

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
POLICY MANUAL**

POLICY#	REVISED	TITLE	EFFECTIVE DATE	PAGE
39-2	11/19/2018	Medication Administration in Developmental Services Supported Living Arrangement (SLA)	Upon Approval	1 of 9

POLICY

The Division requires that providers of Supported Living Arrangements (SLA) develop and implement policies and procedures ensuring the safe administration of medication to persons receiving SLA services.

PURPOSE

Providers of a supported living arrangement (SLA) are responsible for the safe administration of medication to persons receiving SLA services.

DEFINITIONS

Marijuana: Per NRS 453.096, marijuana means: 1) All parts of any plant of the genus *Cannabis*, whether growing or not; 2) The seeds thereof; 3) The resin extracted from any part of the plant, including concentrated cannabis; and 4) Every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or resin. Marijuana does not include: 1) Industrial hemp, as defined in NRS 557.040, which is grown or cultivated to the provisions of chapter 557 of NRS; or 2) The mature stems of the plant, fiber produced from the stems, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or preparation of the mature stems (except the residue extracted therefrom), fiber, oil or cake, or the sterilized seed of the plant which is incapable of germination.

Marijuana-Infused Products: Per NRS 453A.112, marijuana-infused products mean products that 1) Are infused with marijuana or an extract thereof; and 2) Are intended for use or consumption by humans through means other than inhalation or oral ingestion. The term includes, without limitation, topical products, ointments, oils, and tinctures.

Medication Administration Certified Direct Support Staff (DSS): Staff members of an SLA provider agency that have completed a Developmental Services-approved training program in Medication Administration. To administer medications this certification must be current and a copy of the certificate of training completion must be maintained in the DSS' personnel file with the SLA provider.

Person Authorized to Prescribe Medication: Means 1) A physician, dentist or podiatric physician who holds a license to practice his or her profession in Nevada; 2) A hospital, pharmacy or other institution licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or administer drugs in the course of professional practice or research in Nevada; 3) An advanced practice registered nurse who has been authorized to prescribe controlled substances, poisons, dangerous drugs and devices; 4) A physician assistant who holds a license issued by the Nevada Board of Medical Examiners or the Nevada Board of Osteopathic Medicine and is authorized to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices under the supervision of a physician; or 5) An optometrist who is certified by the Nevada Board of Optometry to prescribe and administer therapeutic pharmaceutical agents, when the optometrist prescribes or administers therapeutic pharmaceutical agents within the scope of his or her certification.

Provider of Health Care: Means 1) a physician licensed pursuant to NRS 630, 630A or 633 . 2) a dentist licensed pursuant to NRS 631; 3) A registered nurse licensed pursuant to NRS 632; 4) An advanced practice registered nurse certified pursuant to NRS 632; or 5) A physician assistant licensed pursuant to NRS 630 or 633.

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REFERENCES

NAC 435.675

NRS 453.375

NRS 454.213

PROCEDURE

A. ASSESSMENT PROCESS

1. Each person receiving SLA services and requiring assistance with medication management will have a medication administration assessment completed by their Person-Centered Plan (PCP) team prior to the initiation of any SLA services involving medication management. On no less than an annual basis, the medication administration assessment will be reviewed by the PCP team to determine if a new assessment is warranted. All reassessments will occur within 30 days of the PCP team review.
2. All individuals who are assessed as requiring Medication Administration Certified direct support staff (DSS) to administer medications require:
 - a. Written instruction by the person authorized to prescribe medication must be maintained in the individual's record that gives specific instructions for Certified DSS to administer medications.
 - b. The person (if a competent adult) or their guardian must provide written authorization for administration of medication by certified DSS, which shall be maintained in the individual's record and renewed annually.
 - c. The provider of SLA services, in collaboration with the person or their designated legal representative and the provider of health care, shall make an appraisal and determine:
 - 1) That the level of medication administration assistance and supervision required is available in the SLA.
 - 2) Whether or not the person requires routine or intermittent administration of medications requiring dose titration, enteral medications (i.e.: via g-tube), injections except for auto-injectable epinephrine, or extended release medication that must be cut, crushed or otherwise altered; and
 - 3) If these medications are ordered and the individual requires assistance, the provider of SLA services must establish a plan for those medications to be administered by a provider of health care.

8. DISPENSING, STORAGE AND HANDLING OF MEDICATION BY CERTIFIED D S S

1. Medications must be secured and stored in a manner that is deemed safe for the individual's assessed skills and, as applicable, the individual's housemates' skills, as determined through completion of the Medication Administration Assessment Tool and

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approved by the PCP Team. The individual containers used to store medication will be labeled with the person's name.

2. Medications are given only as per the instructions of the person authorized to prescribe medication. The written medication order/instructions are stored near or with the person's medications and reviewed at the time of administration.
3. The Certified DSS must administer medication in a clean well-lit area using the six rights of medication administration:
 - a. Right Person
 - b. Right Medication
 - c. Right Dose
 - d. Right Route
 - e. Right Time
 - f. Right Documentation
4. Medications must be administered and/or ingested while in the presence of the Certified DSS. Medications cannot be left unattended. DSS must maintain protective supervision for all individuals.
5. The Certified DSS must assist only one individual with medications at a time. Medications must be stored and documented appropriately prior to assisting another individual.
6. Liquid medications must be measured with an appropriate measuring device.
7. The Certified DSS may cut or crush medications as per the instructions of the person authorized to prescribe medication and by using an appropriate device. Crushed medication should be mixed in a food or fluid unless contraindicated by the person authorized to prescribe medication.
8. The Certified DSS will dispense medications from original containers with minimal handling. The use of medication minders is prohibited unless filled per NRS 454.213, "Dispensing of Dangerous Drugs." The Certified DSS will wash their hands before and after handling medications. Gloves must be worn when assisting with topical, transdermal and mucosa! medications.
9. Though use of marijuana is currently legal in the State of Nevada, the use of marijuana continues to be illegal at the federal level. Therefore, Developmental Services is unable to support the use of marijuana and its derivatives in SLAs including storage of the substance and administration within the SLA setting.
 - a. Exemption to the above is: any drug which is a marijuana derivative that has been approved by the Federal Drug Administration (FDA) can be supported in SLA settings per the instructions of the person authorized to prescribe medication.
10. DSS will not assist with:
 - a. Marijuana or its derivatives not approved by the FDA;
 - b. Injections except for auto-injectable epinephrine for acute or emergent anaphylactic response;

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- c. Any medication to a person who has been admitted to a medical facility;
 - d. Any medication that requires dose titration based upon the skilled assessment of the person prior to administration;
 - e. Any extended release medication that must be crushed, cut, or otherwise altered before administration; or
 - f. Any nutritional supplement or medication administered enterally (i.e. g-tube).
11. To administer auto-injectable epinephrine for acute or emergent anaphylactic response as prescribed by the person authorized to prescribe medication, the Certified DSS must have documentation in their personnel file that he or she has been trained specifically in the use of auto-injectable epinephrine and the monitoring of persons who have received auto-injectable epinephrine for side effects.
12. Medications will be administered only to the individual for whom they are prescribed.
13. Provider staff, regardless of medication administration certification status, are not qualified to repackage medications. Medications must be sent back to the pharmacy for repackaging when necessary.

C. HEALTH CARE PROVIDER INSTRUCTIONS:

1. Persons requiring assistance with medication administration by a DSS will first obtain medical clearance from their provider of health care. Only a person authorized to prescribe medication can assess, interpret or make decisions regarding an individual's need to receive a medication.
2. The person's provider of health care or person authorized to prescribe medication will provide:
 - a. A list of all approved medications including prescription, over the counter, dietary supplements and herbal remedies;
 - b. Dose, time, frequency, route and indication for administration for each medication;
 - c. Specific instructions for administration (if other than oral medications);
 - d. If medication should be taken with or without food or other specific requirements;
 - e. Expected therapeutic outcome of each medication;
 - f. Significant side effects, adverse effects and contraindications of each medication and appropriate action if adverse reactions occur;
 - g. Action to be taken if person refuses medication dose;
 - h. When to refer the person to a provider of health care and/or person authorized to prescribe medication; and
 - i. Specific instructions as to the ability to cut crush or alter a medication and indicate appropriate device to be used.
3. The person will submit to a physical examination by their health care provider on an annual basis and have the clearance to receive his/her medication administered by a certified direct support staff.

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4. The provider of SLA services will ensure a provider of health care completes additional physical examinations if the person has a significant change in condition.

D. TRACKING REQUIREMENTS FOR ADMINISTERING MEDICATION

1. Medications will be logged at the time of arrival. The arrival log will include:
 - a. Person's name;
 - b. Date;
 - c. Medication name and dose;
 - d. Prescription number if available;
 - e. Amount; and
 - f. Signature of direct support staff (DSS) receiving medications.
2. Medications will be documented by the Certified DSS at time of administration.
3. Medications will be logged if removed from the home or destroyed. The removal/destruction log will include:
 - a. Person's name;
 - b. Date;
 - c. Medication name and dose;
 - d. Prescription number if available;
 - e. Amount being removed/destroyed;
 - f. Method of destruction (consult with pharmacist if destruction method is in question);
 - g. Signature of direct support staff; and
 - h. Signature of recipient or witness.
4. Records must be kept confidential and available for review by the person receiving SLA services, the provider, and the Division.
5. Records must be kept for at least 6 years after termination of the provision of the SLA services.

E. COMPLETE, ACCURATE AND TIMELY DOCUMENTATION OF MEDICATION ADMINISTRATION

1. Documentation of administering medication will include:
 - a. Provider of health care instructions;
 - b. Medication Arrival log;
 - c. Medication Administration log;
 - d. Medication Removal/Destruction log; and
 - e. Controlled Substance tracking log.

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2. Refer to Provider of Health Care Instructions and Medication Tracking for detailed documentation procedures.
3. The medication administration log will be used to document medications taken by a person and will include:
 - a. Name of person served;
 - b. Date and date range of administration (if applicable);
 - c. Allergies;
 - d. Medication name;
 - e. Medication strength;
 - f. Dose;
 - g. Route;
 - h. Frequency;
 - i. Time of administration;
 - j. Signature and initials of Certified DSS administering dose;
 - k. Any additional instructions required for safe administration of medication (as directed by health care provider); and
 - l. Reason or indication for prescribed as needed (PRN) medication.
4. In addition to the requirements outlined in E.3., the medication administration log for the administration of auto-injectable epinephrine will also include observed side effects, if any, after the injection.
5. All medication errors or medication refusals will be clearly documented on the medication administration log with the time of error discovery or time of refusal by the individual. An incident report must be also be completed. Medication errors include:
 - a. Wrong medication - the individual took or was administered the wrong medication;
 - b. Wrong dose - the individual took or was administered an incorrect amount of medication;
 - c. Wrong person - the individual took or was administered medication not meant for them;
 - d. Wrong time of administration - the individual took or was administered medication at the wrong time; or
 - e. Missed medication - the individual was not administered a medication as prescribed. All medications must be administered within one (1) hour of the prescribed time of administration.
6. All controlled substances will be stored in a locked place and tracked to ensure accountability. The tracking log will be kept in the home for each controlled substance prescribed. The tracking log will include:
 - a. Person's name;
 - b. Medication name;

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- c. Original count;
- d. Each dose administered;
- e. Current count in stock at the beginning and end of each shift; and
- f. Documentation to include date, time, and signature of each DSS completing the count per shift.

F. PROPER AND PROMPT REFERRAL TO HEALTH CARE P R O V I D E R

1. A member of the DSS must refer a person to a provider of health care or the person authorized to prescribe medication if:
 - a. The medical condition of the person changes or the person develops a new or additional medical condition;
 - b. The medication does not accomplish the objectives as identified in the order/instructions from the provider of health care;
 - c. Any emergency situation develops; or
 - d. The provider of health care or the person authorized to prescribe medication requests the person be referred.
2. The DSS will document the circumstances for the referral and action taken.

G. ADMINISTRATION OF AS NEEDED (PRN) MEDICATIONS

1. Prior to administering any PRN medication, the SLA provider will ensure the following:
 - a. A person authorized to prescribe medication has identified in the medication instructions the ability of the person to self-identify the need to receive a medication;
 - b. If the person is unable to self-identify the need to receive a medication, the provider of health care will include in the medication order objective identifiers in which the medications can be administered;
 - c. These identifiers will be included in the person's support plan or over-the-counter standing orders, as applicable;
 - d. The observed identifiers will be included in the documentation of administration; and
 - e. As per the instructions of the person authorized to prescribe medication, the DSS member will document the effectiveness of the medication and/or the need for further action.
2. Documentation of PRN medications will include:
 - a. Person's name;
 - b. Medication name;
 - c. Dose;
 - d. Date and time of administration;
 - e. Reason or indication for administration (observed identifiers);

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- f. Signature or initials of Certified DSS;
- g. Effectiveness/Results;
- h. Date and time of follow-up to identify effectiveness/results; and
- i. Signature or initials of Certified DSS for follow-up.

H. OVER THE COUNTER (OTC) MEDICATIONS

1. All OTC medications must be reviewed with the pharmacist or person authorized to prescribe medication prior to initial use or upon change of scheduled medications.
2. OTC medications also include vitamins, dietary supplements and herbal remedies.
3. OTC medications will be labeled for the person at time of arrival. The medications will be documented as with other prescription medications.
4. DSS will review the person's record to ensure instructions from a person authorized to prescribe medication include the OTC medication.
5. OTC medications will be stored like other medications.
6. Routine OTC medications will be documented like other routine medications.
7. As needed (PRN) OTC medications will be administered and documented like other PRN medications.
8. Any OTC medication that is removed from the home or destroyed will be documented as with other medications.

I. RECERTIFICATION OF CERTIFIED DSS

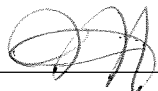
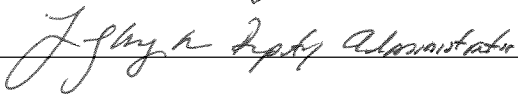
1. All DSS staff certified in Medication Administration will be required to complete a refresher course every 2 years and pass a written exam to maintain their certification status.

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ATTACHMENTS (CLICK BELOW)

Attachment A - **DS-41- G** **Medication Administration Assessment Tool (DS-ASS-01)**

Approved By		
Title	Signature	Date
Quality Assurance Manager		11/21/18
Division Administrator or Designee		11/25/18
Document History		
Revision	Date	Change
	10/28/13	Initial policy approval
1	11/4/15	Section B. Dispensing, Storage and Handling of Medication by Certified, 9 & 10: added medical mari'wana
2	4/3/17	Policy Numbering, update attachments
3	11/19/18	Update for adopted NAG 435 changes; further marijuana clarification