

CATHOLIC CHARITIES
AGENCY POLICIES AND PROCEDURES

Policy Name:	Medication Control and Administration
Domain:	Program Administration 5.4
Policy Location:	www.archindy.org/intranet/shared/cci/index.html
Date of Adoption:	06/09
Dates of Revision:	06/12;10/15; 2/16; 5/19; 4/21, 6/24
References:	Medication Management Request Form; Annual Review Form

Policy: Catholic Charities ensures safe, uniform medication control and administration. CC programs must obtain authorization of the CC Executive Director to administer and store medication to ensure compliance with all aspects of medication management. Only trained and certified personnel may participate in medication administration and oversight.

Procedures:

The following are procedures for programs seeking to obtain authorization to administer or store medication.

1. Program director must demonstrate in consultation with his/her supervisor the necessity to add procedures to administer and store medication to clients or program participants.
2. Once it has been determined that it is necessary to include this element of service to the program, the program director and/or his/her supervisor will prepare an authorization form providing the rationale, purpose, and benefits for the clients/participants in the program to include medication management.
3. The authorization form will be approved by the CC Executive Director. The CC Executive Director may wish to consult with members of the Agency Council.
4. Upon approval of the authorization form, the program director/service line director will take the necessary action to implement procedures to ensure safe, uniform medication control and administration within the program.
5. Annually Programs already administering or storing medication must submit the CC Annual Review for Authorization to Administer / Store Medication form to the CC Executive Director.
6. The review must include a copy of the original request and a brief description if the program is requesting a revision of procedures for authorization to administer or store medication.

7. Once reviewed, the CC Executive Director will sign for final approval.

The following are procedures for programs granted authorization to administer or store medication:

1. Personnel directly involved in medication control and administration are trained and demonstrate competence in medication control and administration, with knowledge of applicable legal requirements.
2. Protocols and controls governing the proper administration and storage of medication include:
 - a. locked, supervised storage with access limited to authorized personnel in accordance with law, regulation, and manufacturer instruction.
 - b. packaging in original containers and labeling with the name of person served, medication name, dosage, prescribing physician name, and number or code identifying the written order.
 - c. appropriate disposal of out-of-date or unused medication, syringes, medical waste, or medication prescribed to former persons served.
 - d. a record of who received medications, what medications were dispensed or administered, and when and by whom medications were dispensed or administered.
 - e. protocols for the administration of over-the-counter medications.
 - f. policies and procedures for safely disbursing or administering sample medications in accordance with law and regulations.
 - g. administration of emergency medications if applicable
3. Immediately prior to administration of medication, qualified personnel review with the person(s) the medication to be administered, its purpose and verifying:
 - a. identity of the individual and the medication ordered.
 - b. that the medication to be administered matches the medication order.
 - c. visually inspect the integrity of the medication.
 - d. obtain and/or update any information about the medication to provide to the client as needed.
4. Personnel observe and assess the effects of medication on the service recipient and consult with medical professionals, as necessary.

David J. Bethuram

David J. Bethuram
Executive Director

10/15/2024

Date

**Catholic Charities
Program Request Form
For Authorization to Administer /Store Medication**

Name of Program: _____

Section 1:

Brief Description of need to administer/store medication:

Section 2:

Describe plan on implementation of procedures as indicated within the Medication Management policy. Please include dateline of proposed implementation and individuals/employees responsible for each procedure for implementation.

Prepared by: _____ Date _____

Request: Approved _____ Not Approved _____

Date of Approval:

Signature of CC Executive Director: _____

Catholic Charities
Annual REVIEW Form for
Authorization to Administer/Store Medication

Name of Program: _____

Is the Program requesting a revision of procedures for authorizing to administer/store medication? (Please attach original authorization) ___ YES ___ NO, revision not requested.

If yes, please provide a brief description of proposed revision:

Please summarize any identified risks or medication management concerns. If none indicate N/A. _____

Prepared by: _____ Date _____

Request to revise: Approved _____ Not Approved _____

Request to continue: Approved _____ Not Approved _____

Reason for denial with recommendation _____

Date of revision/review _____

Signature of CC Executive Director: _____