

POLICY AND PROCEDURE ON SAFE MEDICATION ASSISTANCE AND ADMINISTRATION

I. PURPOSE

The purpose of this policy is to establish guidelines to promote the health and safety of individuals served by ensuring the safe assistance and administration of medication and treatments or other necessary procedures.

II. POLICY

Homeward Bound, Inc. (HBI) is responsible for meeting health service needs including medication-related services of individuals served as assigned in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*.

Individuals served will be encouraged to participate in the process of medication administration to the fullest extent of their abilities, unless otherwise noted in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*. The following procedures contain information on medication-related services for the administration of medication as well as the assistance staff may provide to an individual who self-administers their own medication.

HBI will obtain written authorization from the individual served and/or legal representative to administer medications or treatments, including psychotropic medications. This authorization will remain in effect unless withdrawn in writing and it may be withdrawn at any time. If authorization by the individual served and/or legal representative is refused, HBI will not administer the medication or treatment. This refusal will be immediately reported to the individual's prescriber and staff will follow any directives or orders given by the prescriber.

All medications and treatments will be administered according to this policy and procedure and HBI's medication administration training curriculum.

III. PROCEDURE

Staff Training

- A. When medication set up and/or administration has been assigned to HBI as stated in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*, all staff who set up or administer medications to individuals served will receive training and demonstrate competency as well as reviewing this policy and procedure.
- B. Prior to the set up and/or administration of medications, all unlicensed staff must successfully complete a medication set up or medication administration training course developed by a registered nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse practitioner, physician's assistant, or physician. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures. The course must be taught by a registered nurse if the individual served has or develops a health care condition that affects available service options.
- C. Upon completion of this course and prior to the setting up and/or administering medications, staff will be required to demonstrate medication set up and/or administration established for

individuals served specifically at the program site, if this has not already been completed.

- D. Medication Administration training will be completed for each staff person within the first 60 days of hire. Staff who demonstrate a pattern of difficulty with accurate medication administration may be required to complete retraining at a greater frequency and/or be denied the responsibility of administering medications.
- E. Documentation for this training and the demonstrated competency will be maintained in each staff person's personnel file.

Medication Set Up and Contents of the Medication Administration Record

- A. When setting up medication for later administration, staff will follow written instructions provided from the pharmacy or prescriber. These written instructions from the prescriber can include a prescription label or the prescriber's written or electronically recorded order for the prescription.
- B. Staff will document the following information in the individual's served medication administration record:
 - 1. Dates of medication set up;
 - 2. Name of medication;
 - 3. Quantity;
 - 4. Times to be administered;
 - 5. Route of administration at the time of set up;
 - 6. When the individual served will be away from the program site, to whom the medication was given
- C. Any concerns with medication received from the pharmacy will be immediately communicated to the assigned nurse, Nurse Case Manager (NCM) or if not available, the Nurse on Call (NOC), who in turn immediately notifies the pharmacy and/or prescriber and instructions followed. The Program Resource Coordinator (PRC) and/or the Program Supervisor (PS) will be notified of any concerns or discrepancies regarding medication and medication set up.
- D. Additional information that will be maintained in an individual's medication administration record include:
 - 1. Information on the current prescription labels or the prescriber's current written or electronically recorded order or prescription that includes the:
 - a. Individual's name;
 - b. Description of the medication or treatment to be provided;
 - c. Frequency of administration;
 - d. Other information needed to safely and correctly administer medication or treatment to ensure effectiveness
 - 2. Easily accessible information on risks and other side effects that are reasonable to expect and any contraindications to the medications use.
 - 3. Possible consequences if the medication is not taken or administered or treatments given as directed.
 - 4. Instruction on when and to whom to report:
 - a. If a dose of medication is not administered or treatment is not performed as prescribed, whether by staff error, the individual's error, or by the individual's refusal
 - b. The occurrence of possible adverse reactions to the medication or treatment

5. Notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by staff error, the individual's error, or by the individual's refusal, or of adverse reactions, and when and to whom the report was made.
6. Notation of when a medication or treatment is started, administered, changed, or discontinued.

Medication Assistance

- A. There may be occasions when the company is assigned responsibility solely for medication assistance to enable an individual served to self-administer medication or treatments when the individual is capable of directing their own care or when the individual's legal representative is present and able to direct care for the individual served.
- B. If medication assistance is assigned in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*, staff may:
 1. Bring medication to the individual and open a container of previously set up medications, empty the container into the individual's hand, or open and give the medication from the original container to the individual.
 2. Bring to the individual food or liquids to accompany the medication.
 3. Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes as determined by the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.

Medication Administration

- A. Medications may be administered within 60 minutes before or after the prescribed time. For example, a medication ordered to be given at 7:00 a.m. may be administered between 6:00 a.m. and 8:00 a.m.
- B. Medications ordered to be given as an "AM medication" and/or "PM medication" may be administered at a routine daily time. The routine time may fluctuate up to one hour in order to accommodate the individual's schedule. For example, if an individual served typically receives their medication at 7:00 a.m., then on the weekends, the medication may be given between 5:00 a.m. and 8:00 a.m.
- C. Staff administering medication must know or be able to locate medication information on the intended purpose, side effects, dosage, and special instructions.
- D. General and specific procedures on administration of medication by routes are included at the end of this policy. Routes included are:
 1. Oral tablet/capsule/lozenge
 2. Liquid medication
 3. Buccal medication
 4. Sublingual medication
 5. Inhaled medication
 6. Nasal spray medication
 7. Eye medication
 8. Ear drop medication
 9. Topical medication
 10. Rectal medication

Injectable Medications

- A. Epi-pen may be administered at the program site to an individual served according to their prescriber's order and written instructions are provided. The prescriber's order and written instructions will be maintained in the service recipient record.
- B. A registered nurse or licensed practical nurse will administer other injections. When a registered nurse or licensed practical nurse is not available, a supervising registered nurse with a prescriber's order can delegate the administration of an injectable medication to unlicensed staff persons and provide the necessary training.
- C. An authorization/agreement that must be signed by the PRC/PS, the prescriber, and the individual served and/or legal representative will be maintained in the service recipient record. This authorization will specify:
 - 1. What injection may be given
 - 2. When and how the injection may be given
 - 3. That the prescriber retains responsibility for the company to give the injection
- D. Only a licensed health care professional is allowed to administer psychotropic medications by injection. This responsibility will not be delegated to unlicensed staff.

Psychotropic Medication

- A. When an individual served is prescribed a psychotropic medication and HBI is assigned responsibility for the medication administration, the requirements for medication administration will be followed.
- B. The PRC and/or PS will develop, implement, and maintain the following information in the individual's *Coordinated Service and Support Plan Addendum* according to MN Statutes, sections 245D.07 and 245D.071. This information includes:
 - 1. A description of the target symptoms that the psychotropic medication is to alleviate.
 - 2. Documentation methods that the company will use to monitor and measure changes to these target symptoms, if required by the prescriber.
 - 3. Data collection of target symptoms and reporting on the medication and symptom-related data, as instructed by the prescriber, a minimum of quarterly or as requested by the individual and/or legal representative. This reporting will be made to the expanded support team.
- C. If the individual and/or legal representative refuses to authorize the administration of a psychotropic medication as ordered by the prescriber, HBI will not administer the medication and will notify the prescriber as expediently as possible. After reporting the refusal to the prescriber, HBI must follow any directives or orders given by the prescriber, but a refusal may not be overridden without a court order. Refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency.

Medication Documentation and Charting

- A. Assigned nurse, NCM or NOC will transcribe a prescriber's new, changed, and discontinued medication/treatment orders to the electronic medication administration record (eMAR) by:
 - 1. Copying any new medication/treatment or change from the original prescriber's orders to

- the eMAR.
2. Comparing the label on the medication with the prescriber's to ensure they match. Any discrepancy must be reported to the pharmacy immediately.
 3. Implementing any change in a current medication/treatment must be rewritten as a new order; the existing entry may not be changed or edited, but must be "Discontinued."
 4. Entering the medication/treatment name, dose, route, frequency, and times to be administered.
 5. Entering a start date/time and end date/time (if any).
 6. Discontinuing a medication/treatment as ordered in the eMAR including a discontinuation note which includes the reason for discontinuation and the ordering physician if any.
 7. Completing any applicable health documentation regarding the entry and notifying the PRC and/or PS.
- B. Staff will document a medication given from the *Standing Order Medications List* form by:
1. Contacting the assigned nurse, NCM or NOC who, if needed, transcribes the order into the eMAR.
 2. Selecting the appropriate check box for the medication on the eMAR.
 3. Documenting what medication/treatment was administered, the dose, the reason it was given, and the effect in the health documentation one hour after the medication was given.
 4. Following any special instructions noted on the *Standing Order Medications* form, notifying the assigned nurse, nurse consultant, or prescriber as directed.
- C. In the event the eMAR is not available staff administering and documenting medication/treatment administration will enter their initials, full name, and title initials in the designated location on the backup monthly medication sheet.
- D. Staff must document on eMAR when medication becomes available.

Coordination and Communication with Prescriber

- A. As part of medication set up and/or administration, the assigned nurse, NCM or NOC, in conjunction with the PRC and/or PS will ensure that clear and accurate documentation of prescription orders has been obtained by the prescriber in written format.
- B. Initiations, dosage changes, or discontinuations of medications will be coordinated with the prescriber and discussed as needed to ensure staff and/or the individual served has a clear understanding of the order. Staff are not allowed to accept verbal orders from a prescriber. If the order has only been done verbally, staff will refer the prescriber to the assigned nurse, NCM or NOC.
- C. All prescriber instructions will be implemented as directed and within required timelines by staff and/or the individual served and documented in related health documentation.
- D. Concerns regarding medication purpose, dosage, potential or present side effects, or other medication-related issues will be promptly communicated to the PRC/PS, assigned nurse, NCM or NOC.
- E. Any changes to the physical or mental needs of the individual served as related to medication will be promptly made to the prescriber in addition to the legal representative and case manager by PRC/PS.

Coordination of Medication Refills and Communicating with the Pharmacy

- A. The PRC and/or PS or other designated staff person will be responsible for checking medication supply routinely to ensure adequate amount for administration.
- B. Medications and supplies that have a seven (7) day supply and no less than 24 hours will be called into the pharmacy for reorder by a designated staff person. If an individual served is able to reorder medications for themselves as part of self-administration, staff will provide the level of assistance necessary to ensure accurate reordering. This may include but is not limited to dialing the telephone, communicating the name, prescription number, or dose, and coordinating a pick up time.
- C. Some pharmacies may automatically refill prescriptions of individual's served. If this is the case, assigned nurse, NCM or NOC will contact the pharmacy if a medication or treatment is discontinued.
- D. The number of the pharmacy from where medications are supplied will be maintained on each individual's medication labels and face sheet.
- E. The PRC/PS will ensure that the pharmacy has the contact information for the program site and the main contact person who can answer questions and be the primary person responsible for coordinating refills.

Handling Changes to Prescriptions and Implementation of those Changes

- A. All written instructions regarding changes to medications and treatments are required to be documented through a prescription label or the prescriber's written or electronically recorded order for the prescription.
- B. Changes made to prescriptions will be communicated to staff, the PRC and/or PS and the assigned nurse or NCM, as applicable.
- C. Any concerns regarding these changes and the order will be resolved prior to administration of the medication to ensure safety and accuracy.
- D. Staff will implement changes and document appropriately on the eMAR according to the above procedure in **Medication Documentation and Charting**.
- E. Discontinued medications or medications that the dosage is no longer accurate due to the changes will be discarded appropriately.

Verification and Monitoring of Effectiveness of Systems to Ensure Safe Medication Handling and Administration (Reporting and Reviewing)

- A. The designated person will be responsible for reviewing each individual's medication administration record to ensure information is current and accurate. This will include a review of the eMAR, referrals, medication orders, etc.
- B. At a minimum, this review will occur quarterly or more frequently if directed by the individual served and/or legal representative or the *Coordinated Service and Support Plan* or *Coordinated Service and Support Plan Addendum*.

- C. The designated person will also complete their review of medication supply and storage systems on appropriate documentation.
- D. Written documentation of this review will be completed and will state if:
 - 1. Issues related to the safe and effective use of systems were noted.
 - 2. Concerns are present regarding medication orders, refusal to take or receive medications, or self-administration of medications.
 - 3. Medication is in correct supply and is being stored according to this policy.
 - 4. Information is current and accurate.
 - 5. Health care follow up regarding medication and treatment-related orders are being completed.
- E. Based upon quarterly or more frequent review, the designated person will notify the PRC and/or PS, as needed, of any issues. A plan must be developed collaboratively and implemented to correct patterns of medication administration errors or systemic errors when identified. When needed, staff training will be included as part of this plan to correct identified errors.
- F. The following information will be reported to the legal representative and case manager as they occur or as directed by the *Coordinated Service and Support Plan* or *Coordinated Service and Support Plan Addendum*:
 - 1. Concerns about an individual's self-administration of medication or treatment.
 - 2. An individual's refusal or failure to take or receive medication or treatment as prescribed.
 - 3. Any reports as required under the section of this policy, **Medication set up and contents of the medication administration record**, Letter D, number 4 regarding:
 - a. If a dose of medication is not administered or treatment is not performed as prescribed, whether by staff error, the individual's error, or by the individual's refusal
 - b. Occurrence of possible adverse reactions to the medication or treatment

Medication Storage and Security

- A. The medication storage area/container will be locked at all times when unattended by staff and will be kept clean, dry, and within the appropriate temperature range.
- B. Medication will not be left unattended or administered by a separate staff in lieu of the staff who prepared them for administration.
- C. Each individual served will have a separate container for their internal medications and a separate container for their external medications. External standing order medications will be in a separate container from internal standing order medications.
- D. Medication will not be kept in the same area as food or chemicals (in the case of refrigerated medications, they will be kept in a locked container and separated from food).
- E. All Schedule II Controlled Substances named in MN Statutes, section 152.02, subdivision 3, will be stored maintained, and disposed of in the following manner:
 - 1. These medications must be stored in a separate locked storage area within the locked medication area. Only staff and individuals served authorized to administer the medication will have permitted access.
 - 2. The designated staff, PRC and/or PS will ensure that all Schedule II Controlled Substances

- are accounted for at least on a daily basis, or more frequently.
3. Schedule II Controlled Substances as well as other medications needing to be destroyed or disposed of will be done according to the Environmental Protection Agency's recommendations.

IV. GENERAL AND SPECIFIC PROCEDURES ON ADMINISTRATION OF MEDICATION BY ROUTES

- A. General procedures completed before administering medication **by any route**
 1. Staff must begin by washing their hands and assembling equipment necessary for administration.
 2. The Individual's eMAR is reviewed to determine what medications are to be administered and staff remove the medication from the storage area.
 3. Staff will compare the medication sheet with the label of each medication for the following:
 - a. Right person
 - b. Right medication
 - c. Right date
 - d. Right time
 - e. Right route
 - f. Right dose
 - g. Expiration date
 4. If there is a discrepancy, the medication will not be administered. Instructions will be verified by contacting the assigned nurse, NCM or NOC who in turn may contact the pharmacist, or prescriber.
 5. Staff will compare the label with the medication sheet for the second time.
 6. Staff will compare the label with the medication sheet for the third time before administering it to the individual, according to the specific procedures below,
 7. Staff will save the eMAR and logoff.
 8. Immediately prior to the administration of any medication or treatment, staff will identify the individual and will explain to the individual what is to be done.
 9. After administration, staff will document, if needed, the reason for not administering the medication or treatment.
 10. Staff will contact the assigned nurse, NCM or NOC, who in turn may contact prescriber regarding any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the individuals refusing to take the medication or treatment as prescribed.
 11. Adverse reactions will be immediately reported to the assigned nurse, NCM, NOC or prescriber.
- B. Additional procedures for administration of **oral tablet/capsule/lozenge**
 1. If medications are in a bottle, staff will pour the correct number of tablets or capsules into the lid of the medication container and transfer them to a medication cup.
 2. If medications are in bubble packs, staff will, beginning with the highest number, push the correct dose into a medication cup, and write the date and their initials on the card next to the dose popped out.
 3. If medication is in lozenge form, staff will unwrap the lozenge and transfer it to a medication cup.
 4. Staff will administer the correct dosage by instructing the individual served to swallow the medication. If the medication is in lozenge form, staff will instruct the individual served

not to chew or swallow the lozenge so it is able to dissolve in their mouth.

5. If the medication is to be swallowed (tablet/capsule), staff will offer at least 4 ounces of a beverage and remain with the individual served until the medication is swallowed or if the individual is unable to tolerate liquids, medications can be administered in a small amount of food.
6. If the medication is in lozenge form, staff will stay in the vicinity until the lozenge is completely dissolved; checking periodically to ensure the lozenge has not been chewed or swallowed.

C. Additional procedures for the administration of **liquid medications**

1. Staff will shake the medication for 30 seconds if it is a suspension (staff will check the label if in doubt).
2. Staff will pour the correct amount of medication, at eye level on a level surface, with the label facing up, into a plastic medication measuring cup or measuring spoon.
3. Staff will wipe around the neck of the bottle with a damp paper towel, if sticky, and replace the cap.
4. Staff will dilute or dissolve the medication if indicated on the label or medication sheet with the correct amount of fluid.
5. Staff will administer the correct dose according to the directions in an appropriate container.
6. Staff will remain with the individual served until the medication is swallowed.

D. Additional procedures for the administration of **buccal medication**

1. Staff will open the container and measure the correct dose of liquid medication into a syringe or dropper.
2. Staff will administer the medication by squeezing the syringe or dropper into the individual's cheek, with gloved hands, avoiding going between the teeth.
3. Staff will remain with the individual served to ensure that the medication has been absorbed into the cheek and that they have not drank any liquids.

E. Additional procedures for the administration of **inhaled medications**

1. If more than 1 inhaled medication is to be given, staff will document which one is administered first.
2. Staff will follow directions on the inhaler dispenser given by prescribing physician.

F. Additional procedures for the administration of **nasal spray medications**

1. Staff will ask the individual served to blow their nose or will gently wipe the nose with gloved hands.
2. Staff will gently shake the spray container.
3. Staff will ask the individual served to tilt their head slightly forward.
4. Staff will remove the cap from the nozzle and will insert the nozzle into one nostril, aiming away from the septum (middle of the nostril).
5. Holding the other nostril closed, staff will instruct the individual served to inhale and squeeze once to spray.
6. If requested, staff will repeat steps 4 and 5 to deliver the correct dosage to the other nostril if ordered.
7. Staff will rinse the nozzle with warm water, dry it with a clean paper towel, and replace the cap.

- G. Additional procedures for the administration of **eye medications**
1. Staff will open the medication container.
 2. Staff will position the individual in a sitting or lying down position.
 3. Staff will observe the eye(s) for any unusual conditions which should be reported to the nurse or prescriber prior to administration.
 4. Staff will cleanse the eye (unless otherwise noted) with a clean tissue, gently wiping from the inner corner outward once (if medication is used in both eyes, staff will use a separate tissue for each eye).
 5. Staff will assist or ask the individual served to tilt their head back and look up.
 6. With gloved hands, staff will pull correct lower eyelid down to form a 'pocket' or ask the individual served to pull down their lower eyelid and will administer the correct dose (number of drops/strand for ointments) into the correct eye(s).
 7. If both eyes are washed, staff must wash hands and put on new gloves between eye washes.
 8. If different eye medications are prescribed, staff will give (5) minutes before administering the second medication.
 9. Staff will avoid touching the tip of the dropper or tube to the individual's eyelid or any other object or surface and replace the cap.
 10. Staff will offer the individual a tissue for each eye or blot the individual's eye with separate tissues.
- H. Additional procedures for the administration of **ear drop medication**
1. Staff will have the individual served sit or lie down with the affected ear up.
 2. If sitting, staff will have the individual tilt head sideways until the ear is as horizontal as possible.
 3. If lying down, staff will have the individual turn their head.
 4. Staff will observe ears and notify the nurse or prescriber of any unusual condition prior to administration of the medication.
 5. Staff will administer the correct number of drops that are at room temperature, into the correct ear by pulling the ear gently backward and upward. For children, under 3 years of age, staff will pull the ear gently back and down.
 6. Staff will have the individual remain in the required position for one (1) to two (2) minutes.
 7. Staff will have the individual hold their head upright while holding a tissue against the ear to soak up any excess medication that may drain.
 8. Staff will repeat the procedure for the other ear if necessary.
 9. Staff will replace the cap on the container and will avoid touching the tip of the dropper to the individual's ear or any other surface.
- I. Additional procedures for the administration of **topical medications**
1. Staff will position the individual served as necessary for administration of the medication.
 2. Staff will, prior to administering the medication, observe for any unusual conditions of the affected area of the body which should be reported to the nurse or prescriber.
 3. Staff will wash and dry the affected area unless otherwise indicated.
 4. Staff will administer medication to the correct area, according to directions, with the appropriate applicator or with gloved hands.
 5. If the topical is in powder form, staff will instruct the individual to avoid breathing particles in the air that may result from the application.
 6. If the topical is a transdermal patch, staff will remove the old patch and select a new patch site (new patch should be applied to clean dry skin which is free of hair, cuts, sores, or irritation on upper torso unless otherwise directed).

7. If the topical is a transdermal patch, staff will unwrap the new patch, sign and date the patch, remove the backing, and apply it to the new patch site.
 8. Staff will replace the cap on the container, if needed, avoiding contact with any other surfaces.
- J. Staff will throw away all disposable supplies and place all medications in the locked medication storage area/container prior to leaving the area.
- K. Staff will wash their hands.

Legal Authority: MS §§§§ 245D.11, subd. 2 (3), 245D.05, subdivisions 1a, 2, and 5 and 245D.51 and 245D.09, subdivision 4a, paragraph (d)