

Division of Developmental Disabilities Services

Community Services

Health Care Services Protocol # 5a

Self-Administration of Medication Guidelines-Shared Living

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I. Objective: To establish a systematic approach to assess and document the ability of a service recipient to self-administer medication when living in a Shared Living arrangement.

II. Policy:

The Division of Developmental Disabilities Services (DDDS) supports service recipients who want to self-administer their medications to be as independent as possible. Service recipients are assessed of their skills and abilities to self-administer medications, provided training to safely self-administer medications when indicated by the assessment, and supported in their independence.

III. Application:

- All service recipients receiving provider-managed Residential Habilitation in a Shared Living arrangement from a Division of Developmental Disabilities Services (DDDS) contracted provider or agency
- All service recipients living in a Shared Living arrangement and also receiving Day services who take medications while at program.
- Community Services staff and contracted Targeted Case Management staff.
- Authorized Shared Living providers and agencies, Nurse Consultation providers.

IV. Definitions:

- A. Medication Administration Device: a device that stores doses of medication and dispenses one or more medication doses at pre-programmed intervals. Refer to the Medication Administration Device Healthcare Protocol #6 or #6a for the assessment, use, and approval process for the use of devices.
- B. Self-administration: The process of a service recipient administering a pharmacological substance to themselves.

- C. Shared Living Arrangement: Services provided under a Shared Living arrangement include personal care and supportive services (e.g. homemaker, chore, attendant care, companion, medication oversight (to the extent permitted by State law) provided in a DDDS-contracted or agency-contracted private host home by a principal care provider who lives in the home. A Shared Living arrangement is furnished to adults who receive these services in conjunction with residing in the host home.
- D. Shared Living Medication Administration (SLMA): In order to assist an individual being supported by the Division of Developmental Disabilities Services (DDDS) with their medication(s), the Shared Living Provider (SLP) must successfully complete all sections of the DDDS Shared Living Medication Administration (SLMA) Program and be CPR certified. The program consists of classroom instruction with a registered nurse, who has been approved by DDDS and the Delaware Board of Nursing as a Medication instructor. An overview of vital signs, medication safety, medical appointments, along with other pertinent information for the safe administration of medications is included.

V. Standards

- A. When a service recipient expresses a desire to self-administer or a team member identifies a service recipient that may be capable of self-administration, a support team meeting will be scheduled to discuss conducting a self-medication assessment. The meeting should include the service recipient, his/her family/guardian/ surrogate decision maker (if applicable), Consultative Nurse and the service recipient's support team members. If the service recipient does not have a Consultative Nurse, a DDDS Nurse will be assigned to participate in the support team meeting, conduct the assessment, and assist in writing the person-centered plan necessary to support self-administration as described below.
- B. For service recipients who receive Nurse Consultation service, the Self Administration of Medication Assessment Form (Exhibit A) must be completed by a Registered Nurse currently licensed in the State of Delaware or compact state, and attached to the service recipient's Person Centered Plan (PCP) after it is completed along with a detailed description of the tasks the service recipient is not able to do independently and with which they continue to require assistance from the SLMA-trained SLP. The Significant Medical Conditions form and Electronic Comprehensive Assessment Tool (ECHAT) must also be updated to reflect his/her level of participation in medication administration if the service recipient receives Nurse Consultation. These documents must be updated anytime there is a change in the level of independence in medication administration.
- C. For service recipients who do not receive Nurse Consultation service, the Self Administration of Medication Assessment Form (Exhibit A) must be completed by a Registered Nurse currently licensed in the State of Delaware or compact state, and attached to the service recipient's Person Centered Plan (PCP) after it is completed along with a detailed description of the tasks the service recipient is not able to do independently and with which they continue to require assistance from the SLMA-trained SLP. This document must be updated anytime there is a change in the level of independence in medication administration.

- D. Service recipients whose assessment determines they are already capable of full independence in self-administration will be supported to begin self-administering their medications immediately. The Self-Administration of Medication Approval Form (Exhibit B) will be completed, signed by all relevant parties, and attached to the service recipient's PCP along with the Assessment.
- E. Service recipients whose assessment determines the need for self-administration training or SLMA-trained SLP assistance with administration will be provided with these supports and encouraged to participate in the medication administration activities they can complete. A Training Program will be developed by the support team under the direction of the nurse to support the service recipient in learning the full self-administration process. (See section VI of this protocol for information on the Self-Administration Training Program.)
- F. All Shared Living Medication Administration (SLMA)-trained SLPs assisting a service recipient in any part of their medication administration or participating in a Self-Administration of Medication Training Program must be a SLMA trained SLP in good standing and must follow all SLMA protocols as taught in the DDDS SLMA curriculum.
- G. After 30 days of the Self-Administration of Medication Training Program (30 independent trial days), a support team meeting will be scheduled with the service recipient, his/her family/guardian/surrogate decision maker, Consultative Nurse (or DDDS Nurse) and the service recipient's support team members to discuss the results of the self-medication training. At that time the team will determine if the service recipient has successfully completed the training or if the training needs to be extended.
- H. When the majority of the team are in agreement that the service recipient is willing and capable to self-administer independently, the Self-Medication Approval Form (Exhibit B) will be completed and signed by all relevant parties. The form will not be valid without the required signatures. This form must be attached to the service recipient's PCP along with the completed Assessment. The Significant Medical Conditions form and Electronic Comprehensive Assessment Tool (ECHAT) must also be updated to reflect that the service recipient is approved for self-administration. These documents must be updated anytime there is a change in the level of independence in medication administration. If the service recipient does not receive Nurse Consultation, then they will not have a Significant Medical Conditions form or an ECHAT so the team must ensure that the information documented in the PCP is thorough and addresses any supports the service recipient needs in medication administration.
- I. A Shared Living Monthly Medication and Tube Feeding Record form must be completed and submitted to the Consultative Nurse, or Shared Living Agency Program Manager if there is no Consultative Nurse, by the 10th of each month following the month the form was completed (ex: June's monthly form is due by July 10th.) The SLP will prepare the form and sign it and the self-administering service recipient should review and sign the form, as well. If the service recipient is not physically capable of signing the form, the SLP may indicate this on the service recipient signature line.

- J. Service recipients living in a Shared Living arrangement setting must keep their medications locked per regulation, either locked in a space in their rooms, locked in a medication administration device, or kept locked in the medication administration storage area in the home set aside for that exclusive purpose. Controlled substances must be double-locked, which can be a locked container behind a locked door in either the service recipient's bedroom, a locked medication administration device, or kept locked in the medication administration storage area of the home. If the service recipient must take their medications at day program, they must travel with and keep the medications in a locked bag or box so no one else can access their medications.
- K. SLP will review the medication containers for accuracy at least weekly. Any discrepancies must be reported to the Consultative Nurse, or Shared Living Agency Program Manager if there is no Consultative Nurse, and documented in a T-log in the service recipient's client data management system. The SLP will re-order any medications that need to be refilled (a 3-day supply shall always be maintained in the home per the Home and Community Based Provider Standards.) Any expired medications must be removed and replaced. Any medication errors found must be reported in Wellsky and a General Event Report (GER) completed. Medication errors made by the service recipient must be reported in Wellsky and recorded in a GER. Medication errors made by a SLMA trained SLP must always be reported in Wellsky and recorded in a GER. The Consultative Nurse will check the medication containers for accuracy when they complete an onsite visit.
- L. Any new medication orders, new medications, or change in dosage must be reviewed with the service recipient to ensure his/her understanding and ability to self-medicate as prescribed. The SLMA trained SLP will observe the service recipient self-administer the new medication for at least one week to ensure they understand how and when to take it. This observation should be documented on the Daily Service Documentation form each time an SLP completes an observation. If the service recipient needs SLP assistance with taking the new medication for longer than a week, the Consultative Nurse (or DDS Nurse) must be notified and a team meeting should be held to determine if a Training Plan should be implemented, per Standards G and H above.
- M. Any discontinued orders for medications for service recipients living in a Shared Living arrangement are to be transcribed in the Shared Living Provider Notebook with details about how many doses were disposed of and what was done with the medication. The discontinued medication must be disposed of immediately. Discontinued controlled substances must be removed from the service recipient's possession, labeled as "discontinued", and placed in the double-locked controlled-substances medication administration area of the home for the Consultative Nurse or the Shared Living Agency Program Manager to dispose of.
- N. If at any time a service recipient is discovered to be unable to safely self-administer his/her medications, self-administration of medications shall stop and the medications for only that dose shall be administered by the SLMA trained SLP. If three consecutive errors are made or two or more errors per week for a period of not less than 2 weeks, a support team meeting should be held to discuss the continuation or discontinuance of the self-administration of medications for that service recipient.

- Examples (This is not an all-inclusive list) of situations that may warrant the discontinuation:
 1. Service recipient begins refusing to take their medications regularly. The Consultative Nurse must be notified immediately when staff are aware the service recipient is not taking their medications as prescribed. The Consultative Nurse will evaluate the type of medication and reason for the medication and determine how to proceed. If there is no Consultative Nurse assigned, the prescribing healthcare provider must be immediately notified.
 2. Multiple medication errors are found.
 3. General decline in ability to self-medicate.
 4. Service recipient communicates they no longer wish to self-administer.
- O. A Self-Administration of Medication Assessment (Exhibit A) will be completed by the nurse at least annually and whenever there is a decline in skill level, for service recipients who self-administer medication. This document shall be attached to the service recipient's PCP.
- R. Service recipients living in a Shared Living arrangement may use medication administration devices approved by the Division for use. Please see Medication Administration Devices-Shared Living Healthcare Protocol #6a for more information.
- S. Service recipients who are insulin dependent must self-administer insulin or have skilled nursing in place to administer insulin.

VI. Training Program:

a. General Instructions

1. The support team must develop a person-centered Training Program, under the direction of the nurse. The Training Program must be added to the Person Centered Plan.
2. The SLP will document the service recipient's level of independence or support-needed on the Self-Administration of Medication Data Form (Exhibit C) each day during the 30 day Training Program.
3. Training is to take place at the prescribed times of medication assistance.

4. Only a SLMA trained SLP or a nurse may act as the trainer.
5. For each step, the trainer supports the service recipient to perform the task. If the service recipient does not perform the task correctly, the trainer will provide verbal instruction and assistance as needed.
6. For each step that is unfamiliar to the service recipient, the trainer will first demonstrate the correct way of performing the step.
7. As a service recipient increases his/her independence in the skills necessary to self-administer his/her medications, the trainer will decrease or fade the level of assistance.
8. During the training process, the SLP will continue to complete the Monthly Medication and Tube Feeding form, explaining the form to the service recipient and assisting the service recipient to review and sign the form per Standard I above.
9. For medications that a service recipient self-administers, but is not trained in SLMA, (ex: insulin injections), the Consultative Nurse (or DDDS Nurse) shall write out clear instructions on how the service recipient should administer the medication. The SLMA trained SLP shall observe the service recipient administer the medications using the instructions to ensure compliance and will call the nurse for guidance or transport the service recipient to the Emergency Room for evaluation if the medication was administered improperly.

b. Steps

The service recipient will:

1. Request to take medication at the appropriate time.
2. Gather all medication and supplies needed for that particular administration.
3. Complete hand hygiene.
4. Obtain food or beverage of choice, as needed.
5. Select his/her medication for the designated time from the medication storage area and take to designated area.
6. Check the name, dose, and instructions for the medication on the

pharmacy label to be sure they are taking the right medication, at the right time, in the right dosage, and right route.

7. State the medication:
 - a. Name
 - b. Dosage
 - c. Purpose
 - d. Side effects (at least two)
8. Remove the prescribed medication from the medication container. If two or more medications are involved and the service recipient prefers to take each medication individually; place each medication as dispensed in/on an appropriate surface (i.e., med cup, paper towel, bowl, etc.) to avoid contamination.
9. Close medication container if applicable.
10. Take prescribed medication.
11. For topical treatments: apply medication to prescribed area.
12. For medications that need to be prepared, such as a powder, the preparation of that medication shall be performed according to the directions and taken as prescribed.
13. Return medication to locked storage area.
14. Complete hand hygiene.

VI. Exhibits

- A. Self-Administration of Medication Assessment Form Shared Living
- B. Self-Administration of Medication Approval Form Shared Living
- C. Self-Administration of Medication Data Form Shared Living



Division of Developmental Disabilities Services
Community Services

Self Administration of Medication Assessment Form-
Shared Living

Individual:

MCI Number:

Date of Birth:

Date of Assessment:

Able to:	Code	Comments
Follow verbal directions and instructions		
Recognize written name		
Comprehend simple number concepts		
Complete hand hygiene		
Identify medication container(s) from others in the cabinet		
Obtain medication from designated locked storage area		
Read medication label		
State the name and dosage of each medication		
Identify the time of day the medication(s) is to be taken		
Identify the purpose and side effects (at least 2) for each medication		
Remove correct amount of medication from container (i.e., blister pack, card, bottle)		
Swallow medication		
Apply topical medication to prescribed area		
Return medication to designated locked storage area		

Coding:
 I - Independent
 V - Verbal Prompts
 G - Gestural Prompts
 P - Physical Assistance
 0 - Unable to Complete

Signature of Nurse: _____

Date: _____



**Division of Developmental Disabilities Services
Community Services**

Self Administration of Medication Approval Form-Shared Living

This verifies that _____ successfully completed the DDS Self Administration of Medication Assessment-Shared Living and/or the Self-Administration of Medication-Shared Living Training Program on _____.

The undersigned are in agreement that _____ continues to exhibit the interest, ability, and skills necessary to self-medicate.

Service Recipient:	Date:
Registered Nurse:	Date:
Support Coordinator:	Date:
Shared Living Provider:	Date:
Behavior Analyst (if applicable):	Date:
Guardian (if applicable):	Date:



Division of Developmental Disabilities Services
Community Services
Self Administration of Medication Data Form-Shared Living

Service Recipient: _____
MCI#: _____
Month/Year: _____

Steps:	Key:																															
	I-Independent			V-Verbal Prompts			G-Gestural Prompts			P-Physical Assistance			O-Unable to Complete																			
Admin Time:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Requests to take medication at appropriate time																																
Completes hand hygiene																																
Obtains beverage or food of choice																																
Selects medication for the designated time from the medication storage area																																
Reads medication label																																
States name of medication																																
States medication dosage																																
States medication purpose																																
States at least two side effects of the medication																																
Removes medication from container																																
Closes medication container if applicable																																
Takes medication																																
Topical treatments: applies to correct area																																
Returns medication to locked storage area																																

Signature of Shared Living Provider Completing Data Form: _____