

20.15 Medication Administration, Storage, and Disposal	
Application: To All Department of Children's Services Employees and Contract Provider Employees	
Authority: TCA 37-5-105(3), 37-5-106, TCA 68-1-904	Standards: COA: PA-RPM 4.01, 4.05, 4.06, 4.07, 4.08
Commissioner:	Date:
Original Effective Date: 03/01/98 Current Effective Date: 12/21/21	Supersedes: DCS 20.15 08/27/18 Last Review Date: 12/21/21
Glossary: <ul style="list-style-type: none"> ◆ Medication Administration <ul style="list-style-type: none"> ○ Dispensing or giving a child/youth the correct dose of prescribed or over-the-counter medication at the correct time and via the correct route. The medication must be stored securely in a locked container or area so children cannot access it. ◆ Assistance with Self-Administration <ul style="list-style-type: none"> ○ Unlicensed staff may provide oversight and supervision for a child/youth to take the correct dose of prescribed or over-the-counter medication at the correct time via the correct route. The medication must be stored securely in a locked container or area so children cannot access it. ◆ Medication <ul style="list-style-type: none"> ○ A substance that is used to diagnose conditions/diseases, treat, prevent, alleviate the symptoms of disease or alter body processes to maintain health. ◆ Self-Administration <ul style="list-style-type: none"> ○ The child/youth has full responsibility for taking the correct doses of prescribed or over the-counter medication at the correct time. The child/youth is responsible for storing the medication safely so other children/youth cannot access it. 	

Policy Statement:

Children/youth in custody will receive medications in a timely manner, under the direction of a prescribing practitioner, and in accordance with applicable state and federal laws. All foster homes and facilities under the direction of or contracted with the Department of Children's Services (DCS) shall regulate the handling of medications in accordance with professional standards, good security practices, and appropriate state and federal laws.

Purpose:

Children/youth in custody shall receive medications, or shall be assisted with self-administration of medication, in accordance with procedures that enforce and enhance the five principles of medication administration, also known as the “five rights”. These simple, effective, best practice “rights” will promote safety, maximize benefits, and reduce to a minimum the risk of medication administration to children.

Procedures:**A. Principles of medication administration/ distribution**

Safety is the paramount concern for children/youth receiving medication. Whether children/youth are in foster homes or Youth Development Centers, they receive care at a standard that affords their protection. In the administration and assisted self-administration of medications, the “five rights” are the standard.

1. Right Person:

- a)** Verify the full name of the child/youth receiving the medication and compare it to the name on the prescription container.
- b)** Foster parents/staff do not issue medication to anyone whom they cannot identify.
- c)** Medication is provided to one child/youth at a time. Assistance with self-administration occurs with one child/youth at a time.
- d)** The child/youth remains in full view while the medication is consumed.
- e)** The child/youth may be asked to open his/her mouth, stick out the tongue, swallow again, and/or drink more water to ensure the oral medication has been properly ingested.
- f)** The person administering or assisting with self-administration has the responsibility to be familiar with the condition of the child/youth related to allergies, ability to swallow, etc.

2. Right Drug:

- a)** All medication must be dispensed from the original properly labeled container.
- b)** The medication label must be reviewed prior to administration to verify the correct drug. The label should be read three (3) times: when the container is taken from the child/youth’s supply, when the medication is removed from the container, and when the container is returned to the child/youth’s supply.
- c)** Any medication that cannot be properly identified or that looks altered should not be given.
- d)** Any special considerations or directions must be reviewed prior to administration or assisted self-administration (e.g., take with food or with a full glass of water).

- e) Any medication in containers with illegible labels are not used.
- f) Medication that has been prepared and not given/taken for any reason is discarded (see Section Q on proper disposal of medication). Never return medications to their container.

3. Right Dose:

- a) Review the medication label prior to administration or assisted self-administration to verify the dosage.
- b) Some medications have different dosages ordered for different times; these schedules are followed accordingly.
- c) Some medications are prescribed in certain strengths; in order to give the prescribed dosage, more than one tablet must be given or a tablet must be split to equal the prescribed dosage.
- d) A single dose of each prescribed medication is administered at each specific time or interval. Multiple doses of medication is not prepared for children/youth except when approved by the prescribing provider for self-administration (see Section L on self-administration).

4. Right Time:

- a) Medications are to be taken at the prescribed times or intervals and for the prescribed number of days or doses.
- b) When a specific time or time interval is ordered (e.g. give daily at 8am or give every 8 hours, or before, after or with meals), the medication is dispensed/administered no earlier than one hour before the stated time and no later than one hour after the stated time.
- c) For medications prescribed for daily or longer administration intervals (e.g., give once daily), 2 hours before or 2 hours after the stated time is acceptable.
- d) If medications are given early or late, the exact time the medication was given is documented and the reason the medication was early or late is also be documented.
- e) A missed dose cannot be “made-up” at the next scheduled dose time without approval from the prescribing provider.

5. Right Route:

Verify the prescriber’s order and manufacturer’s direction concerning route of administration prior to administering or assisting with self-administration of medication.

B. Who may administer/distribute medication

- ◆ Medications are administered/distributed in accordance with the provisions of the *Tennessee Nurse Practice Act*, the *Tennessee Pharmacy Practice Act*, TCA

- 68-1-904, and the applicable rules and regulations of the Tennessee Boards of Nursing and Pharmacy.
- ◆ Facilities ensure medications are administered in **accordance with the licensure requirements** for their facility.
 - ◆ Administration of medication:
 - ◆ Nurses may administer medication.
 - ◆ Foster parents may administer medication for children/youth placed in their homes.
 - ◆ DCS Case Managers may distribute medication to custodial children/youth in certain limited circumstances. See [*Protocol for DCS Case Managers to Distribute or Observe Self-Administration of Medication for Custodial Youth \(MOR\)*](#).
 - ◆ Assisting with Self-Administration of Medication:
 - ◆ Nurses may assist youth with the self-administration of medication.
 - ◆ Foster parents may assist with the self-administration of medication for children/youth in their homes.
 - ◆ DCS Case Managers may assist with self-administration of medication for custodial children/youth in certain limited circumstances. See [*Protocol for DCS Case Managers to Distribute or Observe Self-Administration of Medication for Custodial Youth \(MOR\)*](#).
 - ◆ Trained unlicensed personnel may assist with self-administration of medication in congregate care facilities that are licensed under Title 37 and under contract to provide services to children in the custody of the Department of Children's Services.
 - ◆ Self-administration of Medication
 - ◆ In certain cases, a child/youth may self-administer medications as prescribed by their licensed healthcare provider. (See section L)
 - ◆ Caregivers observe and assess the effect of medication on the child/youth and consult with the medical professionals as necessary.

C. Training for medication administration/distribution

1. Foster parents receive and are able to document four (4) hours of comprehensive training in medication administration from a licensed nurse to ensure safety in medication procedures. Foster parents receive this training every two (2) years.
2. Unlicensed staff receive and are able to document six (6) hours of comprehensive training in assisting children/youth with self-administration of medication from a licensed registered nurse to ensure safety in medication procedures. They receive this training every two (2) years. These unlicensed staff must be working in a

contract provider group home that is licensed under Title 37 and under contract to provide services to children in the custody of the Department of Children's Services.

3. DCS Case Managers comply with the training requirements in the [*Protocol for DCS Case Managers to Distribute or Observe Self-Administration of Medication for Custodial Youth \(MOR\)*](#).
4. Documentation of training is kept on record and is maintained onsite for review by the Department of Children's Services and other state reviewers.

D. Written procedures for medication administration/distribution

1. Each contract provider residential treatment facility and YDC maintains written procedures for the administration, storage, and disposal of medications. These procedures are maintained onsite for review by the Department of Children's Services and other state reviewers. The procedures or operations manual include the following:
 - a) Procedures for medication receipt, storage, administration/distribution, and assisting with self-administration;
 - b) Times and locations for medication distribution;
 - c) Provisions for distributing medications to youth in work programs or YDC youth who are in segregation and to others who cannot participate in the regularly scheduled medication distribution;
 - d) Procedures for administration/distribution as well as assisting with the selfadministration of over-the-counter (OTC) medications;
 - e) Procedures for disposal of medication; and
 - f) Other medication procedures unique to the setting.
2. Foster homes follow applicable procedures for the administration, storage and disposal of medications outlined in this policy. Contract agencies utilizing foster homes may have additional procedures for the administration, storage and disposal of medications. If so, these written procedures are maintained for review by the Department of Children's Services and other state reviewers.

E. Medication orders

1. Prescription medications may only be administered/distributed on the order of a licensed healthcare provider.
2. Prescription medications are not discontinued without consultation and approval/order from the prescribing provider.
3. Medication samples may be dispensed by a licensed healthcare provider only when accompanied by written instructions listing the child's name, name of the medication, dosage, frequency, route, and any special directions or instructions.

4. Over-the-counter medications are only given in accordance with the manufacturer's label instruction and/or the advice of a licensed healthcare provider if taken in conjunction with prescription medication.

Note: Some over-the-counter products contain more than one active ingredient. Taking two or more medications with the same active ingredient can be harmful. Read the "Active Ingredient" section of the Drug Facts label on all OTC medicines. It's not necessary to know what the ingredient is or does; if the same ingredient(s) are in two or more OTC or prescribed medications, contact the PCP or local pharmacist for further direction.

5. In a YDC, over-the-counter medications are only given on the order of a licensed healthcare provider. The order must be written on a Physician Order Sheet or a Prescription form and signed by the licensed healthcare provider. The written order may allow for the youth to self-administer the medication.

Exception: Some medications are administered according to YDC Nursing Protocols (see DCS Policy [20.1, Health Services Administration](#)).

Mandatory restriction of purpose: Stimulants, tranquilizers, and psychotropic drugs must not ***under any circumstances***, be prescribed for or administered to a child/youth for the purposes of program control and management, coercion, retaliation, absence of treatment or staff convenience.

F. Dietary supplements

Many products are marketed as dietary supplements and can include vitamins and minerals, as well as herbs, botanicals, and other substances. Dietary supplements are not intended to treat, diagnose, mitigate, prevent or cure disease. In some cases, dietary supplements may have unwanted or harmful effects. Dietary supplements should not be provided to children/youth in custody unless they are approved by the child/youth's healthcare provider.

G. Medication Errors

1. A medication error is documented if any of the following conditions occur (these include, but are not limited to):
 - ◆ Medication is not available
 - ◆ Medication is not administered (omission)
 - ◆ Wrong medication is administered.
 - ◆ Wrong child/youth is given medication.

- ◆ Medication not ordered is administered
 - ◆ Wrong dosage is given
 - ◆ Medication is given at the wrong time
 - ◆ Wrong route of administration.
 - ◆ Wrong form of medication is administered
 - ◆ Failure to monitor clinical parameters (HR, P, BP, etc.)
 - ◆ Transcription error
 - ◆ Incorrect or incomplete documentation
 - ◆ Child/youth accesses medication due to staff, foster parent, or responsible caregiver inattention or negligence.
2. Medication errors in a foster home, residential facilities and a YDC are reported via the DCS Incident Reporting System per DCS [Policy, 1.4 Incident Reporting](#).
 3. If a child must be transported to a hospital ER due to a medication error, or any other reason, see [Protocol for Incident Reporting: Emergency Medical Treatment](#).

H. Medication Refusal

1. In accordance with DCS Policy, [20.24, Informed Consent](#), youth age 14 years and older may refuse medication or treatment.
 - ◆ If a youth refuses any medication, every effort is made to determine the basis for the refusal.
 - ◆ At least two attempts are made before documenting a refusal.
 - ◆ The prescribing provider can be notified any time a youth refuses prescribed medication. The prescribing provider must be notified if a youth continues to refuse medication for 48 hours. The Family Service Worker (FSW)/Juvenile Service Worker (JSW) and treatment team, if appropriate, should also be notified. It can be dangerous for some medications to be stopped abruptly. Note on the Medication Administration Record (MAR) if the prescribing provider needs to be alerted immediately if a medication is refused. This should be communicated when the prescription is written.
2. Any youth refusing prescribed medication signs form **CS-0093 Release from Medical Responsibility**. If the youth refuses to sign, the FSW/JSW contract provider, congregational care facility staff, completes the form and notes that the youth refused to sign.
3. Incident reports for medication refusal
If a child/youth refuses medication the prescribing provider is notified either immediately, if the medication is critical, or after a child/youth refuses for 48 hours. If the prescribing provider orders the medication to continue, an incident report is

completed for each refusal. If the prescribing provider orders the medication to be stopped, an incident report does not need to be completed.

I. Transporting medications

Whenever a child is being transported from any placement e.g., a foster home, a contract provider congregate care or a Youth Development Center, Form **CS-0813 Medication Transfer**, is completed. Medications are collected by the placement caregiver/staff and remain in the original labeled container. The current placement caregiver/staff lists the medication(s) on the form including the name of the medication(s) and the quantity being sent. The form is signed by the current placement caregiver/staff and the transporting staff verifying the medication name and the amount on the form matches the medication actually being sent. If possible, the medication containers may be placed in a tamper proof packet or stapled envelope. Upon arrival at the destination, the receiving placement caregiver/staff verifies and signs the form that the medication and amount sent matches what is written on the form. Any discrepancies are to be reported to both sending and receiving placements, Regional Administrator, YDC Superintendent, or their designees, and an incident report completed.

1. Arrival at placement with medications.

- a) The FSW/JSW must be aware of the medications their child/youth is taking and ensure those medications are transferred with the child/youth when placement is changed. They are also responsible for ensuring a follow-up medication appointment is arranged for the child/youth at the new placement if this is indicated. Medications should be transported in their original prescription container, which should contain the child's name, the name and strength of the medication, the date the prescription was filled, the name and address of the dispensing pharmacy or practitioner, and directions for use.
- b) Medication should not be administered or used in assisted self-administration if the dispensing date is not current, if the medication was not prescribed for the child/youth, if the amount of medication remaining indicates the child/youth has not been taking it as prescribed, if the medication is expired, or if the medication shows evidence of tampering or deterioration (i.e., discoloration, rancid odor, etc.) In these instances, a licensed healthcare provider should be contacted for further instructions.
- c) If the child/youth is on psychotropic medications, a completed form **CS-0627 Informed Consent for Psychotropic Medication**, documenting consent given by the appropriate party, will accompany the child to the new placement (See DCS Policy [20.24 Informed Consent](#)).

- d) If a child/youth comes into custody or has been on runaway status and has missed his/her medication for 72 hours or longer, the prescribing provider should be notified for instructions before restarting medication.

2. Youth Development Center Receiving Medication

Medication brought in upon admission to a YDC should be taken immediately to the clinic to be checked by a nurse. A medication order must be written by the YDC physician and/or psychiatrist for the youth to continue the medication. Home medications are to be disposed of and should not be kept in the facility and should not be sent home with family.

3. Departure from Placement with Medication:

- a) When a child/youth is discharged home or transferred from one placement to another, the medication(s) is sent with the child/youth in the original, labeled container(s) Form **CS-831, Medication Transfer** is completed and sent with the medication.
- b) The medication(s) are given to the FSW/JSW or adult accompanying the minor child/youth being transferred.
- c) A properly completed form **CS-0627, Informed Consent for Psychotropic Medication**, documenting consent from the appropriate party, accompanies the child if he/she is on psychotropic medication and is changing placements.
- d) All medication prescribed for a child/youth are sent with the child/youth, when possible. The FSW/JSW coordinates with staff at the new placement regarding continued medication maintenance and appointments.
- e) If the child/youth is being transferred to a hospital setting, medications typically are not sent unless the child/youth will not be returning to that placement. However, a list of the child/youth's medications (including name, dose, route and frequency of medication) must be sent if medications do not accompany the child/youth.
- f) For students who are transferred from a YDC to the adult criminal justice system, sending medication is determined on a case-by- case basis.

J. Medication while away from home/placement

- 1. Medications are administered in the home/placement facility when at all possible. The prescribing provider or pharmacist may be consulted to arrange a workable schedule.
- 2. Some children/youth do have to take medication while away from home/placement, such as during school hours or on a temporary family visit. Only a pharmacist, physician, dentist, nurse practitioner, or physician assistant may remove medication from the original container and place it in another labeled container. If the child needs to take the medication at various locations and the original container cannot

safely be transported with the child, duplicate prescription containers may be requested through the pharmacist. In congregate care facilities, a supervisor is consulted to advise the safest way to prepare medication for a pass.

K. Medication for Pass

1. Form ***CS-0836, Medication for Pass***, is completed for children/youth that need to take medication while on pass. The form will include the name of the medication(s) being sent, medication count(s), instructions explaining when the medication(s) is to be taken, including any special directions, and a space for the pass caregiver to document that the medication(s) was taken. The form is returned with the child/youth at the end of the pass.
2. Narcotic medication is not sent for work or passes unless special arrangements have been made with the prescribing provider. Youth taking narcotic medications must not be involved in work situations in which side effects could pose a safety issue (e.g., sleepiness while operating machinery or driving, etc.).

L. Self-administration of medications

1. In certain cases, a child/youth may self-administer medications as prescribed by their licensed healthcare provider. The prescribing provider must write an order outlining which medication the child/youth can self-administer and when or under what circumstances. A copy of the order is submitted to the DCS Regional Health Nurse, the FSW/JSW and a copy is kept on file at the child's placement location.
2. A self-administration program is developed according to the child/youth's needs and capabilities.
3. The child/youth must be trained by a licensed healthcare provider. The prescribing provider and foster parent/congregate care facility provide ongoing training and evaluation of the child's/youth's progress.
4. Medications for children/youth that are on a self-administration program stored in such a way as to make them inaccessible to all other children/youth in the home or facility.

M. Rescue/Emergency Medications

Rescue or emergency medications are fast-acting medicines intended to relieve symptoms immediately and are most often used for seizures, severe allergies, asthma, or for migraines. Rescue medications can be kept with the child or caregiver and should travel with the child/youth.

1. The prescribing provider must write an order outlining which medication the child/youth or caregiver can administer and when or under what circumstances. A copy of the order is submitted to the DCS Regional Health Nurse, the FSW/JSW, and a copy is kept on file at the child's placement location.
2. The child/youth and caregiver must be trained by a licensed healthcare provider how and when to administer the rescue medication.
3. If a rescue medication is administered, the child/youth should be taken to a hospital emergency room or the PCP for follow-up care.
4. Administration of a rescue medication and the follow-up care is documented in the child's record.

Rescue medications are stored in such a way as to make them inaccessible to all other children/youth in the home or facility.

N. Medication documentation

Foster Homes:

Foster parents keep a medication record for each child on prescription medications. Form **CS-0630, Foster Home Prescription Medication Record**, (or equivalent form) is used for this purpose. This medication record/form includes the child's name, name of the prescribed medications, dosage (including concentration if appropriate), frequency, date and time, reason for any missed or refused doses, any side effects noted, any changes or improvements observed, next appointment date and time, and number of refills remaining.

- ◆ Form CS-0630, Foster Home Prescription Medication Record (or equivalent form), is taken to appointments as a source of information for the healthcare provider.
- ◆ The FSW/JSW reviews form CS-0630, Foster Home Prescription Medication Record, (or equivalent form) at each visit and assists the foster parents with any problems. The FSW/JSW collects these forms for the child's case file.

DCS Case Managers:

See [*Protocol for DCS Case Managers to Distribute or Observe Self-Administration of Medication for Custodial Youth \(MOR\)*](#) for medication documentation requirements for DCS Case Managers.

O. Counting medication

1. Foster Homes

All prescription medications are counted at least weekly. These medication counts are recorded on form **CS-0630, Foster Home Prescription Medication Record**, (or similar form).

2. Congregate Care Facilities

All prescription medications that are in pill form, patches, etc., are counted at least daily. Liquids, creams, and other medications that cannot be counted should be checked to make sure they are not empty or expired. A written log of this count is kept with the medication. The written log may be part of the MAR or the Medication Observation Record (MOR). Controlled drugs are counted every shift. A written log of this count is kept with the medication.

3. Youth Development Center

Prescription medications delivered from the pharmacy are checked and logged in by nursing staff according to local protocol. All prescription medications that are in pill form, patches, etc., are counted at least daily. Liquids, creams, and other medications that cannot be counted are checked to make sure they are not empty or expired. A written log of this count is recorded on a medical log or on the MAR. Controlled drugs are counted and recorded every shift. Any discrepancies are reported to the Health Administrator and Superintendent immediately and are reconciled before staff leave.

P. Medication storage

1. Foster Homes

- a)** All medication is stored in the original labeled container or in containers with a label provided by the pharmacy.
- b)** At a minimum, all prescriptions medication and all over-the-counter medications are single locked. An exception is medication that must be kept cold may be kept in the refrigerator.
- c)** Medication cannot be left out for children/youth to retrieve themselves.

2. Congregate Care Facilities and a Youth Development Center

- a)** All medication is stored in the original container labeled by the pharmacy or manufacturer.
- b)** All prescription medications and all over-the-counter medications are kept double locked in a container or area that is strictly designated for medication storage, supplies, and records relevant to medication administration.
- c)** Medication requiring refrigeration is stored in a separate locked refrigerator or in a locked container in the refrigerator.
- d)** Prescription medication is stored under each child's/youth's name in separate bins, plastic bags, hanging folders, etc.
- e)** Medication cannot be left out unattended for children/youth to retrieve later.

See [Protocol for DCS Case Managers to Distribute or Observe Self-Administration of Medication for Custodial Youth \(MOR\)](#) for medication storage requirements for DCS Case Managers.

Q. Medication disposal

1. Any medication that is discontinued, expired, unidentifiable, or has a missing or illegible label must not be used and must be destroyed.
2. Any medication that is contaminated, has an unusual color, is leaking, or has been spit out must not be used and must be destroyed.
3. Medication cannot be saved or borrowed and used for another child/youth.
4. Medicines that are expired, unwanted, or unused are disposed of as quickly as possible to help reduce the chance that others may accidentally take or intentionally misuse the unneeded medicine.
5. Recommendations for disposal of medications include:
 - a) Return medication to the pharmacy or local hospital if they have a disposal program.
 - b) The DEA and local law enforcement agencies periodically host collection events in communities for safe disposal of prescription drugs.
 - c) Dispose of medication at your community household hazardous waste collection program.
 - d) Dispose of medication in the household trash with the following precautions:
 - ◆ Remove the drugs from their original containers and mix them with an unpalatable substance such as kitty litter, used coffee grounds, or dirt. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.
 - ◆ Place the mixture in a closed container or a sealed plastic bag to prevent the drug from leaking or spilling out.
 - ◆ Throw the container in your household trash.
 - ◆ Scratch out all personal information on the prescription label of your empty pill bottle or packaging to make it unreadable, then dispose of the container in the trash.
6. Some prescription drugs, such as powerful narcotic pain medicines and other controlled substances, have instruction for flushing to reduce the danger of overdose from unintentional or illegal use.
7. Inhalers are disposed of carefully as they can be dangerous if punctured, and they can explode when compacted or heated too much (like sitting in a trash can for a few hours), or exposed to fire. Most inhalers are considered hazardous waste and the easiest way to safely dispose of them is giving them to your local pharmacy.

- ♦ Inhalers cannot be disposed of in a medical waste disposal box, pharmaceutical disposal box or sharps container.
- 8. Some medicines come with disposal instructions. Check the label or the patient information leaflet with your medicine or contact your local pharmacist for questions and information.

R. Sharps Disposal (Needles, syringes, lancets, pre-filled auto injectors, etc.)

1. Foster Homes

- a) Only use needles equipped with safety devices, do not manually recap, and carefully observe universal precautions. An FDA approved sharps container should be used for disposal. These containers are available through pharmacies, medical supply companies, health care providers, and online.
- b) If there is no sharps container available, the FDA recommends the use of a secure, rigid, puncture resistant, and leak proof container that can stand upright, such as a plastic laundry detergent container properly labeled SHARPS to protect everyone in the home.
- c) When the container is $\frac{3}{4}$ full, put the lid on, seal it with duct tape, and label DO NOT RECYCLE - SHARPS. Put the plastic container in the household trash or take it to supervised collection points (pharmacies, hospitals, clinics, police and fire stations, etc.) or to household hazardous waste collection sites. Check if sharps are acceptable first. Loose sharps should never be placed in the household or public trash or in recycling bins.

2. Congregate Care Facilities and a Youth Development Center

Only use needles equipped with safety devices, do not manually recap, and carefully observe universal precautions. An FDA-approved sharps disposal container should be used for disposal.

S. Documentation of Medication Disposal

Documentation of medication disposal is mandatory and is done carefully with a witness. Under no circumstances should a witness agree to sign for unwitnessed disposal of medication after the fact.

- a) Medication disposal in foster homes is documented on form **CS-0630, Foster Home Prescription Medication Record** (or equivalent form).
- b) In congregate care facilities, two designated staff persons are present to witness the disposal. Form **CS-0712, Medication Disposal Record**, or an equivalent form, is completed and includes the following information: date and time, name of the child/youth for which the medication was prescribed, name of the

medication, amount destroyed, reason, means of destruction per agency policy, signature of staff destroying medication and signature of witness.

- c) In a Youth Development Center, medication disposal is done by two licensed nurses or a nurse and a pharmacist and documented appropriately on form **CS-0712, Medication Disposal Record** or equivalent form. Disposal should be done immediately and medication not held unsecured for later disposal.
- d) In the event only one nurse is available, the medication is immediately locked up in the medication cart with form **CS-0712, Medication Disposal Record** until another nurse on the same shift is available to witness the disposal. If a second nurse is not available on the shift, the Health Administrator, or designee, is notified that the disposal must be done on another shift. The Health Administrator, or designee, arranges proper disposal with two nurses on the next shift.

Forms:

[*CS-0093, Release from Medical Responsibility*](#)

[*CS-0627 Informed Consent for Psychotropic Medications*](#)

[*CS-0630 Foster Home Prescription Medication Record*](#)

[*CS-0813 Medication Transfer*](#)

[*CS-0836 Medication for Pass*](#)

[*CS-0712 Medication Disposal Record*](#)

Collateral Documents:

[*DCS Policy 1.4, Incident Reporting*](#)

[*DCS Policy 20.1, Health Services Administration*](#)

[*DCS Policy 20.24, Informed Consent*](#)

[*Incident Reporting Review Manual*](#)

[*Protocol for DCS Case Managers to Distribute or Observe Self-Administration of Medication for Custodial Youth \(MOR\)*](#)