

**NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL**

CHAPTER: Seven – Health Services
SECTION: Two – Medications
PROCEDURE NAME: CONTROLLED SUBSTANCES IN BOARD RESIDENTIAL PROGRAMS
EFFECTIVE DATE: July 1, 2019

APPLICATION

All NCCMH operated or contractual residential programs.

PURPOSE

To ensure controlled substances are administered appropriately and accounted for accurately.

DEFINITIONS

Controlled Substances Medication Administration: Consists of the following activities performed by employees of the North Country Community Mental Health (NCCMH) Services Board and employees of contractual agencies:

1. Transcription of controlled substance medication orders onto appropriate documents utilized for recording the delivery of controlled substances to specific individuals
2. Obtaining the controlled substance for the individual following the receipt of a Provider's order for the medication
3. Counting of controlled substances by two different staff members.
4. Storage of controlled substances
5. Delivery of controlled substance to the individual as ordered by a Provider
6. Documentation of controlled substances administered to individuals
7. Documentation of accurate accounting of all controlled substances stored at the program.
8. Disposal of discontinued, outdated or contaminated medications according to NCCMH procedure
9. Observation and documentation of objective data related to controlled substance medication effects on target symptoms as well as the occurrence of side effects or adverse reactions

Controlled Substance: Any medication designated by the Controlled Substances Act of the office of the Drug Enforcement Administration as a Schedule II, III, or IV drug and some specific Schedule V drugs.

Medication Passer: The employee selected at the beginning of each shift to administer and account for all medications during that day's term of employment.

STANDARDS

1. Personnel: Community Mental Health employees and staff of contractual agencies who have completed the health, medication and CPR training modules established by the Michigan Department of Health and Human Services (MDHHS) and have been observed by an R.N. will be eligible to administer controlled substances. Successful completion of the written and practical examinations is required. Staff who administer controlled substances are required to attend education programs related to medications as provided by Community Mental Health professional staff or their designees.
2. A written order is required for all controlled substances administered to clients in residential programs.
3. Controlled substances must be labeled with a pharmacy label. They will then be stored in a double locked security cabinet, accessible only by the designated medication passer.
4. The designated medication passer of the off-going shift and the designated medication passer of the on-coming shift will account for controlled substances at the change of each shift.

5. Controlled substances that have undergone dosage changes will be administered only after labeling reflects the changes in dosage, unless authorized by provider/nurse when it is not possible to obtain label change. A corrected label will be placed on the outside of a zippered bag and the medication along with a copy of the provider order will be stored in the bag.
6. When situations arise that prohibit staff from safely administering a controlled substance to an individual, the NCCMH nurse assigned to the home shall be notified. Notification by voicemail is acceptable.
7. Controlled Substance medication will only be administered in accordance with the MDHHS protocol and North Country Community Mental Health Services Board procedures.
8. Controlled substance medication errors will be reported to the assigned nurse at the time of the occurrence. Notification by voicemail is acceptable. An Incident Report will be completed at the time of the occurrence. The provider will be notified by the nurse when indicated. A CQI form will be completed by the supervisor, if appropriate. In contractual AFC homes medication errors of controlled substances ordered by non-NCCMH Providers will be reported to the ordering provider by the home staff and an NCCMH Incident Report will be completed.

PROCEDURE

Transcription of Orders:

1. All controlled substances administered will be documented on individual medication record sheets as well as the Controlled Substances Administration and Accountability Record. All entries will include the time the medication was administered, and the amount of medication administered as well as the signature of the person administering the medications.
2. Controlled substances will not be given until an order has been obtained. All orders will originate from a person licensed to write medication orders by the Michigan Department of Consumer and Industry Services.
3. Entries onto the medication record and the Controlled Substance Administration and Accountability Record will be transcribed only from a Provider's order or prescription.
4. The following information will be transcribed onto the Controlled Substance Administration and Accountability Record as well as the individual's medication sheet.
 - a. Individual's name – include middle initial if two (2) residents have the same name.
 - b. Allergies – If there are no known drug allergies, this space will be marked in red ink only "NKDA" or "NKMA". This space will not be left blank nor will it contain only the word "none".
 - c. Current month and year.
 - d. Signatures and initial of all staff that make entries on the records.
 - e. Individual's date of birth.
 - f. Individual's gender.
5. The following information will be used when transcribing controlled substance medication orders onto the appropriate records.
 - a. The date that the controlled substance was ordered by the provider.
 - b. The name of the controlled substance as it was ordered by the provider. If a pharmacist has substituted with a different brand name or generic name, this name will be written in parenthesis under the originally ordered name.
 - c. The strength of the medication, the amount to be given per dose and the frequency the medication is to be administered will be written on the entries, as well as special instructions concerning its use (i.e., take on an empty stomach, take one hour after meals, give with eight ounces of fluids, etc.)
6. All days of the month preceding the date the medication starts will be marked out with one line drawn through those dates.
7. If a controlled substance order is for a specific number of days or doses, any date following the last date the medication is to be given will be marked out on the medication record with one line drawn through those dates.

8. All controlled substance orders that are discontinued by the provider is to be highlighted in pink and the word "DISCONTINUED" with the date of the discontinuation will be written on the medication line.
9. All controlled substance medication orders transcribed will be cross checked by another staff member and documented as such on the back of the medication record or appropriate tracking document. The staff member who transcribed the orders will note the date transcribed and initial on the back of the medication record or appropriate tracking tool.
10. Individuals, who are discharged from hospitals or other institutions where controlled substance medication therapy was prescribed, will require legibly written medication orders signed by the prescribing provider or a registered nurse designee. These written orders will be available at the time an individual is admitted to the residential facility to ensure continuity of medical treatment.

Obtaining Medication:

1. All controlled substances obtained for individual use must be labeled for one individual only. Medication bottles will be labeled with a pharmacy label with the individual's name and specific instructions for administration.
2. Controlled substance medication will be picked up at the pharmacy by staff.
3. All controlled substances will be counted by two different staff members immediately upon entering the residential home. Verification of the count will be documented on the Controlled Substance Sheet.

Storage of Controlled Substances:

1. Storage of all controlled substances will be in the double locked security cabinet designated for controlled substances. The keys for this cabinet will always be retained by the designated medication passer.
2. Discontinued, outdated, or contaminated controlled substance medications will be disposed of according to Medication Disposal Procedure.
3. For clients receiving Provider ordered medication set ups and discharging from the home the controlled medication will be released according to the order of the Provider so as to maintain client safety. Client/Guardian agreement must be obtained.
4. The Controlled Substance double locked security cabinet is not to be utilized for storage of anything other than controlled substances. Exception: If medications are packaged by the pharmacy in a On Time dose pack type system (all medications for one specific time packaged in one packet) and the package contains a controlled medication the entire package must be stored in the double locked security cabinet.

Administration of Controlled Substances to Individuals:

1. Controlled substances will be administered using the 5-check system
 - a. right medication
 - b. right person
 - c. right dose
 - d. right route
 - e. right time
2. The staff member administering the controlled substance will set up one resident's medications at a time, administer the medications, record the event, record the new Controlled substance count number, and proceed to the next resident's medications.
3. A controlled substance needing to be cut in half to meet the required dose will be cut by the medication passer using an appropriate pill cutting tool only after confirming with the pharmacy or medication reference book/online site that it is appropriate to do so.
4. If due to contamination, a controlled substance needs to be disposed of, two employees will witness the disposal, one of which is a nurse, and both will sign the Controlled Substances Administration and Inventory Record. If a nurse is not available at the time of contamination the

contaminated medication will be placed in a zippered bag with the client's name, name and dose of the medication and the words "for disposal" written on the bag. The bag will remain locked in the double locked cabinet until a nurse is available for disposal.

5. The double locked security cabinet will not be left unlocked without being attended by the designated medication passer.
6. Controlled substances to be given at school, clubhouse, or any place other than the residential home, require a nurse or trained staff to package the medications with the resident's name, medication name, time, and dosage listed on the outside of the medication bag. The person packaging the medication will then log on both the medication sheet and the Controlled Substances Administration and Inventory Record that these medications were sent with the resident or if given to a supervising person, the name of that person. The resident will then self-administer these medications from the package.
7. Controlled substances will be administered on time (one hour before or after scheduled time is considered on time). If a controlled substance is not administered within this time frame, the circumstances surrounding the incident will be described in the individual's daily notes and an Incident Report will be completed in accordance with the NCCMH procedure for Medication Errors. The home nurse will be notified at the time of the incident or when the error is discovered. Notification by voicemail is acceptable.
8. Staff will not administer a controlled substance when:
 - a. A Provider's order is missing.
 - b. The pharmacy label is illegible.
 - c. The pharmacy label is not compatible with the most recent provider's order.
 - d. A discrepancy between the Provider's order, the pharmacy label or the medication record exists.
 - e. The controlled substance is unlabeled or is not in the container that it was dispensed in/ purchased in.
 - f. The individual refuses the medication.
 - g. The individual exhibits a dramatic change in mental or physical state.
 - h. The individual is visibly intoxicated, or the staff member had reason to suspect that the individual has been drinking alcohol or using illicit drugs.
9. Staff will not administer medications that have been "set-up" by another staff member.
10. If a controlled medication is not administered as ordered, staff will report the situation to the home nurse. Notification by voicemail is acceptable.

Accounting for Controlled Substances:

1. At the time of shift change, the designated medication passer from the off-going shift and the designated medication passer from the on-coming shift will count all controlled substance medication stored in the double locked security cabinet and ensure accuracy of that count.
2. Each of these employees will sign the Controlled Substance Administration and Inventory Record verifying the accuracy of the counts.
3. If there is a discrepancy in the controlled substance count, both designated medication passers will review the Medication Administration Record and the Controlled Substance Administration and Inventory Record for accuracy in an attempt to locate the cause of the discrepancy and to correct it.
4. If the discrepancy is a result of a medication error, the home nurse shall be notified (notification by voicemail is acceptable) and a Client Incident Report will be completed. A CQI form will be completed by the supervisor, if appropriate.
5. If the cause of the discrepancy cannot be located, both the designated medication passer from the off-going shift and the designated medication passer from the on-coming shift will remain at the residential facility until released by the home supervisor or on-call home supervisor. A CQI form will be completed by the home supervisor if appropriate.

Documentation:

1. Controlled substance medication given will be documented on the individual medication record as well as the Controlled Substance Administration and Inventory Record.
2. Documentation will include time, date, and signature of designated medication passer administering the medication.
3. Documentation will include a running total number of controlled substance medication count as well as an end-of-shift count at the end of each shift.
4. All controlled substance medication documentation will be in ink.
5. Controlled substance medication documentation will not be altered through use of correction fluid or erasure.

REFERENCES:

REVIEWED:

REVISED: 05/12/08; 10/05/09; 05/24/10; 04/01/14; 10/01/15; 10/17/15; June 14, 2019

APPROVED BY SIGNATURE:

Christine Gebhard

Chief Executive Officer

07/22/2019

Date

Charles Lapo, MD

Medical Director

07/25/2019

Date