

<b>Partners in Recovery</b>	<b>POLICY AND STANDARDS</b>
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*Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):  
R9-20-408*

**Direct Care Clinics (DCC) Policy:**

<b>Policy Number:</b>	<b>MED - 0006</b>
<b>Policy Name:</b>	<b>Assistance in the Self-Administration of Medication</b>
Date of Inception:	
Previous Approval Date:	
Current Approval Date:	

**Corporate and Partners in Recovery of Arizona, Inc. Direct Care Clinic (DCC) Approval(s):**

<b>Partners in Recovery Representative</b>		Date
<b>Partners in Recovery Representative</b>		Date
<b>Partners in Recovery Representative</b>		Date
<b>Partners in Recovery Representative</b>		Date

### ***Cross Reference(s)***

*Adverse Drug Events and Medication Errors; Disposal of Discontinued or Expired Medications; Managing “Bubble Packs”*

### ***Policy Statement***

Partners in Recovery supports the recovery goals of service recipients to self-administer and manage their own medications. There are times when the clinical teams offer Assistance in the Self-Administration of Medication for the purpose of education and support of the service recipient to independently adhere to their medication regimen.

### ***Purpose***

To provide clarification of the different team member’s roles in supporting an individual’s independence in self-administering and managing their medications outside the clinical site.

### ***Scope***

Partners in Recovery Direct Care Clinics.

### ***Key Terms***

*Assistance in the Self-Administration of Medication*, by definition in R9-20-408

Includes one or more of the following:

- a. Storing the service recipient’s medication;
- b. Reminding the service recipient to take a medication;
- c. Verifying that the medication is taken as directed by the service recipient's medical practitioner by:
  - i. Confirming that a medication is being taken by the service recipient for whom it is prescribed,
  - ii. Checking the dosage against the label on the container, and
  - iii. Confirming that the client is taking the medication as directed;
- d. Opening of the medication container for the service recipient; or
- e. Observing the service recipient while they remove the medication from the container or take the medication.

*Bubble Packs*

Medications that are pre-dosed and packaged by a pharmacy

*Staff Member*

A Behavioral Health Professional (BHP), Behavioral Health Technician (BHT), or Behavioral Health Paraprofessional (BHPP) that meets the qualifications specified in R9-20-408(C) in the policy. These designations apply to the following ACT team positions that may provide Assistance in the Self-Administration of Medication services: Case Manager, Housing Specialist, Rehabilitation Specialist, Employment Specialist, Substance Abuse Specialist, Independent Living Specialist, Transportation Specialist, Peer Support Specialist, Clinical Coordinator, Nurse and BHMP.

Policy Terms & Definitions are available should the reader need to inquire as to the definition of a term used in this policy.

To access the *Policy Terms & Definitions Glossary* in MagIC, click on the below link:

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**Policy Terms & Definitions Glossary**

***Standards***

I. Staff Assistance in the Self-Administration of Medication

- A. When the case management team and the service recipient's Behavioral Health Medical Practitioner (BHMP) determine that the service recipient requires Assistance in the Self-Administration of Medication services, the service recipient will participate in the staffing process and the treatment goal will be added to the service recipient's treatment plan if the service recipient agrees to participate with the identified service goal.
- B. The BHMP will write an order for the Assistance in the Self-Administration of Medication including the daily frequency and the duration of time the service will be provided.
- C. Staff members will adhere to the following steps when providing this service:
  - 1. Obtain a copy of the current medication flow sheet from recipient's medical record.
  - 2. Clarify with the BHMP or nurse, the medication ordered, dosage and frequency of medication to be taken.
  - 3. At the service recipient's home, observe for any safety issues prior to observation of self-administration including signs of drug or alcohol intoxication, such as drug paraphernalia, toxicity of medications, medication overdose or any other safety concerns. If any of the above are observed, call the BHMP or nurse for further direction.
  - 4. Verify the label on the medication bottle or bubble pack with the service recipient to identify the medication that is going to be taken.
  - 5. Compare the medication bottle or bubble pack to the medication flow sheet.
  - 6. Observe the service recipient opening the bottle or bubble pack and verify the correct dosage as ordered, before the service recipient ingests the medication.
  - 7. Prompt the service recipient to follow the directions as ordered.
  - 8. Complete the Medication Observation form and have the service recipient sign and initial it.

II. PRN Medication and Crisis Intervention

Service recipients are instructed to call the ACT team 24 hour on-call staff member or Maricopa Crisis Recovery Network (MCRN) when requesting PRN medication for alleviating their behavioral health symptoms.

- A. The BHMP will authorize PRN medication on a short-term basis based on the BHMP's medical scope of practice and arrange for a staff member to transport the service recipient to the pharmacy for the supply of PRN medication. The staff member observes

- and documents the PRN dose by the service recipient in their home according to the policy;
- B. The BHMP may request a Rapid Response Team to visit the service recipient's home for crisis intervention/prevention;
  - C. The BHMP may do a crisis intervention with the recipient on the phone and/or refer the recipient to an Emergency Room or Urgent Psychiatric Care Center for crisis stabilization; and
  - D. The medication order shall be documented on the *Medication Flow Sheet* and filed in the service recipient's medical record.

### III. Security of Medications

- A. At a service recipient's home, the service recipient will be encouraged to store their medications in a safe and secure area away from roommates or others residing in the home. If it is determined that a locking medication box is needed to store the medications, the clinical team will provide the medication box and key to the service recipient for keeping all medications secure. Service recipients with organic brain injury, acute psychosis, or short-term memory loss who are unable or unwilling to secure their medications safely at their residence will have their medication stored at the clinic and their daily doses brought to them by an ACT team staff member authorized to provide Assistance in the Self-Administration of Medication.
- B. Medication stored at the outpatient clinic is stored in a locked cabinet inside a secure medication laboratory within the clinic.

### IV. Assistance in Obtaining Refills

- During Assistance in the Self-Administration of Medication in the service recipient's home, the staff member will determine if the service recipient is going to run out of medications prior to the next BHMP appointment. The staff member may provide assistance to the recipient in calling the pharmacy as indicated on the bottle to see if any refills are available. The staff member will notify the BHMP or nurse if a refill is needed.

### V. Procedure for Medication Disposal

- A. At the time of a home visit, a staff member may become aware that the service recipient has bottles or bubble packs of psychiatric medications that are no longer prescribed. The staff member will call the clinic to get direction from the BHMP or nurse. If it is determined that the service recipient's medication is to be disposed of, two staff members will be instructed by the BHMP or nurse to pick up the medication for disposal at the clinic. Medication will be disposed off in accordance with the policy *Disposal of Discontinued or Expired Medications CO.208.02.DCC*.
- B. No staff member is to touch, or confiscate a service recipient's current medical or psychotropic medications unless a "Danger to Self" situation is evident. If there is a safety concern regarding a service recipient's psychotropic or medical medications, the staff member will notify the service recipient's BHMP or Primary Care Physician and

communicate this concern and document that conversation in the service recipient's record.

#### VI. Refusing Medications

- Staff members can encourage and prompt a service recipient to take their medications as ordered. Service recipients have the right to refuse to take their medications. If a service recipient refuses to take their medications, the staff member will document the refusal on the Medication Observation form and report the consumer's refusal to the BHMP as soon as they return to the clinic.

#### VII. Medication Error or Adverse Drug Reaction

- If a staff member observes a medication error such as the service recipient ingesting the wrong medication, the wrong medication dosage, or ingesting the medication at the wrong time; or an adverse drug reaction or side effect caused by prescribed medication, the staff member will call the clinic and talk to the BHMP or nurse for further action. When returning to the clinic the staff member will document and report the error or adverse event according to the Adverse Drug Events and Medication Errors policy.

#### VIII. Medical Emergency

- During a home visit, if a staff member notices a service recipient having seizures, difficulty breathing, or if a service recipient is unresponsive, the staff member will call 911 for emergency services.

#### IX. Staff Member Qualifications and Training

- A. Partners in Recovery shall ensure that assistance in the self-administration of medication is provided only by:
1. A medical practitioner;
  2. A nurse; or
  3. A staff member who has the following skills and knowledge before providing assistance in the self-administration of medication to a service recipient and that are verified by a pharmacist, medical practitioner, or registered nurse according to the requirements in R9-20-204(F)(2)(c) and documented according to R9-20-204(G)(1) through (4), although training to obtain skills and knowledge may be obtained from another agency, entity or staff member:
    - a) Knowledge of the medications commonly prescribed for service recipients with behavioral health issues treated by the agency;
    - b) Knowledge of the common benefits, side effects, and adverse reactions of those medications;
    - c) Knowledge of the signs, symptoms, or circumstances indicating that a service recipient should not take a medication and of who to contact to review and address the service recipient 's situation;

- d) Knowledge of the differences between assisting in the self-administration of medication and medication administration;
  - e) Skill in assisting in the self-administration of medication;
  - f) Knowledge of the medical terminology used in assisting in the self-administration of medication;
  - g) Knowledge of the signs, symptoms, and indicators of toxicity or overdose and skill in identifying the signs, symptoms, and indicators of toxicity or overdose;
  - h) Skill in responding to a medication error or medical emergency; and
  - i) Skill in documenting assistance in the self-administration of medication.
- B. A staff member who is not a medical practitioner or nurse must receive training in the items listed in subsections a) through i) above, from another agency, entity or staff member at least once every 12 months. The ACT Team Manager tracks all new and existing ACT Team staff members to ensure training in the self-administration of medication is completed before services are provided and to ensure the training is repeated on an annual basis. The ACT Team Manager, Director of Nursing and the Medical Director of ACT Teams oversee the training curriculum and exam to verify skills and knowledge requirements.
- C. The Partners in Recovery Director of Nursing verifies the skills and knowledge according to the requirements in R9-20-204(F)(2)(c) by signing and dating the training exam. The exams are forwarded to the Essential Learning Department for data entry purposes in maintaining each staff member's Documentation of Skills and Knowledge and Training Report within the on-line Essential Learning program.
- D. A staff member's training is documented in Essential Learning on the Documentation of Skills and Knowledge and Training Report to include:
- 1. The staff member's name, signature, and professional credential or job title;
  - 2. The date of the training;
  - 3. The subject or topics covered in the training;
  - 4. The duration of the training; and
  - 5. The name, signature, and professional credential or job title of the individual providing the training.
- E. The ACT Team Manager will ensure an updated staff member training list is distributed to each site for archiving and auditing purposes.

***Associated Partners in Recovery Direct Care Clinics Forms & Attachments***

*Medication Flow Sheet*

*Medication Observation Form*

*Assistance in Self-Administration of Medications Competency Exam*

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