Cape Fear Long Term Care Pharmacy LLC

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Pharmaceutical Policy and Procedure Manual

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PHARMACEUTICAL POLICY AND PROCEDURE MANUAL OVERVIEW

The following policies and procedures for obtaining, storing, dispensing, administering, and disposing of drugs were developed using the North Carolina Division of Health Service Regulation – Adult Care Licensure Section and advice of Cape Fear Long Term Care pharmacy manager, Maria Jeffries, and clinical pharmacist, Lara Liles. These policies are reviewed periodically. This is a book of instruction on drug handling for staff to completely understand policies and specific methods to organize activities.

Policies and procedures have been developed to ensure the highest quality of pharmaceutical services to the residents of this long term care facility. All aspects of drug utilization in the facility have been carefully evaluated in order that drug therapy will be safe and of optimum benefit to each resident. The long term care (LTC) pharmacist has established these necessary pharmaceutical policies and procedures.

QUALIFICATIONS OF MEDICATION STAFF

a. Adult care home staff who administer medications, hereafter referred to as medication aides, and staff who directly supervise the administration of medications shall have documentation of successfully completing the clinical skills validation portion of the competency evaluation prior to the administration or supervision of the administration of medications. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement.

b. Medication aides and their direct supervisors, except persons authorized by state occupational licensure laws to administer medications, shall successfully pass the written examination within 90 days after successful completion of the clinical skills validation portion of a competency evaluation.

c. Medication aides and staff who directly supervise the administration of medications, except persons authorized by state occupational licensure laws to administer medications, shall complete **six hours of continuing education annually related to medication administration.**

MEDICATION ADMINISTRATION COMPETENCY

a. The competency evaluation for medication administration shall consist of a written examination and a clinical skills evaluation to determine competency in the following areas:

    1. medical abbreviations and terminology;
    2. transcription of medication orders;
    3. obtaining and documenting vital signs;
    4. procedures and tasks involved with the preparation and administration of oral (including liquid, sublingual and inhaler), topical (including transdermal) ophthalmic, otic, and nasal medications;
    5. infection control procedures;
    6. documentation administration;
    7. monitoring for reactions to medications and procedures to follow when there appears to be a change in the resident's condition or health status based on those reactions;
    8. medication storage and disposition;
    9. regulations pertaining to medication administration in adult care facilities;
    10. the facility's medication administration policies and procedures.

b. An individual shall score at least 90% on the written examination which shall be a standardized examination established by the Department.

c. A certificate of successful completion of the written examination shall be issued to each participant successfully completing the examination. A copy of the certificate shall be maintained and available for review in the facility. The certificate is transferable from one facility to another as proof of successful completion of the written examination.

d. The clinical skills validation portion of the competency evaluation shall be conducted by a registered nurse or a registered pharmacist consistent with their occupational licensing laws and who has a current unencumbered license in North Carolina. This validation shall be completed for those medication administration tasks to be performed in the facility. Competency validation by a registered nurse is required for unlicensed staff who perform any of the personal care tasks related to medication administration.

e. The Medication Administration Skills Validation Form shall be used to document successful completion of the clinical skills validation portion of the competency evaluation for those medication administration tasks to be performed in the facility employing the medication aide.

f. An adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed the following:

    1. A five-hour training program developed by the Department that includes training and instruction for the following:
        i. The key principles of medication administration.
        ii. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.

    2. A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.

    3. Within 60 days from the date of hire, the individual must have completed the following:
        i. An additional 10-hour training program developed by the Department that includes training and instruction in for the following:
            1. The key principles of medication administration.
            2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.
        ii. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.

TRAINING ON CARE OF DIABETIC RESIDENTS

An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows:

1. Training shall be provided by a registered nurse, registered pharmacist, or prescribing practitioner.
2. Training shall include at least the following:
    a. basic facts about diabetes and care involved in the management of diabetes;
    b. insulin action;
    c. insulin storage;
    d. mixing, measuring and injection techniques for insulin administration;
    e. treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms;
    f. blood glucose monitoring;
    g. universal precautions;
    h. appropriate administration times; and
    i. sliding scale insulin administration.

Note: Cape Fear LTC Pharmacy will provide diabetes education and training for medication aides on an annual basis.

MEDICATION ADMINISTRATION POLICIES AND PROCEDURES

a. An adult care home shall develop written policies and procedures that comply with applicable rules of this Subchapter, on the following:
    1. ordering, receiving, storage, discontinuation, disposition, administration, including self-administration, and monitoring the resident's reaction to medications, as developed in consultation with a licensed health professional who is authorized to dispense or administer medications;

b. An adult care home shall ensure the following:
    1. orientation to medication policies and procedures for staff responsible for medication administration prior to their administering or supervising the administration of medications; and
    2. compliance of medication policies and procedures with requirements of this Section and all applicable state and federal regulations, including definitions in the North Carolina Pharmacy Practice Act.

For the purposes of this manual, medications include herbal and non-herbal supplements.

MEDICATION AIDES SHOULD ALSO RECEIVE TRAINING ON THE USE OF CAPE FEAR LTC PHARMACY OPUS MEDICATION SYSTEM OR BUBBLE CARD SYSTEM, IN ADDITION TO SPECIFIC PHARMACY-RELATED PROCEDURES.

MEDICATION ORDERS

a. An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:
    1. if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility;
    2. if orders are not clear or complete; or
    3. if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.

The facility shall ensure that this verification or clarification is documented in the resident's record.

b. All orders for medications, prescription and non-prescription, and treatments shall be maintained in the resident's record in the facility.

c. The medication orders shall be complete and include the following:
    1. medication name;
    2. strength of medication;
    3. dosage of medication to be administered;
    4. route of administration;
    5. specific directions of use, including frequency of administration; and
    6. if ordered on an as needed basis, a stated indication for use.

d. Verbal orders for medications and treatments shall be:
    1. **countersigned by the prescribing practitioner within 15 days from the date the order is given;**
    2. signed or initialed and dated by the person receiving the order; and
    3. accepted only by a licensed professional authorized by state occupational licensure laws to accept orders or staff responsible for medication administration.

e. Any standing orders shall be for individual residents and signed and dated by the resident's physician or prescribing practitioner.

f. The facility shall assure that all current orders for medications or treatments, including standing orders and orders for self-administration are reviewed and signed by the resident's physician or prescribing practitioner <u>at least every six months</u>.

g. Psychotropic medications ordered "as needed" by a prescribing practitioner, shall not be administered unless the following have been provided by the practitioner or included in an individualized care plan developed with input by a registered nurse or licensed pharmacist:
    1. detailed behavior-specific written instructions, including symptoms that might require use of the medication;
    2. exact dosage;
    3. exact time frames between dosages; and
    4. the maximum dosage to be administered in a 24-hour period.

h. The facility shall assure that personal care aides and their direct supervisors receive training annually about the desired and undesired effects of psychotropic medications, including alternative behavior interventions. Documentation of training attended by staff shall be maintained in the facility.

MEDICATION LABELS

a. Prescription legend medications shall have a legible label with the following information:
    1. the name of the resident for whom the medication is prescribed;
    2. the most recent date of issuance;
    3. the name of the prescriber;
    4. the name and concentration of the medication, quantity dispensed, and prescription serial number;
    5. directions for use stated and not abbreviated;
    6. a statement of generic equivalency shall be indicated if a brand other than the brand prescribed is dispensed;
    7. the expiration date, unless dispensed in a single unit or unit dose package that already has an expiration date;
    8. auxiliary statements as required of the medication;
    9. the name, address, telephone number of the dispensing pharmacy;
    10. the name or initials of the dispensing pharmacist.

b. The facility shall assure the container is relabeled by a licensed pharmacist or a dispensing practitioner at the refilling of the medication when there is a change in the directions by the prescriber. The facility shall have a procedure for identifying direction changes until the container is correctly labeled. No person other than a licensed pharmacist or dispensing practitioner shall alter a prescription label.

c. Non-prescription medications shall have the manufacturer's label with the expiration date visible, unless the container has been labeled by a licensed pharmacist or a dispensing practitioner. Non-prescription medications in the original manufacturer's container shall be labeled with at least the resident's name and the name shall not obstruct any of the information on the container. Facility staff may label or write the resident's name on the container.

d. **Medications, prescription and non-prescription, shall not be transferred from one container to another except when prepared for administration to a resident.**

e. Prescription medications leaving the facility shall be in a form packaged and labeled by a licensed pharmacist or a dispensing practitioner. Non-prescription medications that are not packaged or labeled by a licensed pharmacist or dispensing practitioner must be released in the original container and directions for administration must be provided to the resident or responsible party. The facility shall assure documentation of medications, including quantity released and returned to the facility.

Example medication release form is provided at the end of this document.

MEDICATION ADMINISTRATION

a. An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:
    1. orders by a licensed prescribing practitioner which are maintained in the resident's record; and
    2. the facility's policies and procedures.

b. The facility shall assure that only trained staff shall administer medications, including the preparation of medications for administration.

c. Only oral solid medications that are ordered for routine administration may be prepared in advance and must be prepared within 24 hours of the prescribed time for administration. Medications prescribed for prn (as needed) administration shall not be prepared in advance.

d. Liquid medications, including powders or granules that require to be mixed with liquids for administration, and medications for injection shall be prepared immediately before administration to a resident.

e. Medications shall not be crushed for administration until immediately before the medications are administered to the resident. Pharmacy must approve crush medications.

f. If medications are prepared for administration in advance, the following procedures shall be implemented to keep the drugs identified up to the point of administration and protect them from contamination and spillage:

    1. Medications are dispensed in a sealed package such as unit dose and multi-paks that is labeled with the name of each medication and strength in the sealed package. The labeled package of medications is to remain unopened and kept enclosed in a capped or sealed container that is labeled with the resident's name, until the medications are administered to the resident. If the multi-pak is also labeled with the resident's name, it does not have to be enclosed in a capped or sealed container;
    2. Medications not dispensed in a sealed and labeled package as specified in Subparagraph (1) of this Paragraph are kept enclosed in a sealed container that identifies the name and strength of each medication prepared and the resident's name;
    3. A separate container is used for each resident and each planned administration of the medications and labeled according to Subparagraph (1) or (2) of this Paragraph; and
    4. All containers are placed together on a separate tray or other device that is labeled with the planned time for administration and stored in a locked area which is only accessible to staff.

g. The facility shall ensure that medications are administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations.

h. If medications are not prepared and administered by the same staff person, there shall be documentation for each dose of medication prepared for administration by the staff person who prepared the medications when or at the time the resident's medication is prepared. Procedures shall be established and implemented to identify the staff person who prepared the medication and the staff person who administered the medication.

i. The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.

j. The resident's medication administration record (MAR) shall be accurate and include the following:
    1. resident's name;
    2. name of the medication or treatment order;
    3. strength and dosage or quantity of medication administered;
    4. instructions for administering the medication or treatment;
    5. reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;
    6. date and time of administration;
    7. documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,
    8. name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).

k. The facility shall have a system in place to ensure the resident is identified prior to the administration of any medication or treatment.

l. The facility shall assure the development and implementation of policies and procedures governing medication errors and adverse medication reactions that include documentation of the following:
    1. notification of a physician or appropriate health professional and supervisor;
    2. action taken by the facility according to orders by the physician or appropriate health professional; and
    3. charting or documentation errors, unavailability of a medication, resident refusal of medication, any adverse medication reactions and notification of the resident's physician when necessary.

m. Medication administration supplies, such as graduated measuring devices, shall be available and used by facility staff in order for medications to be accurately and safely administered.

n. The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents.

o. A resident's medication shall not be administered to another resident except in an emergency. In the event of an emergency, the borrowed medications shall be replaced promptly and the borrowing and replacement of the medication shall be documented.

p. Only oral, topical (including ophthalmic and otic medications), inhalants, rectal and vaginal medications, subcutaneous injections and medications administered by gastrostomy tube and nebulizers may be administered by persons who are not authorized by state occupational licensure laws to administer medication.

q. Unlicensed staff may not administer insulin or other subcutaneous injections prior to meeting the requirements for training and competency validation.

r. Frequency and times for administering drugs:
    1. If doctor's order state qd, administer medication at 8:00 a.m.
    2. If doctor's order state hs, administer medication at 8:00 p.m.
    3. If doctor's order state bid, administer medication at 8:00 a.m. and 8:00 p.m.
    4. If doctor's order state tid, administer medication at 8:00 a.m., 2:00 p.m. and 8:00 p.m.
    5. If doctor's orders state qid, administer medication at 8:00 a.m., 12:00 noon, 4:00 p.m., and 8:00 p.m.
    6. All of the above times are to be followed unless specified otherwise by the physician in his orders.

    Hours of administration are subject to change based on facility preference and meal times.

s. At no time should any resident be without medication that has been prescribed by their physician and recorded on the MAR for administration.
    1. If a situation occurs in which a medication is not available on the medication cart, medication aide shall follow facility policies and procedures to obtain the medication.

t. Facility shall have policies and procedures in place that outline for medication aides how to document on the medication administration record when a dose is not administered for the following reasons (see medication omission attachment):
    1. patient refusal
    2. patient in hospital
    3. patient on leave of absence
    4. medication not arrived from pharmacy

u. For residents that have medications shipped/delivered to facility from a Veterans' Hospital (rather than Cape Fear Long Term Care pharmacy), medication aide shall follow facility policies and procedures for handling of residents' VA medications.

SELF-ADMINISTRATION OF MEDICATIONS

a. An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met:
    1. the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and
    2. specific instructions for administration of prescription medications are printed on the medication label.

b. When there is a change in the resident's mental or physical ability to self-administer or resident non-compliance with the physician's orders or the facility's medication policies and procedures, the facility shall notify the physician. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.

MEDICATION STORAGE

a. Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and procedures.

b. All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration.

c. The medication storage area shall be clean, well-lighted, well-ventilated, large enough to store medications in an orderly manner, and located in areas other than the bathroom, kitchen or utility room. Medication carts shall be clean and medications shall be stored in an orderly manner.
d. Accessibility to locked storage areas for medications shall only be by staff responsible for medication administration and administrator or person in charge.

e. Medications intended for topical or external use, except for ophthalmic, otic and transdermal medications shall be stored in a designated area separate from the medications intended for oral and injectable use. Ophthalmic, otic and transdermal medications may be stored with medications intended for oral and injectable use. Medications shall be stored apart from cleaning agents and hazardous chemicals.

f. Medications requiring refrigeration shall be stored at 36 degrees F to 46 degrees F (2 degrees C to 8 degrees C).

g. Medications shall not be stored in a refrigerator containing non-medications and non-medication related items, except when stored in a separate container. The container shall be locked when storing medications unless the refrigerator is locked or is located in a locked medication area.

h. The facility may possess a stock of non-prescription medications or the following prescription legend medications for general or common use:
    1. irrigation solutions in single unit quantities exceeding 49 ml. and related diagnostic agents;
    2. diagnostic agents;
    3. vaccines;
    4. water for injection and normal saline for injection.

    Note: A prescribing practitioner's order is required for the administration of any medication.

i. First aid supplies shall be immediately available, stored out of sight of residents and visitors and stored separately in a secure and orderly manner.

MEDICATION DISPOSITION

a. Medications shall be released to or with a resident upon discharge if the resident has a physician's order to continue the medication. Prescribed medications are the property of the resident and shall not be given to, or taken by, other staff or residents.

b. Medications, excluding controlled medications that are expired, discontinued, prescribed for a deceased resident or deteriorated shall be stored separately from actively used medications until disposed of.

c. Medications, excluding controlled medications, shall be destroyed at the facility or returned to a pharmacy within 90 days of the expiration or discontinuation of medication or following the death of the resident.

d. All medications destroyed at the facility shall be destroyed by the administrator or the administrator's designee and witnessed by a licensed pharmacist, dispensing practitioner, or designee of a licensed pharmacist or dispensing practitioner. The destruction shall be conducted so that no person can use, administer, sell or give away the medication.

e. Records of medications destroyed or returned to the pharmacy shall include the resident's name, the name and strength of the medication, the amount destroyed or returned, the method of destruction if destroyed in the facility and the signature of the administrator or the administrator's designee and the signature of the licensed pharmacist, dispensing practitioner or designee of the licensed pharmacist or dispensing practitioner. These records shall be maintained by the facility for a minimum of one year.

f. A dose of any medication prepared for administration and accidentally contaminated or not administered shall be destroyed at the facility according to the facility's policies and procedures.

All expired, deteriorated or discontinued drugs are collected daily and/or weekly by Cape Fear LTC pharmacy for proper disposition. *All drugs removed for destruction are charted by the facility and pharmacist on a drug disposal form to record unused medications as required by State and Federal laws.

CONTROLLED SUBSTANCES

a. An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.

b. Controlled substances may be stored together in a common location or container. If Schedule II medications are stored together in a common location, the Schedule II medications shall be under double lock.

c. Controlled substances that are expired, discontinued or no longer required for a resident shall be returned to the pharmacy within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The facility shall document the resident's name; the name, strength and dosage form of the controlled substance; and the amount returned. There shall also be documentation by the pharmacy of the receipt or return of the controlled substances.

d. If the pharmacy will not accept the return of a controlled substance, the administrator or the administrator's designee shall destroy the controlled substance within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The destruction shall be witnessed by a licensed pharmacist, dispensing practitioner, or designee of a licensed pharmacist or dispensing practitioner. The destruction shall be conducted so that no person can use, administer, sell or give away the controlled substance. Records of controlled substances destroyed shall include the resident's name; the name, strength and dosage form of the controlled substance; the amount destroyed; the method of destruction; and, the signature of the administrator or the administrator's designee and the signature of the licensed pharmacist, dispensing practitioner or designee of the licensed pharmacist or dispensing practitioner.

e. Records of controlled substances returned to the pharmacy or destroyed by the facility shall be maintained by the facility for a minimum of three years.

f. Controlled substances that are expired, discontinued, prescribed for a deceased resident or deteriorated shall be stored securely in a locked area separately from actively used medications until disposed of.

g. A dose of a controlled substance accidentally contaminated or not administered shall be destroyed at the facility. The destruction shall be documented on the medication administration record (MAR) or the controlled substance record showing the time, date, quantity, manner of destruction and the initials or signature of the person destroying the substance.

h. The facility shall ensure that all known drug diversions are reported to the pharmacy, local law enforcement agency and Health Care Personnel Registry as required by state law. There shall be documentation of the contact and action taken.

PHARMACEUTICAL CARE

a. An adult care home shall obtain the services of a licensed pharmacist or a prescribing practitioner for the provision of pharmaceutical care at least quarterly. The Department may require more frequent visits if it documents during monitoring visits or other investigations that there are medication problems in which the safety of residents may be at risk.

Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes the following:

1. an on-site medication review for each resident which includes the following:
    a. the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and
    b. making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and
    c. documenting the results of the medication review in the resident's record;
2. review of all aspects of medication administration including the observation or review of procedures for the administration of medications and inspection of medication storage areas;
3. review of the medication system utilized by the facility, including packaging, labeling and availability of medications;
4. review the facility's procedures and records for the disposition of medications and provide assistance, if necessary;
5. provision of a written report of findings and any recommendations for change for Subparagraphs (a)(1) through (4) of this Rule to the facility and the physician or appropriate health professional, when necessary;
6. conducting in-service programs as needed for facility staff on medication usage that includes the following:
    a. potential or current medication related problems identified;
    b. new medications;
    c. side effects and medication interactions;
    d. policies and procedures.

b. The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary.

c. The facility shall maintain the findings and reports resulting from the medication review, including action taken by the facility.

PHARMACEUTICAL SERVICES

a. An adult care home shall allow the residents the right to choose a pharmacy provider as long as the pharmacy will provide services that are in compliance with the facility's medication management policies and procedures.

b. There shall be a current, written agreement with a licensed pharmacist or a prescribing practitioner for pharmaceutical care services according to Rule .1009 of this Section. The written agreement shall include a statement of the responsibility of each party.

c. The facility shall assure the provision of pharmaceutical services to meet the needs of the residents including procedures that assure the accurate ordering, receiving and administering of all medications prescribed on a routine, emergency, or as needed basis.

d. The facility shall assure the provision of medication for residents on temporary leave from the facility or involved in day activities out of the facility.

e. The facility shall assure that accurate records of the receipt, use and disposition of medications are maintained in the facility and readily available for review.

f. A facility with 12 or more beds shall have a written agreement with a pharmacy provider for dispensing services. The written agreement shall include a statement of the responsibility of each party.

INFECTION CONTROL

a. As used in this section, "adult care home staff" means any employee of an adult care home involved in direct resident care.

b. In order to prevent transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following:

1. Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following:

i. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents.
ii. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules.
iii. Accessibility of infection control devices and supplies.
iv. Blood and bodily fluid precautions.
v. Procedures to be followed when adult care home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens.
vi. Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves.

2. Require and monitor compliance with the facility's infection control policy.

3. Update the infection control policy as necessary to prevent the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens.

4. Designate one on-site staff member for each noncontiguous facility who is knowledgeable about the federal Centers for Disease Control and Prevention guidelines on infection control to direct the facility's infection control activities and ensure that all adult care staff is trained in the facility's infection control policy. Any nonsupervisory staff member designated to direct the facility's infection control activities shall complete the infection control course developed by the Department.

MEDICATION ORDERING POLICIES AND PROCEDURES

Facility Name: _____

Medication orders are documented on a medication order form and transmitted to the pharmacy. This written order must include:

a. Date ordered
b. Name of person calling/faxing in order
c. Refill or new order (Rx # if refill)
d. Resident's name and identifying information, when necessary
e. Medication name, (strength), and route of administration
f. Directions for use, if new order, or direction changes to a previous order
g. Name of prescriber for a new order
h. PRN or "as needed" orders must also clearly state the reason for administration. Orders for psychotropic medications prescribed for "PRN" administration must include symptoms that require the administration of the medication, exact dosage, exact time frame between doses and maximum dosage to be administered in 24-hour period

If not automatically refilled by the pharmacy, refills must be ordered as follows:

a. Reorder medication _____ days in advance of need to assure adequate supply on hand. For CII medications, order _____ days in advance of need. For VA medications, order _____ days in advance of need.
b. The staff member who reorders the medication is responsible for notifying the pharmacy of changes in directions or previous labeling errors.
c. The refill order is then called in, faxed, or otherwise transmitted to the pharmacy.

New Admission/Re-admission Orders:

a. When calling/faxing medication orders for newly admitted resident, the pharmacy is also given all allergies and diagnoses to facilitate generation of a patient profile and permit initial medication use assessment.
b. This medication order form is also to notify the pharmacy of changes in dosage, directions for use, etc. of current medications.
c. Facility indicates name of pharmacy supplier, if pharmacy other than Cape Fear LTC Pharmacy, and indicates whether a new supply of medication is needed from the pharmacy.

Additional Facility Notes:

_____
_____
_____
_____

MEDICATION RECEIVING POLICIES AND PROCEDURES

Facility Name: _____

Receiving medications from the pharmacy:

A delegated representative (_____):

a. Receives medications delivered to the facility and documents that the delivery was received and was secure on the medication delivery receipt.
b. Verifies medications received and directions for use with the medication order form.
c. Promptly reports discrepancies and omissions to the issuing pharmacy and supervisor.
d. Immediately delivers the medications to the appropriate storage secure area.
e. Assures medications are incorporated into the resident's specific allocation prior to the next medication pass.

Delivery records are retained for _____ months.

Receiving Controlled Medications:
Refer to Controlled Substance Policies and Procedures Attachment

FACILITY SPECIFIC POLICIES:
_____
_____
_____
_____
_____

STORAGE POLICIES AND PROCEDURES

Facility Name: _____

Medication System (circle one): OPUS cassettes or bubble cards

a. Cape Fear LTC Pharmacy dispenses medications in containers that meet legal requirements; Medications must be kept in these containers. Transfer of medications from one container to another is done so *only* by the pharmacy.
b. Only licensed nurses, pharmacy personnel, medication aides, and those lawfully authorized to administer medications are allowed to access medications. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access.
c. Orally administered medications are kept separate from topically administered medications.
d. Eye medications are kept separate from ear medications.
e. Except for those requiring refrigeration, medications intended for internal use are stored in a medication cart or other designated area (_____).
f. Medications labeled for individual residents are stored separately from floor stock medications when not in the medication cart.
g. Potentially harmful substances are clearly identified and stored in a locked area separately from medications.
h. Medications requiring storage at "room temperature" are kept at temperatures ranging from 15˚C (59˚F) to 30˚ (86˚F).
i. Medications requiring "refrigeration" or "temperatures between 2˚C (36˚F) and 8˚C (46˚F)" are kept in a refrigerator with a thermometer to allow temperature monitoring. Medications requiring storage in a "cool place" are refrigerated unless otherwise directed on the label. Refrigerated medications are kept separate from fruit juices, applesauce, and other foods used in administering medications. Refrigerated items are recorded with a date opened, as well as expiration date, if applicable. *Other food and drinks not used for medication administration are stored separately in designated area:* _____.
j. Medication storage areas are kept clean, well-lit, and free of clutter and extreme temperatures.
k. Controlled substances must be stored appropriately under state and federal regulations. (Refer to Controlled Substance Policies and Procedures Attachment)

✓ Medication storage conditions are monitored every _____ day(s)/week(s) (circle one).
✓ Refrigeration temperatures are monitored _____ time(s) per day and documented.
✓ Storage temperature or condition discrepancies are reported to _____.

Designated area(s) for controlled substance storage:
CII: _____
CIII-V: _____
CV: _____

Additional Facility Notes:
_____
_____
_____

MEDICATION DISPOSITION POLICIES AND PROCEDURES

Facility Name: _____

a. Medications shall be released to or with a resident upon discharge if the resident has a physician's order to continue the medication. *Prescribed medications are the property of the resident and shall not be given to, or taken by, other staff or residents.*

b. Medications, excluding controlled medications, which are expired, discontinued, prescribed for a deceased resident, or deteriorated, shall be removed from the medication cart immediately upon discontinuation. Until destroyed or picked up by the pharmacy, the medication(s) should be stored separately from actively used medications in the facility's designated area: _____.

c. Medications, excluding controlled medications, shall be destroyed at the facility or returned to a pharmacy within 90 days of the expiration or discontinuation of medication or following the death of the resident.

d. All medications destroyed at the facility shall be destroyed by the administrator or an administrator's designee (_____) and witnessed by a licensed pharmacist, dispensing practitioner, or designee of a licensed pharmacist or dispensing practitioner (_____). The destruction shall be conducted so that no person can use, administer, sell or give away the medication.

e. A dose of any medication prepared for administration and accidentally contaminated or not administered shall be destroyed at the facility as follows:
_____
_____

f. Records of medications destroyed or returned to the pharmacy (drug disposal forms) shall include the resident's name, the name and strength of the medication, the amount destroyed or returned, the method of destruction (if destroyed in the facility), the signature of the administrator (or the administrator's designee), and the signature of the licensed pharmacist, dispensing practitioner, or designee of the licensed pharmacist or dispensing practitioner. These records shall be maintained by the facility for _____ year(s) (minimum of 1 year).

Additional Facility Notes:
_____
_____
_____
_____

CONTROLLED SUBSTANCE POLICIES AND PROCEDURES

Facility Name: _____

This facility shall comply with federal and state laws and regulations in the handling of controlled medications.

ORDERING/RECEIVING

Controlled substances are subject to special ordering, receipt, and recordkeeping requirements in the facility, in accordance with federal and state laws and regulations.

a. Only authorized, licensed facility and pharmacy personnel have access to controlled medications.

b. Schedule II controlled medications prescribed for a specific resident are delivered to the facility only if a written prescription has been received by the pharmacy prior to dispensing. In an emergency situation, the pharmacy can accept a telephone order. A follow-up written (original) prescription must be sent to the pharmacy within _____ days (no more than 7 days).

c. New and refill orders for controlled medications other than schedule II are ordered as detailed in Ordering and Receiving Policies and Procedures attachments.

d. CII-V medications are dispensed by the pharmacy in readily accountable quantities and containers designed for easy counting of contents.

e. An individual resident's controlled substance record is prepared by the pharmacy for each controlled substance medication prescribed for a resident.

f. A controlled drug record/log is prepared by the facility for each controlled drug.

g. Schedule II medications are reordered when a _____ day supply remains to allow for transmittal of the required original written prescription to the pharmacy.

h. The facility may designate a particular drug, which is not considered a controlled substance by state or federal laws and subject to abuse or diversion, to be handled under these procedures for controlled medications.

   Drug(s) applicable to above: _____

(Continued on next page)

STORAGE

a. Controlled medications are stored under double lock. Alternatively, in a unit dose system, CIII-V medications may be distributed with other medications throughout the cart, while CII medications are kept under double lock. If a key system is used, the _____ maintains possession of the key to controlled medication storage areas. Back-up keys to all medication storage areas, are kept by the _____.

b. A controlled medication accountability record is prepared by the facility for all controlled substance medications. The following information is completed:

   i. Name of resident

   ii. Prescription number

   iii. Date received

   iv. Quantity received

   v. Name of person receiving medication supply

c. At each shift change, a physical inventory of all controlled medications is conducted and is documented on the controlled medication accountability record.

d. Any discrepancy in controlled substance medication counts is reported immediately to _____. This staff member shall investigate the discrepancy and make every reasonable effort to reconcile the reported discrepancies. Irreconcilable discrepancies should be reported to the administrator and the pharmacy.

e. Current controlled medication accountability records are kept in _____. When completed, accountability records are submitted to _____ and kept for _____ years at the facility.

f. The consultant pharmacist or designee (_____) routinely monitors controlled medication storage, records, and expiration dates during the medication storage inspection, which is completed every _____.

(Continued on next page)

DISPOSITION

a. Controlled substances that are expired, discontinued or no longer required for a resident shall be returned to the pharmacy within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The facility shall document the resident's name; the name, strength and dosage form of the controlled substance; and the amount returned. There shall also be documentation by the pharmacy of the receipt or return of the controlled substances.

b. If the pharmacy will not accept the return of a controlled substance, the administrator or the administrator's designee shall destroy the controlled substance within 90 days of the expiration or discontinuation of the controlled substance or following the death of the resident. The destruction shall be witnessed by a licensed pharmacist, dispensing practitioner, or designee of a licensed pharmacist or dispensing practitioner. The destruction shall be conducted so that no person can use, administer, sell or give away the controlled substance. Records of controlled substances destroyed shall include the resident's name; the name, strength and dosage form of the controlled substance; the amount destroyed; the method of destruction; and, the signature of the administrator or the administrator's designee and the signature of the licensed pharmacist, dispensing practitioner or designee of the licensed pharmacist or dispensing practitioner.

c. Records of controlled substances returned to the pharmacy or destroyed by the facility shall be maintained by the facility for _____ years (minimum of three years).

d. Controlled substances that are expired, discontinued, prescribed for a deceased resident or deteriorated shall be stored securely in a locked area separately from actively used medications until disposed of.

e. A dose of a controlled substance accidentally contaminated or not administered shall be destroyed at the facility. The destruction shall be documented on the medication administration record (MAR) or the controlled substance record showing the time, date, quantity, manner of destruction and the initials or signature of the person destroying the substance.

The facility shall ensure that all known drug diversions are reported to the pharmacy, local law enforcement agency and Health Care Personnel Registry as required by state law, and that all suspected drug diversions are reported to the pharmacy. There shall be documentation of the contact and action taken.

Additional Facility Notes:

_____
_____
_____
_____
_____

MEDICATION ADMINISTRATION POLICIES AND PROCEDURES

Facility Name: _____

a. The following equipment and supplies are acquired and maintained by the facility for the proper storage, preparation, and administration of medications:
    1. Lockable medication carts and cabinets, drawers, or rooms with well-lit dose preparation areas
    2. A refrigerator with thermometer
    3. Counter space for medication preparation with access to water source
    4. Oral syringes, parenteral syringes, needles, droppers, soufflé cups, water pitchers, applesauce/pudding, and calibrated glass or plastic medication cups
    5. A device for splitting and crushing tablets.
    6. Other supplies: _____
b. _____ ensures that equipment and supplies relating to medication administration are adequate, working, clean, and orderly. The consultant pharmacist monitors medication storage conditions on a _____ basis.
c. Medications are only administered by licensed nursing, medical, pharmacy, or other personnel authorized by state laws and regulations to administer medications.
d. Medications are administered at the time they are prepared. Medications are not pre-poured.
e. The person who prepared the dose for administration is the person who administers the dose.
f. Medications are administered within _____ minutes of scheduled time, except before or after meal orders, which are administered based on meals. Facility meal times: _____

    _____. Unless otherwise specified by the prescriber, routine medications are administered according to established medication administration schedule for the facility: _____

    _____
g. Medication cart is locked at all times unless in use and under the direct observation of the medications nurse/aide.
h. Before administering medication(s):
    1. Note allergies/contraindications
    2. Provide privacy for resident if appropriate
    3. Check expiration date on package/container. Place the date on multi-dose containers such as insulin pens or vials
    4. Read medication label three times before pouring
    5. Identify resident with facility identification method: _____

(Continued on next page)

6. Cleanse hands before handling medications and before contact with the resident
7. Explain to the resident the type of medication being administered
8. Obtain and record any vital signs as necessary
9. Provide at least _____ oz. of water or other acceptable liquid with oral medications.

i. For residents not in the rooms or otherwise unavailable to receive medication on the pass, the MAR is flagged with _____. After completing the medication pass, the medication aide or nurse returns to the missed resident to administer the medication.

j. After administration of medication:

1. The resident is always observed to ensure the dose was completely ingested. If only a partial dose is ingested, this is noted on the MAR, and action is taken as appropriate.
2. The individual who administers the medication records the administration on the resident's MAR directly after the medication is given.
3. When administering PRN medications, document administration as well as any medication actions or reactions on the resident's MAR.
4. Unused medications removed from package or container should be disposed of according to facility's medication disposition policies and procedures.

SELF-ADMINISTRATION OF MEDICATIONS POLICIES AND PROCEDURES

Facility Name: _____

a. An adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met:
    1. the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and
    2. specific instructions for administration of prescription medications are printed on the medication label.

b. Determination of the resident's ability to self-administer medications by means of a skill assessment should be completed on a _____ basis. When there is a change in the resident's mental or physical ability to self-administer or resident non-compliance with the physician's orders or the facility's medication policies and procedures, the facility shall notify the physician. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications.

c. Bedside storage is permitted only when it does not present a risk to residents who self-administer or other residents in the facility.
    1. The manner of storage prevents access by other residents
    2. The medications are kept in the containers dispensed by the pharmacy
    3. The bedside medication is reviewed, and administration is recorded, if appropriate.

d. Unauthorized medications found bedside should be reported to _____.

e. The staff is responsible for proper rotation of bedside stock and removal of expired, discontinued, or recalled medications.

Additional Facility Notes:

_____
_____
_____
_____
_____

MEDICATION OMISSION POLICIES AND PROCEDURES

Facility Name: _____

When documenting omissions on the MAR, medication technicians should write their initials and circle. This circle indicates the medication has not been given to the resident. The med tech should document on the back of the MAR, the reason for omission (i.e. refusal, hospital, LOA, out-of-stock, etc.). For facilities with electronic MARs, omissions must also be documented appropriately with the reason for omission.

If a medication aide/tech circles an omission on the MAR for more than _____ consecutive day(s) due to out of stock, the medication aide/tech must report this to their supervisor AND contact Cape Fear Long Term Care Pharmacy; **report by filling out the Medication Omission Report**.

Provider should be contacted for the following: more than _____ consecutive/cumulative refusals, extended out-of-stock situation (more than _____ doses), or missed dose (medication error report).

Additional Facility Notes:

_____
_____
_____
_____
_____

INFECTION CONTROL POLICY

Facility Name: _____
Administrator: _____
Infection Control Specialist: _____

All employees shall have access to infection control devices and supplies. This includes personal protective equipment, sharps containers, and all other patient care devices and supplies needed to deliver patient care throughout the facility.

Waste Management

Personal protective equipment:

- Personal protective equipment may include gloves, protective eyewear (goggles), mask, apron, gown, boots/shoe covers, and cap/hair cover.
- Avoid any contact between contaminated or used personal protective equipment and surfaces, clothing, or people outside the patient care area.
- Do not share personal protective equipment.
- Change personal protective equipment completely and thoroughly wash hands each time you leave a patient to attend to another patient or another duty.
- Properly discard the used personal protective equipment in appropriate disposal bags.

Disposal of personal protective equipment:

- Do not reuse disposable personal protective equipment. Disposable personal equipment should be removed properly after use and disposed in the proper disposable container.
- Gloves shall be worn where there is a chance that employees will have hand contact with blood, other potentially infectious material (OPIM), non-intact skin, mucous membranes, and when handling or touching contaminated items or surfaces. Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or if they are torn, punctured, or their ability to function as a barrier is compromised. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.
- Reusable personal protective equipment should be cleaned and decontaminated according to the manufacturers' instruction.

Patient care equipment:

- Handle patient care equipment soiled with blood, body fluids, secretions or excretions, with care in order to prevent exposure to skin and mucous membranes, clothing, and the environment.
- Ensure all reusable equipment is cleaned and reprocessed appropriately before being used on another patient.

Disposable sharps:

- All employees must wear gloves when handling anything that is sharp, such as needles from injections and diabetic testing equipment.
- Employees must always put anything sharp that has been used on a resident in a biohazard container (Sharps box).
- Disposable sharps shall be discarded immediately (or as soon as feasible) in containers that are closable, puncture-resistant, leak-proof on sides and bottom, and labeled or color-coded. This applies to all contaminated sharps, regardless of whether they are designed with sharps injury prevention features.
- During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can reasonably be anticipated to be found. The containers shall be kept upright throughout use and replaced routinely, and not be allowed to overfill.
- When moving containers of contaminated sharps from the area of use, the containers shall be closed prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- The container shall be placed in a secondary container if leakage of the primary container is possible. The secondary container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. The secondary container shall be labeled or color-coded to identify its contents.

Other regulated waste:

- Other regulated waste shall be placed in containers that are closeable and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. The waste container must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

NOTE: Disposal of all regulated waste shall be in accordance with all applicable federal, state, and local regulations.

SANITATION

- Facility must maintain a clean environment.
- Administrative and office areas with no patient contact require normal domestic cleaning.
- Patient care areas should be cleaned by wet mopping with the use of a neutral detergent solution or/and hot water (80^{o}C), dry sweeping is not recommended.
- All horizontal surfaces and all toilet areas should be cleaned daily.
- Any areas with visibly contaminated blood or body fluids should be cleaned immediately.
- Isolated rooms and other areas that have patients with known transmissible infections should be cleaned with a detergent/disinfectant solution at least daily.
- Use gloves for personal protection while handling used or contaminated laundry. When handling laundry, place soiled/contaminated linen in resistant/protective bags for transportation to avoid any spills or drips of blood, body fluids, secretions or excretions. Disinfect by using hot water (158^{o}-176^{o} F) and/or bleach, detergent.
- Patients bedding such as mattresses and pillows with plastic cover should be wiped over with a neutral detergent. Mattresses and pillows without plastic covers should be dry cleaned if contaminated with body fluids.
- Equipment used throughout the facility must be cleaned before and after each use with proper disinfectant agents.
- Any equipment that is used for patients, and touches only their intact skin, such as bedpans, urinals, commode chairs, blood pressure cuffs etc. should be cleaned and disinfected using hot water (at least 70 ^{o}C).
- All personnel have access to MSDS information regarding the agents used within the facility.
- Material safety data sheet (MSDS) information is readily available for employees.

Table of Common Disinfectants Used for Environmental Cleaning

Disinfectants	Recommended Use	Precautions
Sodium hypochlorite (Bleach) 1% In-use dilution, 5% Solution to be diluted (1 part bleach per 5 parts clean water)	Disinfection of material contaminated with blood and body fluids	-Should be used in well-ventilated areas. -Protective clothing required while handling and using undiluted. -Do not mix with strong acids to avoid release of chlorine gas. -Corrosive to metals
Bleaching powder 7g/liter with 70% available chlorine	Toilets / bathrooms -may be used in place of liquid bleach if this is unavailable	Same as above
Alcohol (70%) Isopropyl, ethyl alcohol.	Smooth metal surfaces, tabletops and other surfaces on which bleach cannot be used.	-Flammable, toxic, to be used in well-ventilated area, avoid inhalation -Kept away from heat source, electrical equipment, flames, hot surfaces -Allow it to dry completely.

Modified from World Health Organization. Practical guidelines for infection control in health Facilities. Dec. 2003.

Routine cleaning should be scheduled and reviewed by _____.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: _____
Date of preparation: _____
Date of annual review: _____

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed.

Purpose:

The purpose of this exposure control plan is to:

- Eliminate or minimize employee occupational exposure to blood and/or certain other body fluids; and
- Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 and its Appendix A.
- Comply with House Bill 474 Section 3. 131D-4.4A.

Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). The exposure determination must list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility, the following job classifications are in this category:

Medication Technician: _____
Housekeeping: _____
CNA: _____
Managers (Low risk exposure): _____
Supervisors (Low risk exposure): _____
Activity Directors (Low risk exposure): _____
Other: _____

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or OPIM, tasks or procedures that would cause these employees to have occupational exposure must also be listed in order to understand clearly which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Job Classification	Task/Procedure
Med. Tech: _____	BS, Temp., other: _____
CNA: _____	BP, wound care, other: _____
Housekeeping: _____	Cleaning, waste disposal, laundry, other: ___
Kitchen: _____	Cleaning, other: _____

Implementation Schedule and Methodology

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

Compliance methods
Universal precautions will be observed at this facility in order to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious, regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility, the following engineering controls will be utilized:

Sharps containers, use of safety lancets, needles and pen needle_____.

The above controls will be examined and maintained yearly.

Hand washing facilities shall be made available to employees who incur exposure to blood or OPIM. These facilities must be readily accessible after incurring exposure.

(If handwashing facilities are not feasible, the employer must provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, the hands are to be washed with soap and running water as soon as feasible. Employees who must provide alternatives to readily accessible handwashing facilities should list the location, tasks, and responsibilities to ensure maintenance of these alternatives.)

_____shall ensure that after the removal of personal protective gloves, employees wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

_____shall ensure that if employees incur exposure to their skin or mucous membranes, those areas shall be flushed with water as soon as feasible following contact.

Needles/Lancets
Contaminated needles or other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken.

Work Area Restrictions
In work areas where there is reasonable likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where there is blood or OPIM.

INFECTION CONTROL WOUND CARE PROCEDURES

Purpose: To prevent or minimize transmission of microorganisms during wound care procedures.

Responsibility statement:

- All personnel across the continuum of care who perform wound care shall adhere to established infection control principles and practices.
- Non-intact skin includes cuts, scratches, and sores that might ooze fluids which are infected with harmful germs. Non-intact skin which is not infected can also be a portal of entry for infections to enter the body.
- Staff that have exudative lesions or weeping dermatitis must NOT engage in direct resident care that may involve the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves.

Contents: Notify Infection Control if MRSA transmission is suspected.

Hand Hygiene

a. When hands are soiled: Wash with running water and soap or chlorhexidine gluconate followed by hand sanitizer.
b. When hands are not visibly soiled: Use alcohol hand sanitizer frequently and as needed:
    - Between the dirty/clean steps of procedure to prevent cross contamination (remove gloves, sanitize, and re-glove)
    - Before and after gloving
    - Just prior to setting up supplies for procedure or accessing supplies
    - When moving away from the patient "zone" (remove gloves and sanitize hands)
c. Minimize jewelry. Keep natural nails no longer than ¼ inch long. No artificial nails.
d. Use lotion (latex/chlorhexidine compatible) as needed to maintain skin integrity between washing.

Personal Protective Equipment

a. Gloves for all wound care and non-intact skin.
b. Gowns and face protection

Procedure	Isolation gown	Mask with eye protection or Mask with full face shield	Mask without eye protection
MRSA (colonized/infected) Wound care	Required	recommended	Recommended
Wound irrigation	Required	Required	
Incision & drainage	Required	Required	
Debridement	Recommended		Recommended
Lengthy wound care procedure, Complex, or large sized wounds	Required	recommended	Recommended

c. Masks (with or without eye protection) are recommended with all wound care to prevent:
    - Inadvertent touching of face/hair/glasses with hands or gloved hands during procedure
    - Employee shedding of respiratory/nasal droplets into wound site during procedure
d. Remove gloves and PPE after completion of procedure and perform hand hygiene.

Instrument Use and Handling

a. Use only sterile instruments and basins when performing wound care procedures.
b. Use sterile scissors (not bandage scissors unless sterile) to cut off dressing. Alcohol wipe is not adequate to disinfect scissors.
c. Saran wrap or plastic bay may be used to protect equipment from wound site.
d. Properly dispose of contaminated waste.

Cross-Contamination Prevention

a. Establish clean/dry area for supplies/home care bag/equipment.
b. Establish separate clean and dirty areas for use during procedure.
c. Perform hand hygiene prior to assembling wound care supplies: tape, gauze, ointments, instrument packages, etc.
d. Set up and open supplies immediately prior to procedure.
e. Avoid ointment and cream contamination during procedure set up, do not wipe bottle tips on skin or handling of tubes/jars with contaminated gloved hands.
f. Plan your work so that you are not repeatedly entering and leaving "the patient zone". Do not rummage in drawers or cupboards, or dressing cart with gloved hands. Prevent contamination by removing gloves, apply alcohol hand sanitizer, access needed supplies, then re-glove and return to "the patient zone".
g. Store each individual patient's supplies in separate, clean, labeled med-cart area.
h. Discard any disposable cross-contaminated supplies even if unopened.
i. Nu-gauze and other dressings are single use only (one patient use only).
j. Discard expired supplies and dressings.
k. Wash contaminated BP cuffs or wipe down with approved environmental disinfectant between patients. Prevent contamination by using saran wrap on non-intact skin, then placing BP cuff when doing ABI (ankle-brachial index) or blood pressure.

Environmental Disinfection

a. To disinfect environmental surfaces, clean the item, then spray/wipe the item with an environmental disinfectant and allow to air-dry. Disinfect all items touched by employees and patient during procedure.
    - Wipe all areas in "patient zone" that were touched during the procedure
    - Don't forget phones, keypads, doorknobs, light switches, bedside tables, bed rails, wheelchairs, and other objects that may have been contaminated.

Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-Up

_____shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure follow-up to employees who have had an exposure incident.

_____shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure follow-up including prophylaxis are:

a. Made available at no cost to the employee;
b. Made available at a reasonable time and place;
c. Performed by, or under the supervision of, a licensed physician or other licensed healthcare professional; and
d. Provided according to the recommendations of the US Public Health Service.

Health Care Professional's Written Opinion

_____shall obtain and provide the employee with a copy of the evaluating HCP's written opinion within 15 days of completion of the evaluation. For HBV vaccination, the HCP's written opinion shall be limited to whether vaccination is indicated for an employee, and if the employee has received such vaccination.

For post-exposure follow-up, the HCP's written opinion shall be limited to the following:

a. A statement that the employee has been informed of the results of the evaluating; and
b. A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which may require further evaluation or treatment.

NOTE: *All other findings or diagnosis shall remain confidential and shall not be included in the written report.*

Labels and Signs

_____will ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport or ship blood or OPIM. The universal biohazards symbol shall be used. Labels shall be fluorescent orange or orange-red and shall be affixed as close as feasible to the container by string, wire, adhesive, or other method which prevents loss or unintentional removal. Red bags or containers may be substituted for labels.

Labels for contaminated equipment shall comply with the previous paragraph and shall state which portions of the equipment are contaminated.

The following are exempted from the labeling requirement:

a. Containers of blood products that have been released for transfusion or other clinical use;
b. Containers of blood or OPIM that are placed in a labeled container for storage, transport, shipment or disposal; and
c. Regulated waste that has been contaminated.

Recordkeeping

Medical Records

_____ is responsible for maintaining medical records as indicated below. These records will be kept at _____.

NOTE: If you contract for post-exposure follow-up and Hepatitis B vaccination evaluation, make sure the contract language includes provisions for recordkeeping that are consistent with the requirements of 29 CFR 1910.1020.

Medical records shall be maintained in accordance with OSHA standard 29 CFR1910. 1020. These records shall be kept confidential and must be maintained for the duration of employment plus 30 years. The records shall include the following:

a. The employee's name and social security number;
b. A copy of the employee's HBV vaccinations status, including the dates of vaccination OR a signed declination form;

c. A copy of all results of examination, medical testing (including post-vaccination antibody testing), and follow-up procedures; and
d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, documentation of the route(s) of exposure, and circumstances of the exposure.

Training Records

_____is responsible for maintaining BBP training records. These records will be kept at _____.

Training records shall be maintained for 3 years from the date of training, and shall document the following information:

a. The dates of the training sessions;
b. An outline describing the material presented;
c. The names and qualifications of persons conducting the training; and
d. The names and job titles of all persons attending the training sessions.

Sharps Injury Log

For cases that involve percutaneous injury from contaminated sharps, _____ is responsible for maintaining a sharps injury log. Information shall be entered on the log so as to protect the confidentiality of the injured employee. At a minimum, log entries shall document the following:

a. The type and brand of device involved in the incident;
b. The department or work area where the incident occurred; and
c. An explanation of how the incident occurred.

The sharp injury log is required in addition to the OSHA 300 log.

SHARPS INJURY LOG

Establishment/Facility Name: _____ Year: _____

Date / Time	**Report No.**	**Type of Device** (syringe, needle, etc)	**Brand Name of Device**	**Work Area where injury occurred** (Lab, etc.)	**Brief description of how injury occurred and what part of body was injured**
06/25/05 13:05	001-05	Syringe	Injecto Ease	Sterile Lab	Employee cleaning up broken glass containing blood. A piece of glass stuck in right Thumb of Employee.

Retain until: ____/_____/_____ (which is five years after the end of the current calendar year).

You are required to maintain this Sharps Log if the requirement to maintain an OSHA 300 log form applies to your company. See 29 CFR 1904 for details. The purpose for this Sharps Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention and/or review. This Sharps Log must be kept in a manner that preserves the confidentiality of the affected employee(s).

Re: 29 CFR 1910.1030(h)(5).

POST-EXPOSURE EVALUATION AND FOLLOW-UP

All exposure incidents shall be reported, investigated, and documented. When an employee incurs an exposure incident, it shall be reported to _____.

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred. If the incident involves percutaneous injury from a contaminated sharp, appropriate information should be entered in the sharps injury log. (*Must also be entered on the OSHA 300 form).*

b. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.

c. The source individual's blood shall be tested as soon as feasible, and after consent is obtained, in order to determine HBV and HIV infectivity. If consent is not obtained, _____, shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the blood (if available) shall be tested and the results documented.

d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's HBV/HIV status need not be repeated.

e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;

b. The employee will be offered the option of having her/his blood collected for testing of the employee's HIV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV status.

Any employee who incurs an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post-exposure follow-up will be provided by _____.

Information Provided to the Healthcare Professional

_____shall ensure that the healthcare professional (HCP) responsible for the employee's Hepatitis B vaccination is provided with a copy of the OSHA Bloodborne Pathogens standard (29 CFR 1910.1030).

_____shall ensure that the HCP who evaluates an employee following an exposure incident is provided with the following:

a. A copy of the OSHA Bloodborne Pathogens standard: (*The standard outlines confidentiality requirements, but the employer should ensure that the HCP is aware of these requirements*.)
b. A description of the exposed employee's duties as they relate to the exposure incident;
c. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
d. Results of the sources individual's blood testing, if available; and
e. All medical records relevant to the appropriate treatment of the employee, including vaccination status.

Today's Date: _____

MEDICATION OMISSION REPORT

Name of facility: _____

Name of resident: _____

Date of omission: _____ Time of omission: _____ AM/PM

Medication Omission (Mark all that apply)

Patient refused		Patient in hospital		Patient not on premises	
Medication not in stock		Medication error		Other	

Description of omission:

_____

_____

_____

Name of provider notified: _____ Time of notification: _____AM/PM

Results of omission (i.e. allergic reaction, hospitalization, death):

_____

_____

_____

Corrective actions taken:

_____

_____

_____

cc: Resident's record

_____
Signature of Staff

Today's Date: _____

MEDICATION ERROR/REACTION REPORT

Name of facility: _____

Name of resident: _____

Date of incident: _____ Time of incident: _____ AM/PM

Medication Error (Mark all that apply)

Wrong resident		Wrong medication		Wrong time	
Wrong dose		Wrong route		Wrong documentation	

Description of incident:

_____

_____

_____

Name of provider notified: _____ Time of notification: _____AM/PM

Results of incident (i.e. allergic reaction, hospitalization, death):

_____

_____

_____

Corrective actions taken:

_____

_____

_____

cc: Resident's record

_____
Signature of Staff

MEDICATION AND STORAGE CHECKLIST

FACILITY NAME: _____

MEDICATION SYSTEM (CIRCLE ONE): OPUS/CASSETTES/BUBBLE CARDS

CONTROLLED DRUGS

- ☐ Stored under double locked
- ☐ Current count sheet
- ☐ Shift change counts performed

ORDERS

- ☐ All medications labelled
- ☐ All medications within date
- ☐ All medications match the MAR
- ☐ All insulin labelled with date opened or expiration date
- ☐ Direction change stickers available

CART/FRIDGE

- ☐ Clean and organized
- ☐ Each resident's medications stored separately
- ☐ Topical and oral medications stored separately
- ☐ Sharps containers available and not overfilled (MAX 2/3 filled)
- ☐ Only medications in fridge (No outside food)
- ☐ Daily fridge temperature log up to date
- ☐ All other medications stored at the correct temperature

FACILITY SPECIFIC POLICIES:

_____
_____
_____
_____
_____

Staff Initials: _____ Date: _____

ADDENDUM B TO THE IMMUNIZATIONS PROTOCOL

The Immunizing Pharmacist must report adverse events associated with administration of a vaccine to either the prescriber, when administering a vaccine, or the patient's primary care provider, if the patient identifies one, when administering a vaccine pursuant to G.S. 90-85.15B(b).

Cape Fear Long Term Care Pharmacy will report any adverse event listed in the Vaccine Injury Table (VIT) to the Vaccine Adverse Event Reporting System (vaers.hhs.gov/index). See the Vaccine Injury Table at https://www.hrsa.gov/sites/default/files/vaccinecompensation/vaccineinjurytable.pdf.

Reporting of adverse events is the third requirement for protection under the VICP (Vaccine Injury Compensation Program). See below:

The VICP protects authorized vaccine providers who do the following:

a. Provide a copy of the most updated VIS to the patient or patient's caregiver before administration of the vaccine. If providing a combination vaccine and a combination VIS is not available, the vaccine provider must provide the VIS for each component contained in the vaccine. Get these at www.cdc.gov/vaccines/Pubs/vis/default.htm or www.immunize.org/ vis.

b. Permanently record the following information for all vaccines covered by the VICP:
    1. Patient name
    2. Date vaccine administered
    3. Vaccine manufacturer and lot number
    4. Name, address, and title of person administering the vaccine
    5. Date printed on the VIS
    6. Date the VIS is given to the vaccine recipient or that person's legal representative

c. Report any adverse event listed in the VIT to the Vaccine Adverse Event Reporting System (vaers.hhs.gov/index). (Ex. Anaphylaxis, brachial neuritis, encephalopathy, encephalitis, chronic arthritis, thrombocytopenic purpura, vaccine-strain measles infection in an immunodeficient recipient, paralytic poliomyelitis.)

NEW HIRE MED TECH

§ 131D-4.5B. Adult care home medication aides; training and competency evaluation requirements.

Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:

1. A five-hour training program developed by the Department that includes training and instruction in all of the following:
    a. The key principles of medication administration.
    b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.
2. A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.
3. Within 60 days from the date of hire, the individual must have completed the following:
    a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:
        i. The key principles of medication administration.
        ii. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.
    b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.

Has employee worked as a med tech within the past 2 years without lapse of employment?

- ☐ Verify documentation of training with previous facility
    - Have previous facility complete Medication Aid Employment Verification Form: DSHR/AC 4664 (https://www2.ncdhhs.gov/dhsr/acls/pdf/medaideverify.pdf)
- ☐ Verify on the DHHS website that the employee has passed the state test
- ☐ **If all documentation is available**, the employee will need to be checked off by a pharmacist or nurse **before** passing meds unsupervised.

Otherwise, the following steps need to be completed for **new** med techs:

- ☐ The employee **MUST PASS** the state test and be able to show documentation they passed **PRIOR** to sitting in the class offered by Cape Fear LTC
- ☐ Employee must attend and complete **either** 15 hour Med Aide Training Course **or** 5 hour Med Aide Training Course, then take the 10 hour course within 60 days of starting as Med Aide.
    - These courses are provided by Cape Fear LTC Pharmacy at designated times throughout the year
- ☐ Employee should be shadowing competent staff on all shifts prior to the class and following class. Employee must be able to show proficiency in ALL tasks and knowledge of all aspects of the Clinical Skills Checklist (https://www2.ncdhhs.gov/dhsr/acls/pdf/marchecklist.pdf).

- ☐ Completion of the Clinical Skills Checklist by a pharmacist or nurse is still required **BEFORE** employee can pass meds unsupervised. Employee must be able to show proficiency in ALL tasks to be checked off using the checklist.

Current med techs must complete the following steps:

- ☐ Employee must **annually** attend the 6-hour Medication Administration Class provided by Cape Fear LTC Pharmacy at designated times throughout the year. This training attendance is based on the employee's **hire date**, NOT the calendar year. This training must include:
    - Diabetes
    - Infection Control
    - Psychotropic Medications

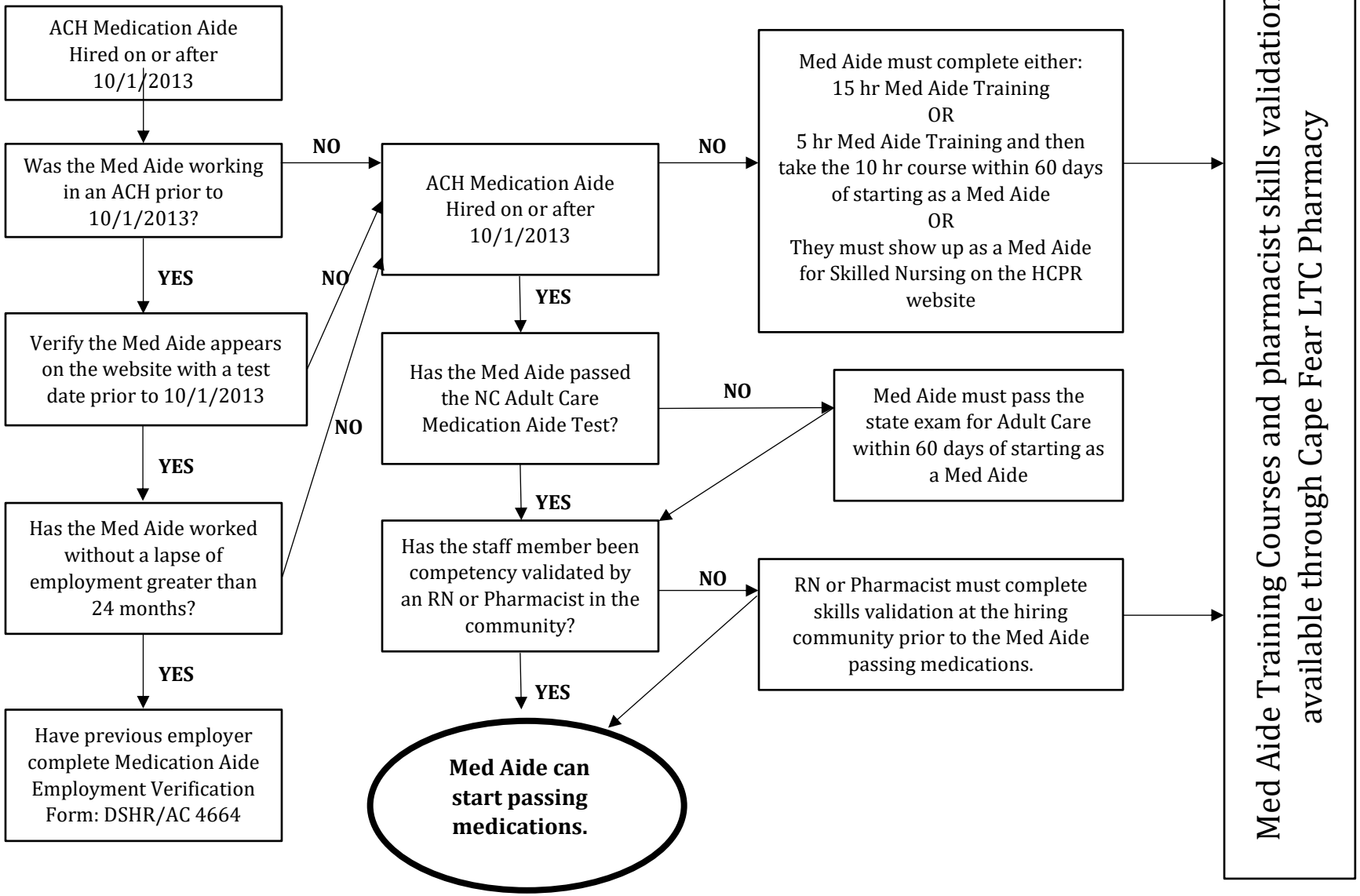
  Example: A current Med Tech is hired October 15. The employee must attend the 6-hour Medication Administration Class **annually by the October 15 hire date**.

Per regulations, Certificates of Completion must be given to participants and it is the responsibility of the facility to maintain copies of certificates in the personnel files for state and county monitoring purposes.

One complimentary copy of the Certificate of Completion will be provided to course attendee by Cape Fear LTC Pharmacy. The attendee should make a personal copy and provide the original to the administrator for their personnel file. In the event a Certificate of Completion is misplaced, Cape Fear LTC Pharmacy will provide another copy for a **$5 fee**.

It is the responsibility of the Med Tech to notify the Adult Care Licensure Section of any name or address changes.

MEDICATION AID TRAINING ALGORITHM



HOT SPOT COMMUNICATION TOOL

Resident name:		Date and time:	
Main problem:			
Person initiating:			
Who has been notified:		Date and time:	
Recommendations:			
Monitoring report:			
Follow-up plan:			

Reviewed by: _____ Date: _____

MEDICATION RELEASE FORM
FOR RESIDENT LEAVE OF ABSENCE

Facility Name: _____

Resident: _____ **Room #:** _____

Date of Departure: _____ **Date of Return:** _____

_____ **Day(s) Supply of the Following Medication(s) Provided:**

	Medication	**Strength**	**Directions & Cautionary Information*** **provide Cautionary Info if not on label*	**Quantity upon leaving**	**Quantity upon return**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Verbal instructions from staff to resident or person accompanying resident to include the following:

1. Review above information for each medication.
2. Read all directions carefully.
3. Give each dose exactly as ordered by
4. Store all medications away from children.
5. Staff/Resident/Person accompanying resident check to ensure sufficient
6. Discuss facility policy and procedure for return of unused
7. Other -

****

Staff Signature*: _____ **Date:** _____

Staff Printed Name:

**Signature of staff person who released medications and provided verbal instructions above.*

Receipt Acknowledgement:

I have been instructed in the proper usage, dosage, frequency and reason for each medication provided. I accept responsibility for the medication and will assure that it is properly stored and that it is properly administered. I understand that in the event that the drugs are accepted in non-child proof containers, I hereby release the facility named above and the pharmacy from responsibility.

Signature of Resident or Person Accompanying Resident: _____ **Date:** _____

_____ **(Relationship)**

****

Medications Returned (Quantity returned documented above.)

Date and Time:

Staff Signature:

Signature of Resident or Person Accompanying Resident: