**Definition:** The term “unidentified/non-prescribed substance” refers to a substance that is either illegal to possess or legally available but not prescribed for anyone in the MAP registered site in which it was found. These guidelines do not apply to any HCP ordered and pharmacy labelled medication for individuals living at or attending the program. If there are unknown substances noted within such packaging, the medication should remain secured per MAP Policy and the DPH Drug Control Program (DCP) must be notified**.**

**Procedure**

The intent of this procedure is to maintain the individual’s safety and guide staff through the process of dealing with the legal ramifications of an unidentified/non-prescribed substance if found at a MAP registered site.  If an unidentified or non-prescribed substance is found in a DDS MAP program, address any possible individual’s needs first, then the substance.

**The Person**

1. For any medical emergency, call 911.
2. If not a medical emergency, and staff are aware or suspect a person may be under the influence and/or have knowledge that the person has ingested an unidentified substance/non-prescribed medication, contact the person’s prescriber(s) for a recommendation in regards to whether any prescribed medication the person is due to receive should be given as ordered.
	* Document and follow the recommendation.
3. If the person was transported to the emergency room or the prescriber’s recommendation was to have the person evaluated at the emergency room, then during the ER visit, staff should obtain ‘medical clearance’ for the person to receive any prescribed medications.
	* At the emergency room ask for documentation of ‘medical clearance’ to ensure it is safe for MAP Certified staff to administer any prescribed medication as ordered.
4. If it appears that harm may have come to an individual as a result of this incident, call the Disabled Person’s Protection Commission (DPPC) 24-hour Hotline at 1-800-426-9009 or 1-888-822-0350 TTY.

**The Substance**

1. Complete the ‘Tracking Form’.
2. Take pictures of the substance; including the label if present.
	1. If in the form of a tablet, etc.:
		1. Take pictures of the front side and back side
		2. Note how many of each was found.
3. The pictures can be emailed to a MAP Consultant (pharmacist) to identify the substance.
4. Call the police
	1. Call the non-emergency number, explain what happened and ask if this is reportable.
		1. If yes:
			1. Ask if the substance should be "saved" as evidence and if so, secure them.
			2. If it is handed over to the police ask them to sign a medication transfer form
		2. If no:
			1. Secure the substance separately from prescribed medication until it is determined whether it is needed in the event DPPC or DDS investigates.
			2. If it is handed over to the DPPC or DDS Investigator ask them to sign a medication transfer form
	2. Whether or not the police take the unidentified/non-prescribed substance, ask for a copy of the police report if they respond to the call.
5. The Program Supervisor will obtain a written statement of events from each staff present.
6. Complete a DPH Drug Incident Report (DIR) and fax with any police report, transfer form and staff statements to 617-753-8083. The DIR is located at:

[http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/drug-diversion/drug- incident-report-form-and-protocol.html](http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/drug-diversion/drug-%20%20incident-report-form-and-protocol.html)

1. Only after confirming that the police, DPPC and /or DDS Investigators do not need the substance found can it may be disposed of per MAP policy.
2. Maintain original and/or copies of all documents related to this incident at the program.
3. Notify the Regional MAP Coordinator of the incident.

Date found:

Provider:

Site address:

Description (unidentified/non-prescribed substance, including the amount). Attach copies of any supporting documentation:

Date transferred (complete and attach copy of transfer form(s)):

Date disposed (complete DPH disposal form):

Program Supervisor Signature: