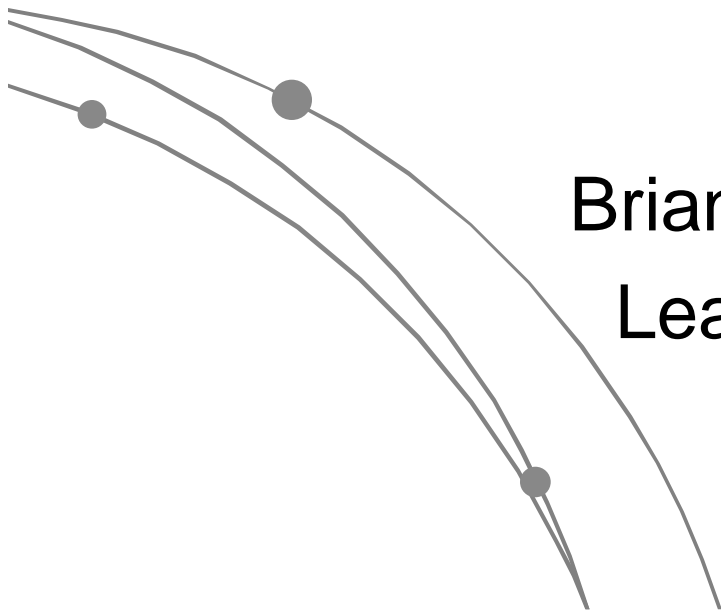


Handling Prescription Drugs in Residential Settings




Brian Greenberg, Ph.D.

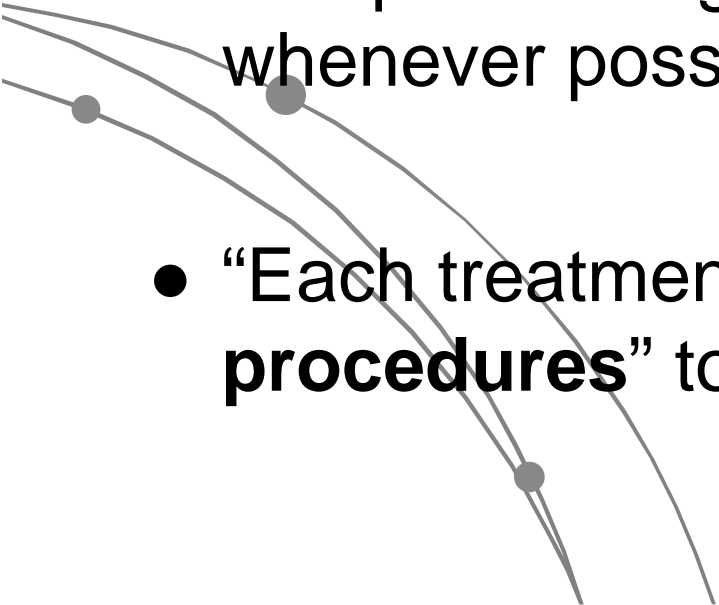
Lea Goldstein, Ph.D.

Staff Training

Training Overview

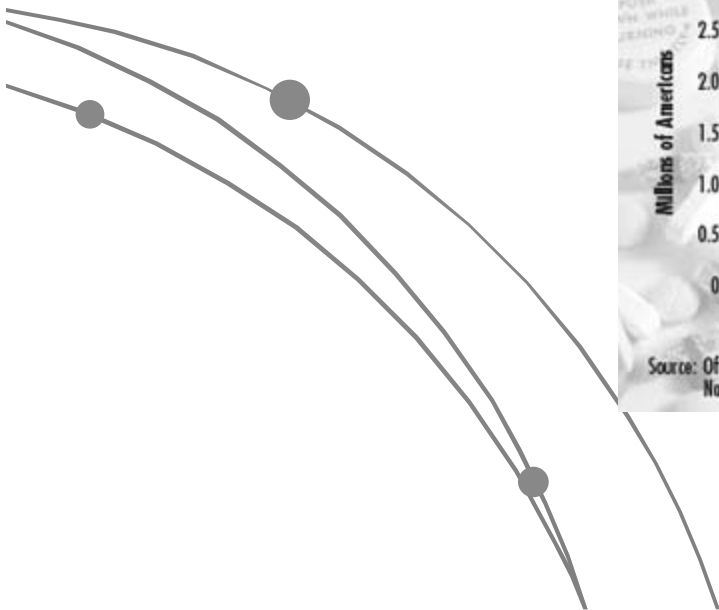
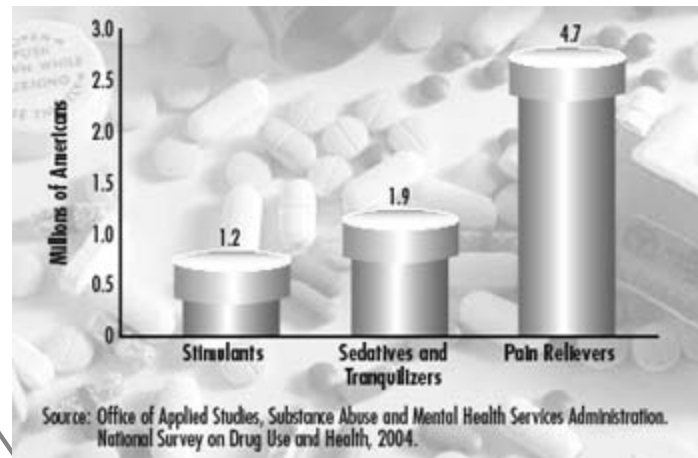
- Dispensing and Administration as opposed to making prescription (rx) drugs accessible
 - Drugs that require extra precautions
 - Medisets (daily pill boxes)
 - Handling/Controlling/Tracking Medication
 - Implications for Staff in Recovery
 - Missing Medication
- 

Notes about the SMC Medication Policy

- Perceived problems with prescribed medications are a *clinical issue* to be dealt with in a *clinical manner*
 - The prescribing physician will be involved whenever possible
 - “Each treatment provider shall develop... **procedures**” to ensure the policy is adhered to
- 

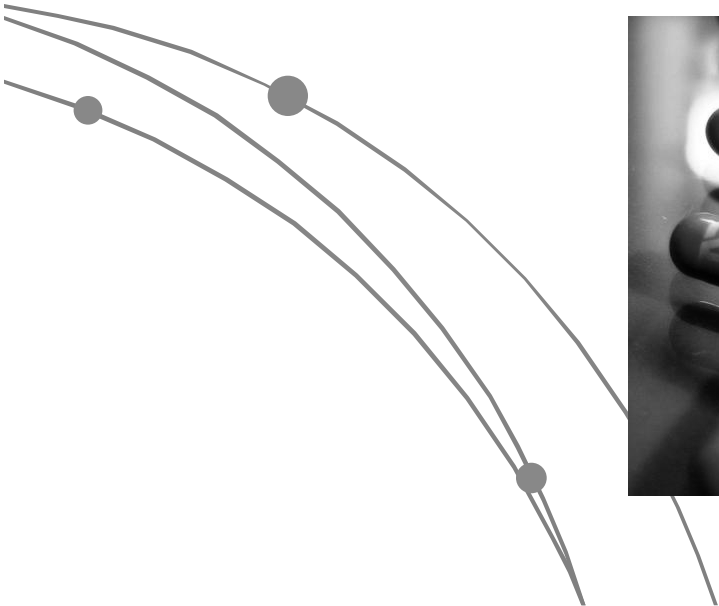
Prescription Drug Abuse is Widespread

**More than 6.3 Million Americans
Reported Current Use of Prescription
Drugs for Non-Medical Purposes in
2003**



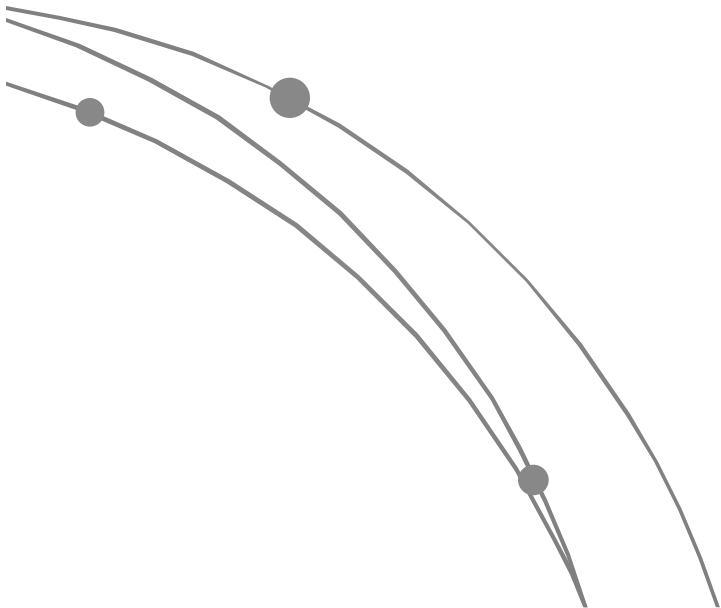
Potential Problems

- Abuse of medication
- Sale of medication
- Sharing of medication
- Missing medication



Assumption: Everyone is *equally* susceptible to temptation/theft

- Each staff is equally protected.



Procedures to include:

Operating procedures

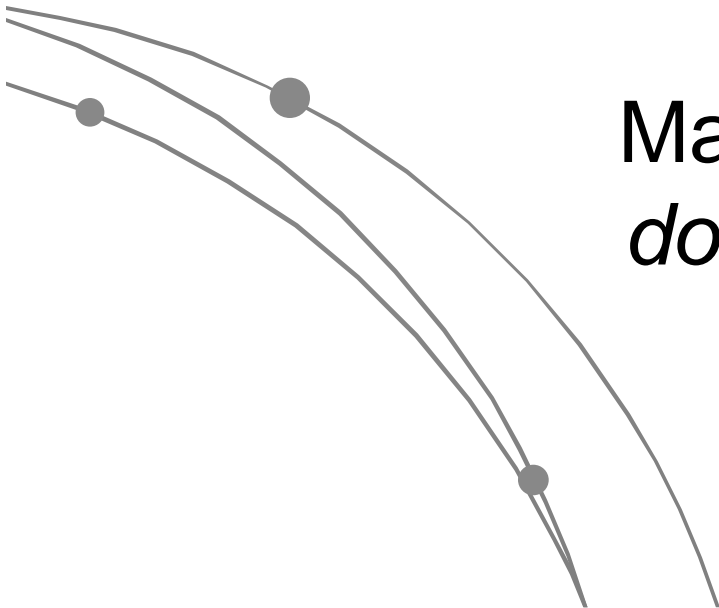
- how to physically handle Rx medications



A Primary Concern is Responsibility:

Making certain that
the right medication
gets to the right person

Making certain that
doctor's orders are
followed

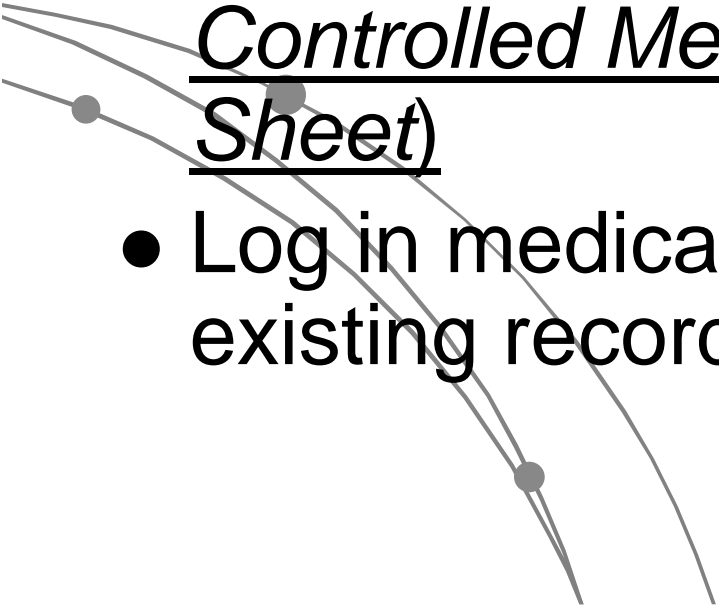


Assuming Responsibility

- Track medication by knowing what we are taking responsibility for (like cash)
- Counting with peer before assuming responsibility

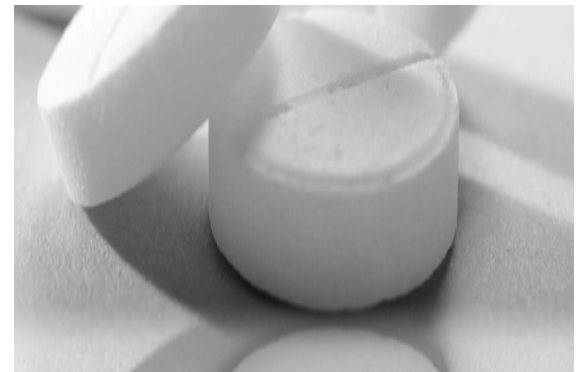


Receiving Medication (check-in)

- Is it a controlled substance (compare to list) See handout *Medications to be counted and locked*
 - If controlled, count with client and obtain signature (*Handout: New Controlled Medication Check-In and Count Sheet*)
 - Log in medication (does client have existing record)
- 

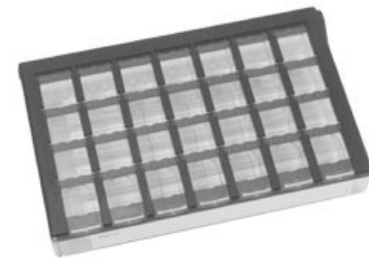
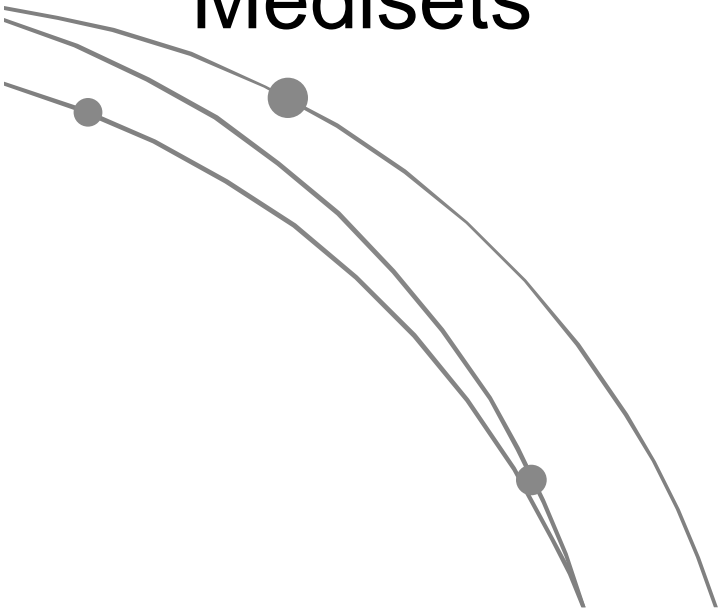
A Few Key Abbreviations

- Sig Write (many rx's begin with this)
- PRN As Needed
- HS Hour of Sleep (bedtime)
- PO Taken Orally
- BID Twice Daily
- TID Three Times Daily
- QID Four Times Daily



Medisets

- According to guidelines/policies, only clients may officially transfer medications to medisets (programs do not dispense)
- Staff may make medication *available* from Medisets



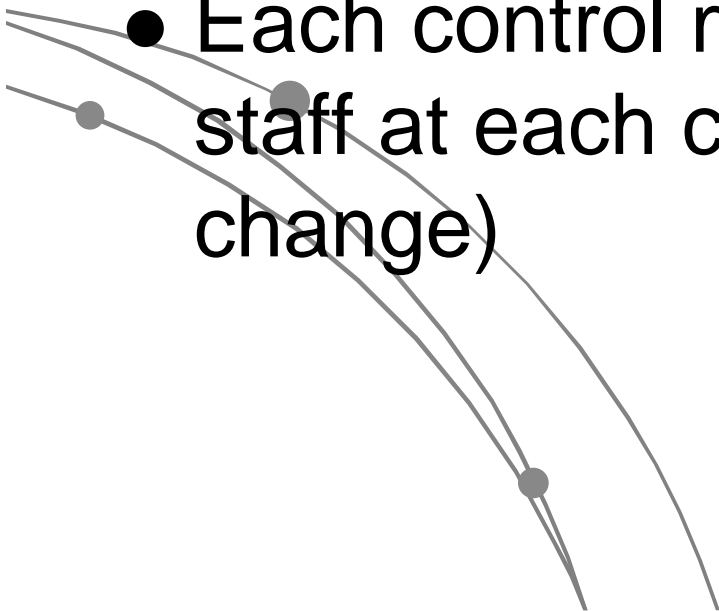
Storing Control Medications Requires Extra Precautions



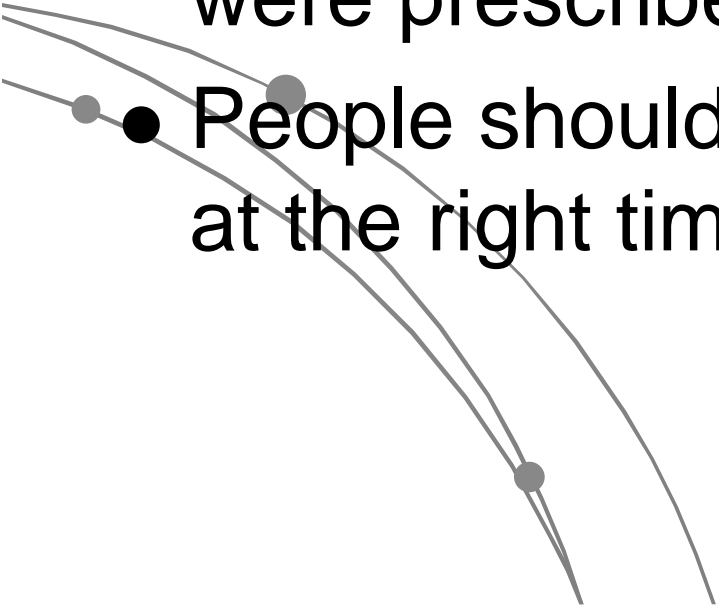
- Controlled medications are best treated like cash
- Persons receiving or assuming responsibility for “controlled medications” want to be certain what they are taking responsibility for
- Procedures necessary for insuring accountability need to be site specific

Using the *Controlled Medication Transfer Count* (handout)

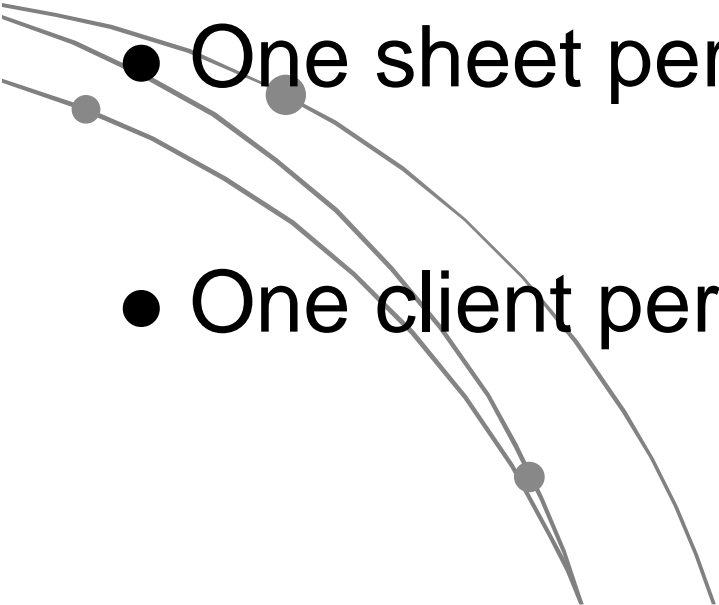
- Use with change of staff/change of authority
- Use to insure that medications are accounted for between shifts
- Each control medication is counted by two staff at each change of authority (or shift change)



Safe Medication Administration

- Safe administration of medicines means that medicines are given in a way that avoids causing harm to a person
 - Only give medicines to the person they were prescribed for
 - People should receive the right medicine at the right time and in the right way
- 

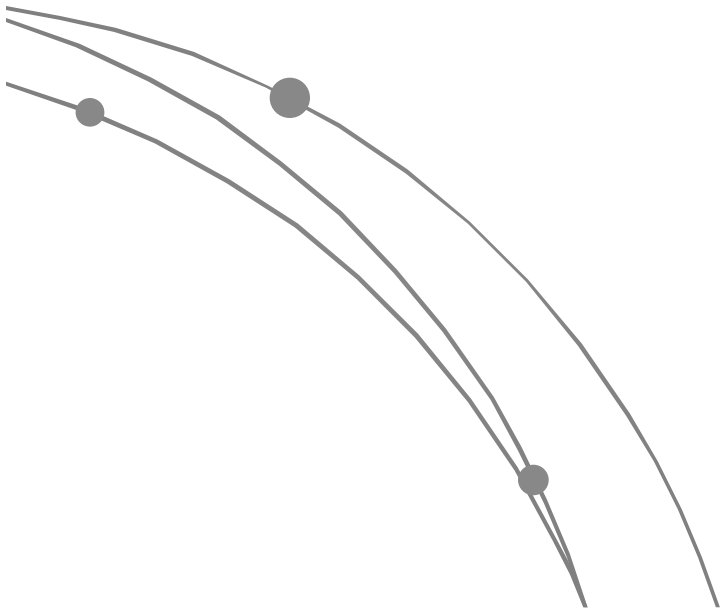
Client Medication Self-Administration Record (handout)

- One medication per box
 - Staff initial @ time of day/date
 - One sheet per individual client
 - One client per page per month
- 
- A decorative graphic consisting of three curved lines that sweep from the left side of the slide towards the bottom right. Each line has a small grey dot placed on it. The lines are thin and grey, and the dots are also small and grey.

Client PRN (as needed) Medication Self-Administration Record

(handout)

- One medication per sheet
- Initial time/date
- Complete time administered
- *No lines skipped (vulnerable to alteration)*



Disposing of Medication

- An emerging (and changing) environmental issue
- It is no longer acceptable to flush drugs down the toilet
- Dispensing pharmacist will most frequently take returned drugs---Although they are not required to (expired, discontinued)
- *Crush and mix with coffee grounds or kitty litter, and put in trash
- Records of disposed medications should be maintained

*SMARXT DISPOSAL, American Pharmaceuticals Association



Medication Disposal

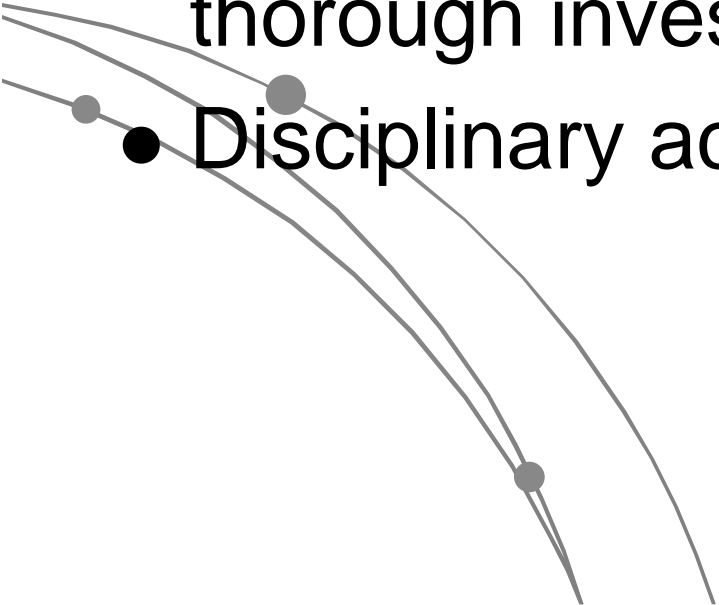
- STOP!
- Don't flush your old medications!
- **Protect the environment!**
Prevent overdoses & errors!
Keep drugs away from children!
- Find confidential drop-off containers at Police Departments in:

- **Atherton**
- **Belmont**
- **Brisbane**
- **Burlingame**
- **Daly City**
- **Foster City**
- **Half Moon Bay**
- **Hillsborough**
- **Millbrae**
- **Pacifica**
- **San Bruno**
- **San Carlos**
- **San Mateo**
- **South San Francisco**
- *and the*
- **San Mateo County Sheriff's Office**
- **Sheriff's North Coast Sub-Station**

- *For more information, please call the Office of Supervisor Adrienne J. Tissier, (650) 363-4572*

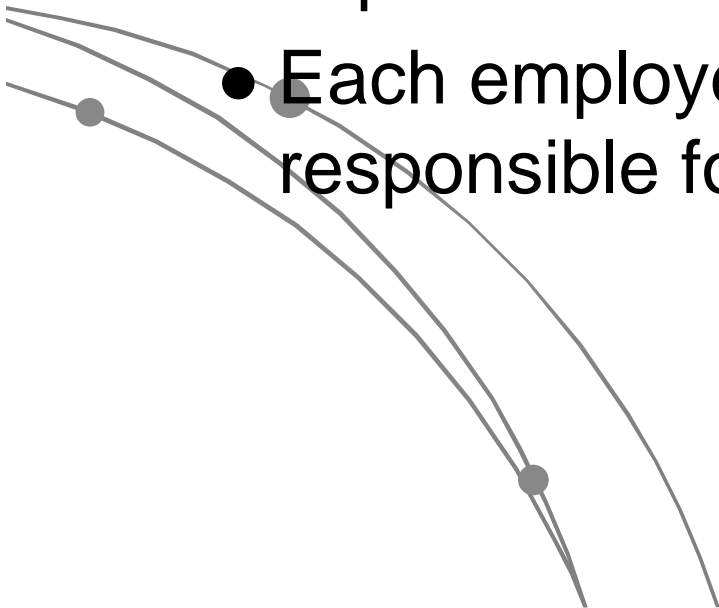


Missing Medications

- May be treated as an incident for Human Resources investigation
 - Senior staff should be involved
 - Agency Incident Reports completed and thorough investigation
 - Disciplinary action when indicated
- 
- A decorative graphic consisting of three curved lines that sweep from the left side of the slide towards the bottom right. Each line has a small grey circular dot placed on it. The lines are thin and grey, and the dots are also grey.

Staff Recovery: Drugs in the House

- Balance:
 - Work is not a personal therapy environment
 - Create an environment whereby employee can share thoughts/vulnerabilities with supervisor
 - Each employee is both protected and responsible for his/her behavior



Thank you

Questions?

