

CUCS | Janian Medical Care

COVID-19 (Coronavirus) UPDATE

This interim guidance is based on what is currently known about the coronavirus disease 2019 (COVID-19). CUCS and Janian will update this interim guidance as needed and as additional information becomes available.

PROTOCOL FOR ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATION (AWSAM)

March 18, 2020

This protocol provides guidance with Assistance With Self-Administration of Medication (AWSAM) for clients.

Policy

Assistance With Self-Administration of Medication (AWSAM) is an essential service for clients with serious mental illness and is part of many CUCS programs. CUCS will continue to provide AWSAM during the COVID-19 alert period but with modifications as necessary, described below. Program Directors should use their judgment and consult their supervisors, Janian providers, and QA department as needed for assistance with idiosyncratic circumstances at their programs.

This guidance is intended for use in tandem with the “*Protocol for Face to Face Meetings*” applicable for your site.

A. Maintaining Availability of Medications and Medication Supplies

For all clients, program should work with the pharmacy and clients’ providers to obtain refills & up to date prescriptions, in order to reduce chances of medication disruption due to supply problems or closure of doctor’s office or pharmacy. Note that for clients receiving Medicaid, during the COVID-19 NYS Declared State of Emergency, they can obtain 90 days of refills and early refills.

This protocol heavily involves the expansion of pre-packing medications. Programs should purchase weekly pillboxes to accommodate expected expansion of pre-packing.

B. Reducing the Numbers of Daily-AWSAM-Needing Clients By Increasing Prepacking

Each AWSAM-providing program should consult with onsite provider and (if they have one) program nurse, to think about their current AWSAM enrollment and what prepacking might look like for them. The goal is for the number of clients who must receive daily or multiple times a day AWSAM to be at a minimum, while recognizing that there are some clients who will continue to need that level of care. The plan must take into account individual client needs as well as staffing at the program.

Divide the list of AWSAM-enrolled clients into 4 categories and take actions as shown:

Category	Preparatory Action	Prepacking Action
1 - clients who are already currently on weekly or every 2 week prepacking;	No immediate action needed other than securing refills. For some clients, prepacking for two weeks or longer, rather than one week, may be plausible. For other clients, possible that they could be ready to disenroll from AWSAM and hold their medications independently.	So long as client is not symptomatic/quarantined, provide prepacking using precautions in section C below. For clients who are ready to move to independent self-administration of medication, provide supports in doing so and be prepared to change course if independence is not successful.
2 - clients who could	Talk with clients about why	So long as client is not

Category	Preparatory Action	Prepacking Action
move to weekly prepacking without harm to their medication adherence;	prepacking would be useful in this situation; ask if they have concerns, address those concerns, and to the extent possible, immediately move to prepacking.	symptomatic/quarantined, provide prepacking every week using precautions in section C below. Provide additional phone check-ins and support for clients new to prepacking, and be alert for signs they may not be taking medication.
3 - clients who would need additional support from staff to maintain adequate medication adherence if they were moved to prepacking	Define what additional phone-based support would be needed to maintain adherence with prepacking (talk with client, provider, supervisor)	Possible additional support options: phone contact with staff each day at medication time; prepacking for less time than weekly and working up to weekly; “buddy system” with friend or family member; phone alarm reminders. Assess client regularly for signs they may not be taking medication.
4 - clients who could not go to prepacking without significant risk of impaired medication adherence	Define what factors would make that risk significant for each client and to extent possible work on addressing those factors/reducing risks. Is initiating LAI medication an option?	Continue to provide AWSAM daily so long as client is not symptomatic or quarantined. Multiple time a day AWSAM may not be possible in reduced staffing situation. If client were to become symptomatic/quarantined, we would have to switch to prepacking, with extensive phone support.

C. Applying Social Distancing and Infection-Risk-Reduction Principles to AWSAM and Prepacking

The following actions should be taken by staff providing AWSAM assistance, in keeping with recent CUCS COVID-19 protocols about face to face client interaction and with governmental health organization guidance:

1. Before a medication assistance session, ask the client (via phone if possible) if they have fever or worsening cough or worsening shortness of breath, following the appropriate CUCS Screening Protocol for the program type; if yes or unsure, halt AWSAM assistance and follow screening protocol.
2. Assuming no symptoms, both worker and the client should wash their hands before going to open the medication cart/cabinet and taking out medication supplies. Suggestion: do so together at the sink, worker doing so first with the door open to show client who can observe and then the client, with the staff member observing. This approach provides an additional opportunity for coaching/modeling handwashing techniques.
3. If the client has brought down a pillbox with them to AWSAM, worker should provide cleaning fluid and paper towel to client so they can wipe off the pillbox.
4. Worker should maintain as much space as possible between the client and themselves during AWSAM. If the medication area is in tight quarters, take the medication supplies and the client to a conference room or other more spacious venue. Programs where it is possible to relocate medication cart and supplies altogether to that location should do so; this depends on the physical set up of the program.
5. Change to documentation: *no client signatures should be obtained for medication*. At programs using the SR Signature Sheet, worker should write clients’ initials and “COVID 19 alert” after the initials. At programs using the IMMS sheets initialed by clients, workers should use a check mark √ instead of client initials. PDs should put a dated memo explaining this temporary documentation modification (check mark instead of client initials) in the front of medication binders.
6. After AWSAM is completed and medication supplies put away, worker should wash hands again and offer the client the opportunity to join them.
7. The medication cart/cabinet exteriors, keys, stainless steel nonporous tray, binder covers, etc should be wiped down with cleaning fluid and paper towel as frequently as possible, at minimum before the beginning and after the end of medication session.

D. Specific Social Distancing Measures for Transitional Programs

At transitional programs (Prospect/Kelly/Delta), there tend to be a crowd of clients lined up for meds, sometimes in a space where there is not a lot of space between clients. Best practice for infection risk reduction is 6 feet of distance between clients. Programs should try to achieve that spacing in any of the following ways.

1. Reducing the numbers of clients receiving daily or more frequent AWSAM as described in section B of this protocol.
2. Divide AM and PM meds into 30 minute blocks, with clients whose last name begins A-J in the first block, K-P in the second block, Q-Z in the third block.
3. Have an additional staff person assigned on a rotating basis during the highest traffic times to provide AWSAM separately and simultaneously in another space (at Prospect in evening CM office or client cafeteria; at the Kelly, in the basement cafeteria; at Delta, in the client lounge)
4. Asking clients not to come for meds until they are paged by name (at programs with very high volume, that may be too disruptive)
5. Giving out post-its with numbers and asking clients not to come for meds until their number is called

E. AWSAM with Clients who are Symptomatic or Quarantined

1. *Temporary disenrollment from AWSAM.* For some clients, the best course of action will be to temporarily disenroll them from AWSAM and provide them with their medications to take independently, with phone-based cues and assistance from staff. However there are clients who are not functioning well enough to be adherent to necessary medications without, at minimum, prepacking. Being ill or quarantined can also be a source of medical and psychological stress that can negatively impact clients' abilities to take medications as prescribed on an independent basis.
2. *Co-mingled blister packs.* Some programs (Delta Manor and ACT) use pharmacies that make co-mingled medication blister packs – a “ready made pre-pack”. This is an option that generally we do not take advantage of except at those programs for a variety of reasons (when client meds changes, LPN has to go through the packs to remove the changed meds or else all packs have to be discarded; also clients with many meds need multiple blisters per dose and this can create confusion for clients who don't realize they have to take multiple blisters).

However, in the short term for this emergent situation it is worth doing if possible. Note that providers are not likely to be changing medications except for urgent needs during the COVID-19 alert period. Programs can ask the pharmacy if co-mingled blister packs is a service they provide. If it is not a service they provide, it may be possible to change prescriptions to HealthCare pharmacy (used by ACT).

Co-mingled blister packs can be delivered directly by the pharmacy or by staff using appropriate protocol for contact with clients who are symptomatic or quarantined (protocol is forthcoming). Documentation on IMMS (Individual Monthly Medication Sheet) pages would be done using the 8 code for prepacks, but with a footnote that the prepack was created by the pharmacy.

3. *Providers or LPNs can pre-pack client meds.* Can be used if the client is in category 1, 2, or 3 of the chart in section B (able to prepack with a varying level of support). Prepacking would be done independently without the client being present and then delivered to the client using appropriate protocol for contact with clients who are symptomatic or quarantined (protocol is forthcoming).

Note that if providers are present at the site anyway and have availability they can assist with this, but it will not be possible for providers to travel to the site specifically to prepack client medications.

For providers (NPs, psychiatrists) pre-packing client meds: they will not use the AWSAM documentation system but will instead write an eCW note describing their prepacking. Staff are responsible for using the weekly medication checksheet to note what the prepack period is and that the prepack was done by the provider; a printout of the eCW note can be attached to the IMMS .



F. Long Acting Injectable (LAI) Psychotropic Medication

Directly administered LAI medication is not part of AWSAM but is procedurally adjacent to it. Janian staff will continue to provide LAI to clients as necessary and appropriate and that service will continue to be documented in eCW. When working with clients who are symptomatic or quarantined and in need of LAIs, Janian staff will use appropriate PPE (Personal Protective Equipment) and follow CDC guidelines and Janian policies. In some cases, clients may be switched to oral medications until they are clear of infection. Janian will work to provide staffing coverage for LAI administration across program sites if that becomes necessary.