

*(1) Reporting Provider: *(2) Responsible Site: *(3) Responsible Site Phone Number:

*(4) Staff Responsible for MOR Follow-up:

(4A) First Name: (4B) Last Name:

*(5) What Happened? (Check One)

Omission (med not given) Wrong Time Wrong Route Wrong Dose
 Wrong Individual Wrong Medication

*(6) Date of Discovery: *(7) Time:

am/mm

*(8) Date of Medication Occurrence: *(9) Time:

am/mm

(10) Did the Medication Occurrence happen more than once? YES NO(11) If Yes in #10, over what number of doses did the medication occurrence happen? *(12) Staff Position of Person Giving Medication:

Dictionary #1

*(13) Medication Occurrence:

Dictionary #2

*(14) MAP Consultant's Title: Registered Nurse Registered Pharmacist Health Care Provider (HCP)

*(15) MAP Consultant Contacted:

(15A) First Name: (15B) Last Name: *(16) Date Consultant Contacted: *(17) Time Consultant Contacted:

am/mm

*(18) Was Medical Intervention Recommended? YES NO

(19) If Yes in 18, Check All That Apply:

Lab Work Other Tests Health Care Provider (HCP) Visit
 Clinic Visit Emergency Room Visit Hospitalization

*(20) Did any of the following situations or conditions follow the medication occurrence (Check All That Apply)?

Illness Injury Death No

(21) Was DPH Notified? YES NO

According to MAP Policy, DPH must be notified if any medical intervention occurred as a result of the medication occurrence. Such medication occurrences are called "HOTLINES". Answering "Yes" to Question # 18 and selecting any of the choices in Question #20 requires that DPH be notified immediately. Submit "HOTLINES" within 24 hours of discovery.

(22) Date DPH was Notified: (23) Time:

am/mm