

**441—105.9(232) Medication management and administration.** The facility shall have and follow written policies and procedures governing the methods of handling prescription drugs and over-the-counter drugs within the facility. No prescription or narcotic drugs are allowed in the facility without the authorization of a licensed physician or other prescriber authorized by law. Only drugs which have been approved by the federal Food and Drug Administration for use in the United States may be used. No experimental drugs may be used.

**105.9(1) *Obtaining prescription medications.*** Facilities shall permit prescription medications to be brought into the facility for a child.

*a.* Prescription medication in its original container, clearly labeled and prescribed for the child, may be accepted as legitimate prescription medication for the child. The label serves as verification that the medication was ordered by an authorized prescriber. Medication shall be prescribed by a provider authorized to prescribe the medication. Medication provided to residents shall be dispensed only from a licensed pharmacy in the state of Iowa in accordance with the pharmacy laws in the Iowa Code, from a licensed pharmacy in another state according to the laws of that state, or by a licensed physician.

*b.* Facilities shall review size, shape, color, and dosages and contact the identified pharmacy or authorized prescriber to confirm legitimacy if contraband is suspected.

**105.9(2) *Obtaining nonprescription medications.*** Shelter and detention facilities shall maintain a supply of standard nonprescription medications for use for children residing at the facility. Examples of standard nonprescription medications include cough drops and cough syrups, aspirin substitutes and other pain control medication, poison antidote, and diarrhea control medication.

*a.* All nonprescription medications kept on the premises for the use of residents shall be preapproved annually by a licensed pharmacist or an authorized prescriber.

*b.* Facilities shall maintain a list of all preapproved nonprescription medications. The list shall indicate standard uses, standard dosages, contraindications, side effects, and common drug interaction warnings. The facility administrator or the administrator's designee shall be responsible for determining the scope of the list and brands and types of medications included.

*c.* Only nonprescription medications on the preapproved list shall be available for use. However, the facility administrator or the administrator's designee, in consultation with an authorized prescriber or licensed pharmacist, may approve use of a nonprescription medication that is not on the preapproved list for a specific child.

**105.9(3) *Storing medications.*** Prescription and nonprescription medications shall be stored in a locked cabinet, a locked refrigerator, or a locked box within an unlocked refrigerator.

*a.* Schedule II medications shall be stored in a locked box within a locked cabinet. Nothing other than Schedule II medications shall be stored in the locked box. Schedule II medications requiring refrigeration also shall be maintained within a double-locked container separate from food and other items.

*b.* The facility administrator shall determine distribution and maintenance of keys or other access to the medication storage cabinets and boxes.

*c.* A shelter facility administrator or the administrator's designee may preapprove shelter staff to carry prescription or nonprescription medications with them temporarily for use at sites away from the facility.

**105.9(4) *Labeling medications.*** Schedule II medications and prescription medications shall be maintained in their original containers, clearly labeled by an authorized prescriber and prescribed for the child. Sample prescription medications shall be accompanied by a written prescription. Nonprescription medications shall be maintained as purchased in their original containers.

**105.9(5) *Administering Schedule II medications.*** Only staff who have completed a medication management course shall be allowed to administer Schedule II medications.

**105.9(6) *Administering prescription and nonprescription medications.*** The facility administrator shall determine and provide written authority as to which staff may administer prescription and nonprescription medications.

*a.* Prescription medications shall be administered only in accordance with the orders of the authorized prescriber. Nonprescription medications shall be administered by following the directions on the label.

*b.* The facility administrator or the administrator's designee may allow a child to self-administer prescription medication with written authorization by the authorized prescriber. The facility shall have written policies relating to self-administration of prescription and nonprescription medication. The facility shall require documentation if the child self-administers a medication.

**105.9(7)** *Documenting errors in administering medications.* All errors in administering prescription and nonprescription medications shall be documented. Facilities shall review and take appropriate action to ensure that similar errors do not recur.

**105.9(8)** *Medication for discharged residents.* When a child is discharged or leaves the facility, the facility shall turn over to a responsible agent Schedule II medications and prescription medications currently being administered. The facility may send nonprescription medications with the child as needed. The facility shall document in the child's file:

- a.* The name, strength, dosage form, and quantity of each medication.
- b.* The signature of the facility staff person turning over the medications to the responsible agent.
- c.* The signature of the responsible agent receiving the medications.

**105.9(9)** *Destroying outdated and unused medications.* Unused Schedule II medications and prescription medications may not be kept at the facility for more than 15 days after the child has left the facility and the Schedule II medications and prescription medications shall be destroyed by the administrator or the administrator's designee in the presence of at least one witness. Outdated, discontinued, or unusable nonprescription medications shall also be destroyed in a similar manner. The person destroying the medication shall document:

- a.* The child's name.
- b.* The name, strength, dosage form, and quantity of each medication.
- c.* The date the medication was destroyed.
- d.* The names and signatures of the witness and staff person who destroyed the medication.

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