

SAFE MEDICATION ASSISTANCE AND ADMINISTRATION POLICY MERRICK, INC.

1.00 PURPOSE

This policy establishes guidelines for employees 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 the CSSP addendum;
- using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant or medical doctor; and

2.00 APPLICATION

This policy applies to all employees and clients served by Merrick, Inc.

3.00 POLICY STATEMENT

3.10 Only the following persons can administer medications to clients at Merrick, Inc:

- Physicians, Physician Assistant, Registered Nurses, or Licensed Professional Nurses authorized by the client's Interdisciplinary Team; and
- Employees that have successfully completed medication administration training and had skill observation procedures supervised by the R.N. Consultant before actually providing medication setup, assistance and administration.

* Medication administration is a duty that can only be performed or delegated by a licensed professional. For our purposes, the licensed R.N. Consultant retained by the company will supervise the procedure to delegate medication administration duties to employees. Interested employees must first successfully complete a certified medication administration course and present their certification to the R.N. Consultant. The R.N. Consultant will then provide specific on-site medication administration training that includes: (i) medication administration procedures; (ii) knowledge of medications administered and side effects; and (iii) location of medication resources. The R. N. Consultant will then schedule the employee to administer medication to clients and observe their performance. Only the R.N. Consultant can deem an employee qualified to perform medication administration and must document this determination in their personnel file.

3.20 Written authorization is required for medication administration or medication assistance, including psychotropic medications or injectable medications. Merrick, Inc., 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. The authorization will remain in effect to administer medication unless it is withdrawn in writing and may be withdrawn at any time. If the person or the person's legal representation refuses to authorize Merrick, Inc., to administer medication, **employees may not** administer the medication. The program must report the refusal to authorize medication administration to the prescriber as expediently as possible.

4.00 PROCEDURE

Employees administering medications (hereinafter “TMP”) to clients of Merrick, Inc., are to use the standards of practice explained in the following Medication Administration Practice Guidelines:

- 4.10 Medication setup;
- 4.20 Medication assistance;
- 4.30 Medication administration;
- 4.40 The Medication Administration Record;
- 4.50 Medication Supply:
 - 4.51 Labeling of Medications;
 - 4.52 Physician’s Orders;
 - 4.53 Drug References;
 - 4.54 Administration of PRN Medications;
 - 4.55 Administration of Short-Term Medications;
 - 4.56 Medication Destruction;
- 4.60 Medication Error Procedure;
- 4.70 Self-Administration of Medications;
- 4.80 Storage and Transportation of Medications; and
- 4.90 Psychotropic Medications.

4.10 **Medication setup**

When the program is responsible for medication setup the TMP must document the following in the client’s medication administration record:

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

4.20 **Medication assistance**

When the program is responsible for medication assistance the TMP may:

1. Bring to the client and open a container of previously set up medications;
2. Empty the container into the client’s hand;
3. Open and give the medications in the original container to the client;
4. Bring client liquids or food to accompany the medication; and
5. Provide reminders to take regularly scheduled medication or perform regularly scheduled treatments and exercises. Reminders to take medication can occur “in person, remotely, or through programming devices such as telephones, alarms, or medication boxes.”

4.30 **Medication administration**

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:

1. Information on the current prescription label or the prescriber's current written or electronically recorded order or prescription that includes the client'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;
2. 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 TMPs administering the medication;
 3. The possible consequences if the medication or treatment is not taken or administered as directed; and
 4. Instruction on when and to whom to report the following:
 - If a dose of medication is not administered or treatment is not performed as prescribed, whether by error by the TMP or the client or by refusal by the client; and
 - The occurrence of possible adverse reactions to the medication or treatment.

TMP must complete the following when responsible for medication administration:

1. Check the person's medication administration record (MAR);
2. Prepare the medications as necessary;
3. Administer the medication or treatment to the client according to the prescriber's order;
4. Document in the MAR:
 - The administration of the medication or treatment or the reason for not administering the medication or treatment;
 - Notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by error by the TMP or the client or by refusal by the client, or of adverse reactions, and when and to whom the report was made; and
 - Notation of when a medication or treatment is started, administered, changed, or discontinued.
5. Report any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the client refusing to take the medication or treatment as prescribed, to the prescriber or a nurse; and
6. Adverse reactions must be immediately reported to the prescriber or a nurse.

Administration Steps:

1. Wash hands before passing medications and between each client administration;
2. Assemble the needed equipment (medication cups, spoons, drinking cups, fluids, applesauce, etc.);
3. Read the medication administration sheet;
4. Locate the client's medication supply (check expiration date);
5. Compare the medication sheet to the order on the medication label (if there is a discrepancy, call a nurse BEFORE giving the medication);
6. For over the counter (OTC) medication, check the medication, name and strength from manufacture instructions;
7. Pour the medication into the container, without touching;
8. Check the medication sheet and the medication label again;
9. Recheck the medication sheet and label once more before returning the medication to storage;
10. Identify the client to receive the medications;
11. Administer the medication by the prescribed route/directions*;

12. Make sure the medication is fully swallowed and offer fluids after the medication is given if the client will allow;
13. Clean and replace the equipment;
14. Initial for the medications given; and
15. Wash hands.

***Prescription medications will be given in accordance with the physician's orders and within 30 minutes either side of the assigned time unless a different timeframe is indicated in the physician's order. Administering a medication more than one (1) hour before or after the assigned time is considered a medication error. If there is a conflict with administering the medication(s) at the assigned time, the TMP will notify the R.N. Consultant and the client's home to develop an alternate plan.**

4.40 The Medication Administration Record. A medication administration record (medication sheet) is kept for each client receiving medications at Merrick, Inc., to record all medication given. Task master electronic medication administration record has secured electronic submission that is password protected. The paper MAR sheet is kept for back up if electronic record is unavailable due to power outage. The paper medication sheet is to have all documentation in black ink only (no pencil, erasures, or White-Out to be used). The medication sheet will include the following information:

- client's name;
- month/year;
- medication name, strength, dose to be given, route, frequency;
- time of administration;
- the date the medication was started and if known, the date to discontinue; and
- special considerations - this area could address such things as criteria for giving a medication or how the client best takes a medication, etc.

Documentation Steps:

1. After the medications for each client are given, the TMP places their initials in the appropriate time/date box on their medication sheet.
2. If the medication is a controlled drug, two TMPs need to do a morning and afternoon count. This is to be done for as long as the medication is on company premises.
3. At the beginning of each month, each TMP must sign their name, initials and title to the top of each sheet, OR have signed an Annual Medication Initial Sheet, located in the front of each medication book.
4. The following codes are to be used on the medication sheet. The TMPs initials should accompany the appropriate code and any other additional information is documented on the back of the medication sheet.

A = absent from the program	X = medication error	R = client refused
H = medication held	/ = Merrick, Inc., closed	S = self-administered
0 = documentation error	D/C = discontinued	

5. To begin a new medication:
 - Fill in all the information on the medication sheet as listed above from the physician's order. File the physician's order in the medication book;

- In the boxes on the medication sheet, draw an arrow to the date the medication is to start;
 - Write the date the medication is to begin on this line;
 - Record the date, the name/strength of the medication and the amount of medication received on the back of the medication sheet;
 - Place the medication itself in the appropriate locked area;
 - Notify other TMPs of this new order; and
 - Any other communication regarding the start of the medication should also be documented on the back of the medication sheet.
6. Controlled Medications. If the medication received is a Schedule II or controlled medication, the usual information is transcribed onto the medication sheet and space will be designated for TMPs to record a morning and afternoon count. This count must also be done upon receipt of the medication. Each time a new supply of the controlled medication is received, the following information needs to be logged on the back of the medication sheet:
- date received;
 - name and strength of the medication;
 - prescription number;
 - quantity; and
 - signature of the TMP logging-in the controlled medication.
7. To discontinue a medication:
- Enter the discontinue date in the client's Filemaker medication tab ;
 - On paper sheet indicate the date the medication discontinued on the "Date Discontinued" line;
 - After the last dose given, write the abbreviation "D/C," the date, and your initials. Draw a line through the remaining days of the month (option to highlight discontinued order(s) in yellow);
 - Remove the medication from storage and send home with the van driver or write a note to residential employee that the medication is expired and they should come to get it (see "**4.36 Medication Destruction**");
 - Indicate on the back of the medication sheet where the medication was moved to and any other communication regarding the stoppage;
 - Communicate the new order to other TMPs; and
 - Place the physician's order in the medication book.

Special Considerations:

- Anytime there is a spillage or contamination of a medication, an explanatory note will be entered onto the back of the medication sheet. (see "**4.36 Medication Destruction**");
- With the exception of the emergency use of the epinephrine/Epi-pen injection or inhalers, only oral or topical medications will be administered by TMPs; and
- Employees that support clients that may require the administration of the Epi-pen or an inhaler, will be trained by the R.N. Consultant on how and when to administer these treatments.

4.50 Medication Supply Requirements

- All routine medications will require a current prescription label, signed physician's order, and the medication supplied by the family or residence.
- A client who requires PRN medications will need to provide a signed physician's order and the medication supplied by the family or residence.
- Merrick, Inc., stocks acetaminophen (regular strength) for clients to use if they have the required physician's order on file.
- Expired medications with a specific expiration date will not be used after that date.
- When a medication supply is low or an expiration date is near, the residence(s) will be notified via the "Medication Reorder Form." If the replacement supply is not received, a follow-up phone call will be made to the residence. Upon receipt of the medication, the amount is documented by a TMP on the reorder form. The completed form is then filed in the client's file.

4.51 Labeling of Medications

- 4.51.1 All medications must have a pharmacy label, manufacturer's label, or an appropriately written label on the medication container.
- 4.51.2 External medications will be clearly marked "For External Use Only."
- 4.51.3 In the event a medication label is incomplete or the directions for administration are unclear, the TMP must clarify the orders with the residential nurse or our R.N. Consultant prior to administering the medication.
- 4.51.4 Pre-packed Medications. If a medication is prepackaged in an envelope, it must be labeled with the following information:

<u>Data Fields</u>	<u>Example</u>
(Client's name & date)	Mary Brown, 9/30/99
(Med/directions)	Depakote 500 mg i tab (o) at 12 noon
(Any special instructions)	Takes best with applesauce
(Person who set-up the med)	G. Steiner, RN

- 4.51.5 These prepackaged medications should be initialed by the TMP packaging the medication and after administration by the employee who actually gave the medication(s).
- 4.51.6 While off-site, the pre-packaged envelope(s) should be secured at all times (i.e. employee should keep on them or if a client self-administers, they need to be with the client at all times or kept in a locked storage area).

4.52 Physician Orders. Signed consent for medication administration must be on file.

- 4.52.1** All medications must be accompanied by a current prescription label or signed order by a physician or nurse practitioner (see 4.30.1) This is true for routinely given, short-term, and PRN medications.
- 4.52.2 Orders may be faxed or sent with the clients.
- 4.52.3 "Prescriber's order and written instructions" means the current prescription order or written instruction 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.

- 4.52.4 These documents must be current orders. Current is defined as dated within the last year with no other orders that supersede this order.
- 4.52.5 A copy of the current medication order(s) will be kept in the medication book. Expired orders are moved into the client's file when a more current order is received.
- 4.52.6 Copies of telephone orders can only be accepted by our R.N. Consultant and only for a time-limited basis. A final copy signed by the physician needs to go into the file.
- 4.52.7 Any questions regarding physicians' orders should be directed to a residential nurse or our R.N. Consultant.

4.53 Drug References

- 4.53.1 It is the responsibility of the TMP to be familiar with the clients receiving medications so they can administer medications safely. This would include how medications are best swallowed, any allergies, or emergency treatment interventions.
- 4.53.2 It is also the responsibility of the TMP to know the medication(s) they are administering, including the intended use, side effects, warnings or special directions for use.
- 4.53.3 There are drug references available for employees at each facility.
- 4.53.4 If a medication cannot be located in one of the references provided, information may be obtained from a pharmacy, our R.N. Consultant, or a residential employee/parent.
- 4.53.5 The TMP must report any concerns about the medication or treatment, including side effects, effectiveness, or pattern of the person refusing to take the medication or treatment at prescribed to the R.N. Consultant and the individuals home who should report to the prescriber.
- 4.53.6 Adverse reactions must be immediately reported to the R.N. Consultant, home and the prescriber.

4.54 Administration of PRN Medications. Any "as needed/PRN" medications must have an accompanying physician's order on file. If there is no order, the medication cannot be administered.

- 4.54.1 The order must contain the indication for use (i.e. discomfort, fever, agitation). The medication then must only be given for that intended use.
- 4.54.2 If it is not known when the client received the last dose of the medication, this needs to be clarified by calling the client's family or residence.
- 4.54.3 If the PRN medication has a frequency of every 4 hours, and the client has been on-site for 4 or more hours, the medication can be given without calling.
- 4.54.4 When the frequency of the medication is limited to a certain number of doses, the family or residence should be contacted, so the most prudent use of the medication is followed.
- 4.54.5 The medication order may need to be written on the medication sheet. In the "time" column, "PRN" should be transcribed.
- 4.54.6 Follow the procedure for administration of medications.
- 4.54.7 After administering the PRN medication:
 - 4.54.7.1 Initial for the medication on the front of the medication sheet;

- 4.54.7.2 On the back of the medication sheet indicate the date, time, medication, dose, route, and indication for use of the medication given;
- 4.54.7.3 Approximately one hour after the medication was given, check with the client regarding the effectiveness of the medication and document this information on the back of the medication sheet; and
- 4.54.7.4 Inform the family or residence regarding the use of the PRN, including dose, time and effectiveness; and document the details of the contact on the back of the medication sheet.

4.55 Administration of Short-Term Medications

- 4.55.1 In the event that a person is to receive a medication on a temporary basis, defined as 2 weeks or less, a physician's order is required.
- 4.55.2 It is acceptable for the residence to either:
 - 4.55.2.1 Send a supply for Merrick to administer in a pharmacy labeled bottle or card; or
 - 4.55.2.2 Pre-package enough doses in a properly labeled envelope; or
 - 4.55.2.3 Send a shared supply back and forth between the residence and work (least preferred).

4.56 Medication Destruction

- 4.56.1 All medications that are contaminated or discontinued will either be returned to the client's home or destroyed by Merrick's R.N. Consultant.
- 4.56.2 The medication(s) to be destroyed will be placed in a sealed envelope and labeled with the client's name, name of the medication, date, and the words "to be destroyed" written on the front of the envelope. An explanation may also be included on the envelope.
- 4.56.3 If the medication is sent home for destruction:
 - 4.56.3.1 The TMP(s) or a designated employee will call the home to inform them;
 - 4.56.3.2 The medication will be transported via the van driver. If this is not possible, the medication will be destroyed on site (see 4.56.4 below).
 - 4.56.3.3 Do not send the medication home directly with the client; and
 - 4.56.3.4 All communication will be documented on the back of the client's current medication sheet.
- 4.56.4 If the medication destruction occurs on site:
 - 4.56.4.1 Medication destruction will be documented by the R.N. Consultant and one witness;
 - 4.56.4.2 This destruction will be documented on the back of the client's current medication sheet; and
 - 4.56.4.3 The information included in this documentation includes: the current date, name of the drug, strength, prescription number, number of tablets/amount of liquid being destroyed, mode of destruction, and the signature of the R.N. Consultant and witness.

Example: 9/30/99 Depakote 500mg Rx#34567 1 tab trash G. Steiner, RN/T. Miller, TMA

4.56.5 If a controlled medication is to be destroyed:

4.56.5.1 A nurse and a pharmacist must destroy all scheduled medications and document this on a Certificate of Destruction form. Therefore, controlled medications will not be destroyed at Merrick, Inc; and

4.56.5.2 All discontinued or contaminated controlled medications will be returned to the client's home via a van driver in an envelope labeled with the client's name, the name of the medication, and the words "to be destroyed." A phone call to the home is to be made to alert of the on-coming medications. If this is not possible, the TMP will contact a residential employee to pick up the medication.

4.60 Medication Error Procedure

4.61 All employees are responsible for the detection of medication errors. An error includes:

- Medication administered to the wrong client;
- An incorrect route was used;
- An incorrect dose was given;
- Medication administered at the wrong time or date;
- The incorrect medication given; and
- The absence of medication documentation.

4.62 Notification and Documentation Steps:

- Upon discovering a medication error, our R.N. Consultant will be notified by phone.
- The client's family or residence will also be called regarding a medication error.
- A Medication Error Report and an Incident Report will be completed.
- The Medication Error Report will be routed to the Program Director and R.N. Consultant.
- An "X" will be placed on the medication sheet, as per the code legend located on the bottom of the medication sheet.
- All information and communication to others of the error will be documented on the back of the medication sheet and on the Medication Error Report.
- Excluding documentation errors, all other errors must be reported to Adult Protection and include a completed initial written report to the Adult Protection Worker.
- When assigned responsibility for medication assistance or medication administration, the program must report the following to the client's legal representative and case manager as they occur or as otherwise directed in the CSSP or CSSP addendum:

- any reports made to the client's physician or prescriber required of this policy;
 - a client's refusal or failure to take or receive medication or treatment as prescribed; or
 - concerns about a client's self-administration of medication or treatment.
- 4.63 Absence of Documentation:
- In the event a medication is not documented, every attempt will be made to contact the employee responsible for the administration of the medication to verify if the medication was given.
 - A medication error form will be completed (see 4.65).
- 4.64 Review of the Medication Documentation and Error Reports
- The R.N. Consultant will review all medication administration records on a monthly basis and address any documentation issues.
 - The R.N. Consultant will also review all Medication Error Reports on a monthly basis.
- 4.65 Correction Plan
- It is the responsibility of the R.N. Consultant and Environmental Health and Safety Manager to determine appropriate action to reduce the occurrence of medication errors.
 - This would include employees who commit medication errors frequently or with serious outcomes for the client(s).
 - An educational plan will be developed by our R.N. Consultant and may include:
 - review of medication procedures with our R.N. Consultant;
 - administration and documentation of medications observed by our R.N. Consultant;
 - back-up system for double-checking the TMP until proficiency is obtained;
 - repeating a course in medication administration; or
 - if a TMP continues to demonstrate repeated inability to correctly administer medications, they will not be assigned the responsibility of medication administration.
- 4.66 Protocol Errors. A “Narrative Summary Medication Form--Protocol Error Documentation” is to be completed for any errors that result from protocols not being followed. Examples of protocol errors include, but are not limited to, the following situations:
- Medications not properly labeled;
 - A current physician’s order not supplied for a medication requested to be administered at Merrick, Inc; or
 - Unsafe handling or transportation of medications.

When the report is completed, it is then routed to the Environmental Health and Safety Manager for comment and forwarded to our R.N. Consultant for review and further comment. From this an action plan should be developed.

4.70 Storage and Transport of Medications

- 4.71 All medications to be administered by TMPs at Merrick, Inc., will be kept in a locked area.
- Only TMPs will have a key to this area.
 - Medications requiring refrigeration will be kept in a locked box inside the general use refrigerator.
 - Medications that are Schedule II controlled medications, will be double locked.
 - All PRN medications kept on the vans must be in a locked box.
- 4.72 All medications and treatments will be stored in an optimal environment, which includes:
- proper sanitation;
 - light;
 - temperature; and
 - ventilation.
- 4.73 All medication containers will be kept closed in storage. Changes in color, odor, consistency, or suspected tampering will be reported to the client's family or residence. The medication will not be administered until permission is given.
- 4.74 The TMP will administer medications directly to the client. The medication will not be left unattended.
- 4.75 Any individualized security or storage of medications (i.e. at job sites), must be approved by our R.N. Consultant. This alternative procedure will be documented on the client's medication sheet.
- 4.76 The majority of medications to be administered are sent from a family or residence to Merrick via the individual's driver. The driver is responsible for delivering the medications they receive to either the persons unloading the vans or placing the meds in the Med Drop Box located outside of Alternative Services or at the entrance by Enhanced Services.
- The TMP's on site at Merrick are responsible for retrieving the medications, logging receipt of the medication, and storing it properly.
 - Clients are not to bring medications in on their own (e.g. lunches, backpacks, etc.).

4.80 Psychotropic Medications.

In order to administer psychotropic medications at Merrick, Inc., the interdisciplinary team will provide written, measurable criteria for the use of the medication. Merrick, Inc., employees will supply the team with behavior data and information regarding the psychotropic medication usage. Psychotropic medications used on an on-going, programmatic basis and as treatment for a psychiatric diagnosis, will be administered in accordance with the physician's orders. If Merrick, Inc., is asked to monitor the psychotropic medications for a client, we must follow the Psychotropic Medication Monitoring Checklist in 4.82.

4.81 PRN Use of Psychotropic Medications. “As needed” use of psychotropic medications will be recorded on the medication sheet and documented in the same manner as all other PRN medications.

4.82 Psychotropic Medication Monitoring.

4.82.1 The documentation required to support the use of the medication will be housed with the residential provider.

4.82.2 Merrick, Inc., will provide referral assistance for the psychotropic medication monitoring in homes where nursing services do not exist.

4.82.3 We will also assist in the monitoring of medication effects and side effects, through observations while in the program.

4.82.4 All observations will be reported to the home on a regular basis.

Nurse Consultant Approved: _____