

Chapter 246-888 WAC

MEDICATION ASSISTANCE

<p>WAC 246-888-010 246-888-020 246-888-030 246-888-045 246-888-050 246-888-060 246-888-070 246-888-080 246-888-090 246-888-100</p>	<p>Purpose. What is self-administration with assistance and how is it different from independent self-administration or medication administration? How is self-administration with assistance initiated in a community-based care setting or an in-home setting? What is an enabler? How can medications be altered to assist with self-administration? Can all medications be altered to facilitate self-administration? What other type of assistance can a nonpractitioner provide? Is oxygen covered under this rule? If an individual/resident is able to administer his or her own oral medication through a gastrostomy or "g-tube," can a nonpractitioner provide assistance as outlined in these rules? Are there any other requirements I need to be aware of?</p>
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246-888-110 Are there any other requirements I need to be aware of? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-110, filed 12/17/99, effective 1/17/00.] Decodified by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-100.

WAC 246-888-010 Purpose. The legislature recognizes that individuals residing in community-based care settings or in-home settings may need assistance self-administering their legend drugs and controlled substances, due to physical or mental limitations.

Community-based care settings include: Community residential programs for the developmentally disabled, certified by the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and boarding homes licensed under chapter 18.20 RCW. Community-based care settings do not include acute care or skilled nursing facilities.

In-home settings include: An individual's place of temporary and permanent residence, but does not include acute care or skilled nursing facilities, and does not include community-based care settings. The following rules provide guidance to the individual/resident and caregiver on medication assistance and administration.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, § 246-888-010, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-010, filed 12/17/99, effective 1/17/00.]

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

<p>246-888-040 246-888-050 246-888-060 246-888-070 246-888-080 246-888-090 246-888-100</p>	<p>What if there is a change in the individual's situation? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-040, filed 12/17/99, effective 1/17/00.] Repealed by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. What is an enabler? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-050, filed 12/17/99, effective 1/17/00.] Decodified by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-045. How can medications be altered to assist with self-administration? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-060, filed 12/17/99, effective 1/17/00.] Decodified by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-050. Can all medications be altered to facilitate self-administration? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-070, filed 12/17/99, effective 1/17/00.] Decodified and amended by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-060. What other type of assistance can a nonpractitioner provide? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-080, filed 12/17/99, effective 1/17/00.] Decodified by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-070. Is oxygen covered under this rule? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-090, filed 12/17/99, effective 1/17/00.] Decodified by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-080. If an individual/resident is able to administer his or her own oral medication through a gastrostomy or "g-tube," can a nonpractitioner provide assistance as outlined in these rules? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-100, filed 12/17/99, effective 1/17/00.] Decodified by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-090.</p>
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WAC 246-888-020 What is self-administration with assistance and how is it different from independent self-administration or medication administration? Self-administration with assistance means assistance with legend drugs and controlled substances rendered by a nonpractitioner to an individual residing in a community-based care setting or an in-home care setting. It includes reminding or coaching the individual to take their medication, handing the medication container to the individual, opening the medication container, using an enabler, or placing the medication in the hand of the individual/resident. The individual/resident must be able to put the medication into his or her mouth or apply or instill the medication. The individual/resident does not necessarily need to state the name of the medication, intended effects, side effects, or other details, but must be aware that he/she is receiving medications. Assistance may be provided with prefilled insulin syringes. Assistance is limited to handing the prefilled insulin syringe to an individual/resident. Assistance with the administration of any other intravenous and/or injectable medication is specifically excluded. The individual/resident retains the right to refuse medication. Self-administration with assistance shall occur immediately prior to the ingestion or application of a medication.

Independent self-administration occurs when an individual/resident is independently able to directly apply a legend drug or controlled substance by ingestion, inhalation, injection or other means. In licensed boarding homes, self-administration may include situations in which an individual cannot physically self-administer medications but can accurately direct others per WAC 388-78A-300. These regulations do not limit the rights of people with functional disabilities to self direct care according to chapter 74.39 RCW.

If an individual/resident is not able to physically ingest or apply a medication independently or with assistance, then the medication must be administered to the individual/resident by a person legally authorized to do so (e.g., physician, nurse, pharmacist). All laws and regulations applicable to medication administration apply. If an individual/resident cannot safely self-administer medication or self-administer with assistance and/or cannot indicate an awareness that he or she is taking a medication, then the medication must be administered to the individual/resident by a person legally authorized to do so.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, § 246-888-020, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-020, filed 12/17/99, effective 1/17/00.]

WAC 246-888-030 How is self-administration with assistance initiated in a community-based care setting or an in-home setting? An individual/resident who resides in a community-based care setting or an in-home setting or his or her representative may request self-administration with assistance. A nonpractitioner may help in the preparation of legend drugs and controlled substances for self-administration where a practitioner has determined and communicated orally or by written direction that such medication preparation assistance is necessary and appropriate.

No additional separate assessment or documentation of the needs of the individual/resident are required in order to initiate self-administration with assistance. It is recommended that providers document their decision making process in the health record of the individual or resident health record.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, § 246-888-030, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-030, filed 12/17/99, effective 1/17/00.]

WAC 246-888-045 What is an enabler? Enablers are physical devices used to facilitate an individual's/resident's self-administration of a medication. Physical devices include, but are not limited to, a medicine cup, glass, cup, spoon, bowl, prefilled syringes, syringes used to measure liquids, specially adapted table surface, straw, piece of cloth or fabric.

An individual's hand may also be an enabler. The practice of "hand-over-hand" administration is not allowed. Medication administration with assistance includes steadying or guiding an individual's hand while he or she applies or instills medications such as ointments, eye, ear and nasal preparations.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, recodified as § 246-888-045, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-050, filed 12/17/99, effective 1/17/00.]

WAC 246-888-050 How can medications be altered to assist with self-administration? Alteration of a medication for self-administration with assistance includes, but is not limited to, crushing tablets, cutting tablets in half, opening capsules, mixing powdered medications with foods or liquids, or mixing tablets or capsules with foods or liquids. Individuals/residents must be aware that the medication is being altered or added to their food.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, recodified as § 246-888-050, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-060, filed 12/17/99, effective 1/17/00.]

WAC 246-888-060 Can all medications be altered to facilitate self-administration? A pharmacist or other practitioner practicing within their scope of practice must determine that it is safe to alter a legend drug or controlled substance. If the medication is altered, and a practitioner has determined that such medication alteration is necessary and appropriate, the determination shall be communicated orally or by written direction. Documentation of the appropriateness of the alteration must be on the prescription container, or in the individual's/resident's record.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, amended and recodified as § 246-888-060, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-070, filed 12/17/99, effective 1/17/00.]

WAC 246-888-070 What other type of assistance can a nonpractitioner provide? A nonpractitioner can transfer a medication from one container to another for the purpose of an individual dose. Examples include: Pouring a liquid medication from the medication container to a calibrated spoon or medication cup.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, recodified as § 246-888-070, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-080, filed 12/17/99, effective 1/17/00.]

WAC 246-888-080 Is oxygen covered under this rule? Under state law, oxygen is not a medication and is not covered under this rule. While oxygen is not considered a medication under state law, oxygen does require an order/prescription from a practitioner.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, recodified as § 246-888-080, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-090, filed 12/17/99, effective 1/17/00.]

WAC 246-888-090 If a individual/resident is able to administer his or her own oral medication through a gastrostomy or "g-tube," can a nonpractitioner provide assistance as outlined in these rules? If the prescription is written as an oral medication via "g-tube," and if a practitioner has determined that the medication can be altered, if necessary, for use via "g-tube," the rules as outlined for self-administration with assistance would also apply.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, recodified as § 246-888-090, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-100, filed 12/17/99, effective 1/17/00.]

WAC 246-888-100 Are there any other requirements I need to be aware of? You should be familiar with the rules specifically regulating your residential setting. The department of social and health services has adopted rules relating to medication services in boarding homes and adult family homes.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, recodified as § 246-888-100, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-110, filed 12/17/99, effective 1/17/00.]