

ADMINISTRATIVE POLICY

- 1 In 1996 CA legalized the use of medical marijuana and in 2018 the use of both medical and recreational marijuana were approved by the State. However, marijuana continues to be prohibited under Federal laws. Therefore, there are conflicting guidelines regarding the use of medical marijuana by persons served. This policy is intended to clarify OPTION'S policies and procedures regarding the use of medical marijuana by persons receiving services.
- 2 OPTIONS does not prescribe or dispense medication. All medications, including medical marijuana, distributed to persons served at OPTION'S licensed sites will be prescribed by a licensed physician or a licensed nurse practitioner under the supervision of a licensed physician (see policy 200.2.9).
 - 2.1 Medical marijuana, as prescribed by a physician, may be used in any OPTIONS program that does not receive federal funding. This includes services licensed under Community Care Licensing.
 - 2.1.1 The physician's order must indicate the time, indication and method of use in which the medication is to be taken such as vape, oil, tincture, edibles, etc.
 - 2.2 OPTION'S ICF-ID/H residential health care facilities receive federal funding and must adhere to the Federal guidelines. As such, marijuana will not be approved for use in these facilities.
- 3 Distribution of Medication - OPTIONS' Community Support Specialists in licensed programs may assist in the distribution of medications only after they have 1) completed a medication orientation class taught by a registered nurse; and 2) have been observed distributing and documenting medications by the registered nurse (see policy 200.2.9).
 - 3.1 Safety of medications
 - 3.1.1 In licensed programs, medications will be stored in a locked cabinet with documentation as outlined in policy 200.2.9.
 - 3.1.2 In other services, medications will be stored in a manner based upon the individual needs of each person served with the recommendation of the IDT.
 - 3.1.3 When an individual has demonstrated competency and mastered self-administration of medications at the level and frequency specified by the interdisciplinary team, an individual may have

ADMINISTRATIVE POLICY

access to their own medication.

3.1.4 At no time may medication prescribed to one individual be shared with another person without a prescription.

4 Duties of Program Supervisor and/or Manager in regard to medication:

4.1 Coordinate with the person served or designee to order all medications as prescribed by physician or nurse practitioner. All new orders will be reviewed with the Registered Nurse or Registered Nurse Consultant who will provide instruction to the Program Manager, Supervisor or other designee on the ordering of the medication.

4.2 Process new medication deliveries each month. All medications are processed and signed off by the Program Supervisor or Manager. Medications that arrive off cycle may be checked in by staff on duty who will report the delivery to the on-call supervisor/manager and will be reviewed by the Program Supervisor, Manager or RN the next business day.

4.3 Cross-check the current Physician Order Sheet with the previous Physician Order Sheet to ensure that there are no errors. The cross-check will be performed when the monthly medication delivery is received from the pharmacy.

4.4 Complete all new medication sheets by color-coding them and entering administration times for each prescription.

4.5 Ensure that the Medication Administration Sheets (MARS) are labeled as to what time of day the medication is to be taken and the indications for which the medication is prescribed.

4.6 Check medication sheets and narcotic sheets for errors.

4.7 In licensed programs, communicate regularly with the RN regarding any medication-related issues.

4.8 In licensed programs evaluate medication errors with the RN and the employee's ability to administer medication and remain in his/her position.

4.9 In licensed programs, review any medically related issues addressed in each person's Individual Service Plans (ISPs) with the RN.

5 Duties of Registered Nurse

ADMINISTRATIVE POLICY

- 5.1 In the licensed residential programs, the RN will review all medications, and check and initial all medication orders at the beginning of the month.
- 5.2 In the licensed residential programs, the RN will audit medications at least once each month and advise Program Supervisors and/or Managers of any discrepancies and/or changes.
- 5.3 The RN may provide consultation to other programs/services as deemed necessary by the IDT and approved by the CEO, Program Director or designee.
- 5.4 Counsel/re-train Community Support Specialists for failure to follow a medication policy and notify Program Supervisor or Manager of errors or infractions.
- 5.5 Provide in-service instruction to Community Support Specialists as new medications and/or procedures are ordered and/or discontinued.
- 5.6 Provide ongoing reminders at staff meetings about proper medication documentation and distribution.
- 5.7 Review all new prescriptions or discontinued medication orders prior to implementation.
- 5.8 Communicate regularly with the Supervisor and/or Manager regarding any medication-related issues.
- 5.9 Together with the Program Supervisor or Manager evaluate medication errors and the employee's ability to administer medication and remain in his/her position.
- 5.10 Review any medically related issues addressed in each person's Individual Service Plans (ISPs) with the Program Supervisor or Manager.

POLICY DATE: June, 2018

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