



**MARY T. INC.
PROGRAM POLICY MANUAL**

POLICY TITLE: Safe Medication Assistance and Administration Policy **SECTION:** 2-2C
REVISED BY: Jane Strobel, RN **PAGE:** 1 of 6
APPLIES TO: All Services Operating Under Rule 245D
EFFECTIVE: 8/8/2014 **REVISED:**

I. POLICY:

- A. It is the policy of Mary T. Inc. to provide safe medication setup, assistance and administration:
- when assigned responsibility to do so in the person’s Coordinated Service and Support Plan (CSSP) or CSSP addendum;
 - using procedures established in consultation with a registered nurse, nurse practitioner, physician’s assistant or medical doctor; and
 - by staff who have successfully completed medication administration training before actually providing medication setup, assistance and administration.
- B. For the purposes of this policy, medication assistance and administration includes, but is not limited to:
1. Providing medication-related services for a person;
 2. Medication setup;
 3. Medication administration;
 4. Medication storage and security;
 5. Medication documentation and charting;
 6. Verification of monitoring of effectiveness of systems to ensure safe medication handling and administration;
 7. Coordination of medication refills;
 8. Handling changes to prescriptions and implementation of those changes;
 9. Communicating with the pharmacy; or
 10. Coordination and communication with the prescriber.

II. DEFINITIONS.. For the purposes of this policy the following terms have the meaning given in section [245D.02](#) of the 245D Home and Community-based Services Standards:

- A. “Medication” means a prescription drug or over-the-counter drug and includes dietary supplements.
- B. “Medication administration” means following the procedures in this section III, C of this policy to ensure that a person takes their medications and treatments as prescribed.

- C. "Medication assistance" means to enable the person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.
- D. "Medication setup" means arranging medications, according to the instructions provided by the pharmacy, prescriber or licensed nurse, for later administration.
- E. "Over-the-counter drug" means a drug that is not required by federal law to bear the statement "Caution: Federal law prohibits dispensing without prescription."
- F. "Prescriber" means a person who is authorized to prescribe drugs. (specified in section [148.235](#); [151.01](#), subdivision 23; or [151.37](#))
- G. "Prescriber's order and written instructions" means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.
- H. "Prescription drug" The term "prescription" means a signed written order, or an oral order reduced to writing, given by a practitioner licensed to prescribe drugs for patients in the course of the practitioner's practice, issued for an individual patient and containing the following: the date of issue, name and address of the patient, name and quantity of the drug prescribed, directions for use, and the name and address of the prescriber.
- I. "Psychotropic medication" means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), anti-depressant, anti-anxiety, mood stabilizers, anticonvulsants, and stimulants and non-stimulants for the treatment of attention deficit/hyperactivity disorder. Other miscellaneous medications are considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.

III. POLICY PROCEDURE:

A. Medication setup

When the program is responsible for medication set up, staff must document the following in the person's medication administration record:

1. Date of set up;
2. Name of medication;
3. Quantity of dose;
4. Times to be administered; and
5. Route of administration at time of set up;
6. When the person receiving services will be away from home, the staff must document to whom the medications were given.

B. Medication assistance

When the program is responsible for medication assistance staff may:

1. Bring to the person and open a container of previously set up medications;
2. Empty the container into the person's hand;
3. Open and give the medications in the original container to the person;
4. Bring to the person liquids or food to accompany the medication; and
5. Provide reminders to take regularly scheduled medication or perform regularly scheduled treatments and exercises.

C. Medication administration

1. When the program is responsible for medication administration, including psychotropic and injectable medications, a medication administration record (MAR) must be maintained for the person that includes the following:
 - a. Information on the current prescription label or the prescriber's current written or electronically recorded order or prescription that includes the person's name, description of the medication or treatment to be provided, and the frequency and other information needed to safely and correctly administer the medication or treatment to ensure effectiveness;
 - b. Information on any risks or other side effects that are reasonable to expect, and any contraindications to its use. This information must be readily available to all staff administering the medication;
 - c. The possible consequences if the medication or treatment is not taken or administered as directed;
 - d. Instruction on when and to whom to report the following:
 - 1) if a dose of medication is not administered or treatment is not performed as prescribed (whether by error by a staff, pharmacy, unavailable medication, or the person served; or by refusal from the person served); and
 - 2) the occurrence of possible adverse reactions to the medication or treatment.
2. Staff must complete the following when responsible for medication administration:
 - a. Check the person's medication administration record (MAR);
 - b. Prepare the medications as necessary;
 - c. Administer the medication or treatment to the person according to the prescriber's order;
 - d. Document in the MAR:
 - 1) the administration of the medication or treatment or the reason for not administering the medication or treatment;
 - 2) notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed (whether by error of a staff, the person served, the pharmacy; unavailable medication; refusal by the person served; or because of an adverse reactions). When and to whom the report was made will be documented; and
 - 3) notation of when a medication or treatment is started, administered, changed, or discontinued;

- e. Report any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed, to a nurse or the prescriber; and
- f. Adverse reactions must be immediately reported to a nurse or the prescriber.

D. Injectable medications

The program may administer injectable medications according to a prescriber's order and written instructions when one of the following conditions has been met:

1. The program's registered nurse or licensed practical nurse will administer the intramuscular or subcutaneous injections;
2. The program's supervising registered nurse with the physician's orders delegates the administration of subcutaneous injections to staff who are trained and has provided the necessary training; or
3. There is an agreement signed by the program, the prescriber and the person or the person's legal representative identifying which subcutaneous injectable medication may be given, when, and how and that the prescriber must retain responsibility for the program administering the injection. A copy of the agreement must be maintained in the person's record.
4. Only licensed health professionals are allowed to administer psychotropic medications by injection.

E. Psychotropic medication use and monitoring

1. When the program is responsible for administration of a psychotropic medication, the program must develop, implement, and maintain the following documentation in the person's CSSP addendum according to the requirements in sections 245D.07 and 245D.071:
 - a. A description of the target symptoms the prescribed psychotropic medication is to alleviate. The program must consult with the expanded support team to identify target symptoms. "Target symptom" refers to any perceptible diagnostic criteria for a person's diagnosed mental disorder, as defined by the current Diagnostic and Statistical Manual of Mental Disorders; and
 - b. The documentation methods the program will use to monitor and measure changes in target symptoms that are to be alleviated by the psychotropic medications, if documentation is required by the prescriber.
2. The program must collect and report on medication and symptom-related data if instructed by the prescriber.
3. The program must provide the monitoring data to the expanded support team for review every three months, or as otherwise requested by the person or the person's legal representative when data is collected..

F. Refusal to authorize psychotropic medication

1. If the person receiving services or their legal representative refuses to authorize the administration of a psychotropic medication, the program must not administer the medication and report the refusal to authorize to the prescriber as soon as possible.

2. After reporting the refusal to authorize to the prescriber as soon as possible, the program must follow and document all directives or orders given by the prescriber.
 3. A court order must be obtained to override a refusal for psychotropic medication administration.
 4. A refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency. A decision to terminate services must comply with the program's service suspension and termination policy.
- G. Written authorization Written authorization is required for medication administration or medication assistance, including psychotropic medications or injectable medications.
1. The program must obtain written authorization from the person or the person's legal representative before providing assistance with or administration of medications or treatments, including psychotropic medications and injectable medications.
 2. The program must obtain reauthorization annually.
 3. If the person or the person's legal representation refuses to authorize the program to administer medication, the staff must not administer the medication.
 4. The program must report the refusal to authorize medication administration to the prescriber as expeditiously as possible.
- H. Reviewing and reporting medication and treatment issues
1. When assigned responsibility for medication administration, including psychotropic medications and injectable medications, the program must ensure that the information maintained in the medication administration record is current and is regularly reviewed to identify medication administration errors.
 2. At a minimum, the review must be conducted every three months or more frequently as directed in the CSSP or CSSP addendum or as requested by the person or the person's legal representative.
 3. Based on the review, the program must develop and implement a plan to correct patterns of medication administration errors when identified.
 4. When assigned responsibility for medication assistance or medication administration, the program must report the following to the person's legal representative and case manager as they occur or as otherwise directed in the CSSP or CSSP addendum:
 - a. any reports made to the person's physician or prescriber required in the policy; medication or treatment events that results in
 - a. a new diagnosis;
 - b. a new/changed prescription or treatment order;
 - c. identification of an adverse reaction.
 - b. a person's refusal or failure to take or receive medication or treatment as prescribed
 - a. when 2 more doses/treatments are not administered within 30 days; or
 - b. if medication/treatment adjustments are made for more than 24 hours as a result of not getting the medication/treatment.
 - c. concerns about a person's self-administration of medication or treatment.

I. Staff Training

1. Mary T. Inc. staff may administer medications only after successful completion of a medication administration training using a training curriculum 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 a nurse or trainer delegated by an agency RN. This trainer will ensure staff demonstrate the ability to safely and correctly follow medication procedures.
2. Staff must review and receive instruction on individual medication administration, medication set up, and medication assistance procedures established for each person when assigned responsibility for medication administration.
3. Staff may administer subcutaneous injectable medications only when the necessary training has been provided by a registered nurse. An RN may delegate follow up training to an LPN after proper documentation is in place.
4. Medication administration must be taught by a registered nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician if, at the time of service initiation or any time thereafter, if the person has or develops a health care condition that affects the service options available to the person because the condition requires:
 - a. specialized or intensive medical or nursing supervision; and
 - b. non-medical service providers to adapt their services to accommodate the health and safety needs of the person.
5. A staff member's assignment to administer medication or provide treatment may be withdrawn at any time when safe and accurate administration is in questions. Concerns for safety and accuracy need to be reported immediately to the Supervising RN and Program Supervisor. Documentation of the plan for corrective action will be filed in the staff's personnel file.

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)