

### 3.

## Promotion of Persons Served Health and Safety

### A. Safe Medication Assistance and Administration Policy

#### 1. Policy:

- a. It is the policy of this DHS license provider Meridian Services, Incorporated's to provide safe medication setup, assistance and administration:
  1. When assigned responsibility to do so in the person's coordinated service and support plan (CSSP) or the CSSP addendum;
  2. Using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant or medical doctor; and
  3. 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.

2. 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 section IIIC of this policy to ensure that a person takes their medications and treatments as prescribed
- c. "Medication assistance" means medication assistance is provided in a manner that enables 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 when the licensed holder is assigned responsibilities in the coordinated service and support plan or the coordinated service and support plan addendum. A prescription is sufficient to constitute written instructions from the prescriber.
- 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 under section [148.235](#); [151.01](#), subdivision 23; or [151.37](#) to prescribe drugs.
- 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" has the meaning given in section [151.01](#), subdivision 16.
- 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), antidepressant, antianxiety, 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.

3. Procedures:

- a. Medication Setup: When responsibility for medication set up is assigned to the program in the coordinated service and support plan or the coordinated service and support plan addendum, or to the license holder medication setup staff must document the following in the person's medication administration record.

1. Dates 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 do any of the following:
1. Bring the medications 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 in person, remotely or through programming devices such as telephones, alarms or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.
  6. Provide medication assistance in a manner that enables a person to self-administer medications or treatments 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 the care for the person.
- c. Medication administration: If responsibility for medication administration is assigned to the program in the coordinated service and support plan or the coordinated service and support plan addendum, the program must implement medication administration procedures to ensure a person takes medications and treatments and to ensure effectiveness.
1. 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, the frequency of administration, and other information needed to safely and correctly administer the medication or treatment to ensure effectiveness; the prescription

label must be identical to what is written on the MAR. If the information on the prescription label does not match the MAR Immediately contact the chain of command, or Nurse.

*Note: Any discrepancy between the medication administration record and prescription label can have a change of direction; “refer to medication administration record” sticker which can only be placed on the bottle/bubble pack by management or nurses. Staff will refer to Medication administration record. This is acknowledging that management is aware that the label does not match the medication administration record. This is temporary until Meridian Services, Incorporated’s can receive a new bottle or bubble pack. If you have any questions it is critical and expected that you will call for guidance.*

2. Information on any risks or other side effects that are reasonable to expect, and any contraindications to its use. The possible consequences if the medication or treatment is not taken or administered as directed. This information must be readily available to all staff administering the medication;
  3. Staff is trained on general adverse reactions. A drug reference manual will be kept on site at each of Meridian Services, Incorporated’s residential sites. Staff are trained to call management, or the Nurse, for any changes in health/mental status. Staff will always follow the Nurse’s instructions.
  4. Instruction on when and to whom to report the following:
    - a. Refer to section H and I of this policy, if a dose of medication is not administered or treatment is not performed as prescribed, whether by error of the staff or by refusal by the person; and
    - b. The occurrence of possible adverse reactions to the medication or treatment.
- d. Administrative Procedure:
1. Set up: The Program Manager, Program Director, or the Program Administrator, or designated person (who has been adequately trained) must check all medications and the Medication Administration Record to ensure accuracy and initial they have been reviewed.
  2. Labeling Medications: All prescription medication must have a pharmacy label. Prescription medications must have been prescribed by a physician, a PA, a CNP, or dentist, and will only be administered from containers/bubble packs bearing a label. The only exception for medications not bearing a prescription label are the Meridian Services, Incorporated’s approved/signed PRN medication list(s) and/or prescribed scheduled over the counter medications with a matching/signed prescription.

3. Security Storage of Medications: All medications are kept under lock and key at all times. Only the staff authorized to administer medications will have access to medications. Medications requiring refrigeration will be kept in a locked box in the general use refrigerator or other designated refrigerator. Medications for each persons served must be labeled and stored in separate bins. External and Internal medications will be stored in separate bins as well.
4. Needles and Lancets: When needles and lancets are used, staff must dispose of “sharps” in a Sharps container. Staff is never to re-cap a needle or lancet before disposing. When administering a “pen injection”, staff will re-cap only after proper training from a Nurse.
5. Medication destruction: Medication will not be destroyed by staff. All medications that have been dropped on the floor, contaminated, or discontinued will be placed in a medication disposal envelope/or pouches labeled, and left in the locked medication cabinet/designated nursing box that is locked. Program management will regularly lock “medications to be destroyed” in the nurse’s box. Monthly, managers must bring all discarded medication to the metro office for the nurse to properly destroy. Meridian Services, Incorporated’s nurses will pick up nursing box at site visits when appropriate. Meridian Services, Incorporated’s Nurse will destroy or drop off all medications to Meridian Services, Incorporated’s assigned pharmacy.
6. Pre-packaged Medications: Medications may need to be pre-packaged/sent to the persons served’s place of work, school, or family home. It is the responsibility of the Program Manager, Program Director, Program Administrator, or specific staff designated by management, to pre-package medications. Whenever possible, the pharmacy will be notified of the need for pre-packaged medications. Pre-packaged medications by the pharmacy will be transferred in the same manner as medications that are set up by management. Any medications not pre-packaged by the pharmacy will be setup and packaged separately according to medication administration time. *Ex: if a Persons served takes a multi vitamin, calcium, and Depakote at 8AM, these pills will be packed in one envelopes/pouches and labeled with; the date, persons served’s name, medication name, dose (and number of pills), time, route. In this example, there would be a total of one envelope/pouch for the 8AM medication administration.* If the parents/guardian would like them packaged differently, approval is needed from the nurse prior to packaging them in lieu of the policy. The packaging exception and nurse approval will be written in the health progress notes. Arrangements will be made, prior to transfer, between the Program Manager and parent, or day program staff, to ensure safe transfer of medications. Medications cannot be sent in

backpacks/suitcases, etc. and must be handed to the person responsible for the Persons served. The Program Manager will document, in the persons served HPN's, what medications were (or will be) sent and a current copy of the persons served's MAR will be given to the responsible party. Before leaving with the pre-packaged medications, the responsible party must sign, in the persons served's HPN's or designated form for the medications that they are accepting/transporting. Their signature will follow an entry of documentation, regarding the exchange, by staff. Please note schools/day programs will not accept pre-packaged medications. Medications must be in their pharmacy packaging with a script.

7. Any changes, regarding a persons served's medication, that affects medication scheduled to be administered by another provider or the persons served's family must be verbally communicated and coordinated by the Program Manager. It is the responsibility of the Program Manager to confirm/document, in the persons served's health progress notes, that this information has been communicated to the appropriate individuals.
  
8. Medications not accessible: Meridian Services, Incorporated's management has been trained to ensure that all medications are refilled and that there are enough available to the staff for the time period when managers are not on site including weekends and evenings.

If medications are not available due to insurance delay, script error/issue during the week or the weekend, staff/management or nurse should follow up with the site supervisor to get guidance on how to obtain the medications. Meridian Services, Incorporated has (with administrator approval) paid for the medications when there is a delay in insurance renewal or a general error. Meridian Services, Incorporated's management staff should notify nurses to call the on-call doctors when appropriate to get assistance in receiving a script. Meridian Services, Incorporated's has also used the option of going to the emergency room when it is a critical medication. If necessary, we will use alternative pharmacies available. Meridian Services, Incorporated will follow their chain of command for guidance in this area.

Medications will be delivered by Meridian Services, Incorporated's pharmacy. In the event that delivery will not occur on time for medication administration, staff should contact their Chain of Command or the on-call management staff to arrange for pick-up of the needed medication. If an alternative pharmacy is used, management staff will pick up the medication or arrange pick-up of the medication from the pharmacy.

9. Controlled Substances: It is the responsibility of the Program Manager to obtain a hard copy for any controlled medication. It is also the Program Manager's responsibility to fax and/or deliver the hard copy of the prescription to the pharmacy. All narcotics and controlled drugs (schedule II) must be stored in a separate lock box within the locked medication cabinet. Upon receipt of the narcotic or controlled II drug(s), documentation of acceptance must be completed in the health progress notes of the Persons served for which the prescription was written. The designated staff who receives the controlled substance must include the persons served's name, physician name, medication name, dose and do a pill count immediately. Controlled Substance counts (liquid per ml) must be performed twice a day at am/pm. Staff will appropriately document in the MAR the pill count. Any discrepancy must be reported immediately to the chain of command or nurse.
  
- e. Medication Administration Procedure: Staff must complete the following when responsible for medication:
  1. Medication administration procedure
    - a. Meridian Services, Incorporated's medication administration class and policy has been developed by a Registered Nurse.
    - b. Staff will wash hands before setting up and administering medications. If staff is administering medications to more than one Persons served staff will wash their hands before setting up and administering medications for each Persons served.
    - c. Medication intended for one Persons served will not be used for any other Persons served. Medications intended for the persons served will not be used by staff.
    - d. Medications for each Persons served should be set up, dispensed, put away, and documented before setting up another served's medication. DO NOT set up more than one persons served's medications at a time.
    - e. Staff will check each medication 3 times using the 5 rights of medication administration before administering medications. After administering medications staff will check the 6th right to ensure documentation is correct. The 6 rights of medication administration are defined as:
      1. The right Persons served
      2. The right dose
      3. The right medication

4. The right time
5. The right route
6. The right documentation.

Checks will be completed using the following method:

f. Bubble Pack Process

1. Take each medication from its designated storage space and perform 1st check; compare the medication label to the Medication Administration Record ensuring the entire first 5 rights match. If the medication label and the Medication Administration Record do not match, staff will contact Program Management, who will then contact the nurse for further instruction before administering medications.
2. Staff will perform 2nd check; compare the medication label to the Medication Administration Record using the 5 rights, this time dispensing medication from the bubble pack and putting it into a medication cup after the medication is checked. Staff will write the date, time and their initials on the back of the bubble pack from the spot where they used the medication. (If medications are dispensed from a container other than a bubble pack, for example a liquid medication, staff will not sign their initials on the container.)
3. Staff will perform the 3rd check using the 5 rights; compare the medication label, to the Medication Administration Record, and ensure the medication was dispensed into the medication cup. Once the 3rd check is completed, staff will put each medication away in its designated storage place and then administer the medication(s) to the Persons served. Staff must verify that they are giving the medication to the correct Persons served by asking the Persons served their name, or comparing the picture in the persons served's medication book, to the Persons served.
4. After administration, staff will sign their initials on the designated spot on the Medication Administration Record for each medication given. Staff will not initial



until medications have been administered. Staff will then check the Medication Administration record to ensure the 6th right of documentation is completed.

5. A second staff must perform one “check” of all medications previously administered. This should be completed during the medication administration window (unless there is a second staff on site). This second staff will remove medications from storage and check each medication using the 6 rights; comparing the medication label to the Medication Administration Record and ensuring the medication was dispensed from the bubble pack and all documentation is completed. Staff will then sign their initials on the Duplicate Medication Administration Record verifying that all the medication was passed by the medication passer. This person is responsible for reporting any errors/discrepancies immediately to their chain of command. This person will also be held accountable if an error occurs and it was not detected/reported immediately.
  6. Only the staff person who set up and checked the medications three times will administer the medications to the Persons served.
  7. Staff will not, under any circumstances, leave medications unattended.
  8. If single staffed during medication passing times, medication “check” will be done during shift change. As listed in the above method under number 5.
  9. Staff will have access to the medication administration procedure for reference on site.
- g. Medi-set Procedure: Due to serving clients on a temporary basis not all residents will be able to transfer to a bubble pack system and staff will utilize the medi-set system.

Medication Administration Procedure for medi-set process:  
Staff must complete the following when responsible for medication:

Medication set-up: The Program Manager, Program Director, or the Program Administrator, must set up the medication cassettes. A second person assigned by the Program Manager, Director or Administrator will double check the set up and initial that it has been reviewed. The set up and check time must be documented on the medication administration record. Any corrections to the medication set up by either staff member must be noted in the health progress notes.

1. Medications intended for one Person served shall not be used for other Persons served. Medications for each Person served should be set-up, charted, dispensed, and put away separately, before you begin setting up another person served's medication. Do not set up all four persons served's medications at one time.
2. Staff will wash hands before setting up and dispensing medications
3. Check the person's medication administration record (MAR);
4. Prepare the medications as necessary;
5. In setting up the medication, the staff person will triple-check the medications to be administered. The staff person will check the medications in medication box, to the label on the medication container, and lastly to the medication administration charting sheet.
6. The staff person will obtain a second check, when there is more than one person on duty.
7. If there is only one person on duty, the original staff person must complete the double check and place an initials a second time" in the place where the second set of initials would go.
8. After setting up the medication and before distribution the second staff on will double check the medications. At this point, the second staff person is held equally responsible to ensure that the medications set-up are the correct medications. They too, will triple-check the medications to be administered. The second staff person will check the medications in medication box, to the label on the medication container, and lastly to the medication administration charting sheet.
9. The first person that set up the medication will be the person that administers the medication. That person

will do so directly to the Persons served, not via another person. The person administering will check the five “R”s before administering the medications:

- a. Right Persons served
  - b. Right Dose
  - c. Right Medication
  - d. Right Time
  - e. Right Route
10. The staff person responsible can never leave medications unattended.
  11. After administering the medication, staff must ensure that all the medications are taken. Both staff people will sign that the medication has been given.
- h. Document in the MAR:
1. Staff will document the administration of the medication and treatments on the Medication Administration Record.
  2. Staff will document any medication not being administered or treatment not performed as prescribed, whether by error by the staff or the person or by refusal by the person, or of adverse reactions, and when and to whom the report was made on the chain of command; Staff will follow the direction of the nurse. This will be documented on the health progress notes and Medication Administration Record.
  3. The Program Manager, Program Management, Nurse or designated staff person will document in the Health Progress Notes when a medication or treatment is started, changed, or discontinued.
  4. Staff will report and document any concerns about the medication or treatment, including side effects, effectiveness, or refusal by the person to take the medication/treatment as prescribed, to the prescriber or chain of command.
  5. Staff will report and document all adverse reactions. These reactions must be immediately reported to someone on the chain of command.
- i. PRN Medication Administration Procedure

1. A list of approved PRN medications, signed by a physician, must be included in the persons served MAR and must be updated annually.
2. PRN medications will be given in accordance with the physician's orders. The reasons for administering any PRN medication, from Meridian Services, Incorporated's PRN list, will be based on predetermined criteria by the physician or company Nurse.
3. Staff will need to assess the need for PRN medications and will only administer based on the specific criteria or as requested by the company Nurse.
4. PRN medication administration may include either prescription medications or medications on the persons served's approved PRN list.
5. PRN medication administration will be charted on the separate PRN medication administration sheet or on the Medication Administration Record. The specific reason for administering the medication will be included in the charting along with documentation of the outcome.
6. If a Persons served is receiving a scheduled medication, any PRN medication, in the same class, must be approved by the company Nurse.
7. Any symptoms that require a PRN medication that persist for 24 hours or more must be reported to the nurse.
8. Any prescribed/over the counter PRN that has been approved by a physician must have the "5 rights for medication administration" included in the order.
9. Any prescribed PRN medication, being administered on a scheduled basis, must be added to the persons served's MAR and signed off on in the same manner as a scheduled medication. Specific instruction regarding the start and stop dates must be included on the medication administration record. At which time it is determined, by physician instruction, or by the nurse, that the scheduled PRN medication is no longer needed; documentation, by the Program Manager or Nurse, of resolution must be included on

the Medication administration record and in the health progress notes

j. Medication Documentation:

1. A medication book is maintained for each person in Meridian Services, Incorporated residential sites.
2. Medication cannot be administered without proper documentation of a doctor's prescription. If a Person served arrives with medication and does not have proper documentation the parent or the guardian will be notified and the medication will not be administered until a written prescription is obtained.
3. A medication administration record will be kept for recording medication administered for each person on prescribed medication.
4. The Manager/Director/Administrator or nurse will ensure that the person served's medication record includes: the person served's name, date/time/ month/year, medication; including dose, frequency, strength, purpose, route, and time of administration.
5. All persons administering medications are to sign their name, initials, and titles on the back of the Medication Administration Record and Duplicate Medication Record.
6. All communication with the doctor/nurse/manager must be documented in the person served's health progress notes. Documentation must include doctor, nurses or pharmacists name.

k. Medications Not Swallowed or Vomited

1. If medication is spit out; call the Meridian Services, Incorporated's Nurse for further instructions.
2. If vomiting occurs after administering oral medication; call the Meridian Services, Incorporated's Nurse for further instructions.

l. Medication and Treatment Errors:

1. Medication errors may include, but are not limited to:
  - a. Medication administered to the wrong Person served.

- b. Incorrect dosage given.
  - c. Incorrect time administered.
  - d. Incorrect date administered.
  - e. Incorrect medication given.
  - f. Incorrect route.
  - g. Medication administered, but not properly charted.
  - h. Medication not given, missed.
  - i. Treatment errors include: topical, ear drops, eye drops, TED socks, no documentation of treatments, etc.
  - j. Medication documentation incomplete
2. Medications should be given in accordance with the times prescribed by the physician. It is considered a medication error when the medication is given more than sixty (60) minutes early or more than sixty (60) minutes late. Any medication administered outside of the 60-minute window needs approval from the nurse to administrator.
3. Following an initial medication administration error the program manager will meet with the staff person and review the error. The staff who made the error will receive a retraining memo within a week of the error.
- Following the second medication administration error, the staff person will have a supervised medication pass with a nurse or supervisor within a week of the error. The staff person will receive a personnel note.
- Following the third medication administration error, the staff person may not pass medications until they have completed the Medication Administration Class. The staff person will receive a personnel note.
- Following the fourth medication error the staff person will be removed from the schedule. The errors will be reviewed with the Chief Administrative Officer for accuracy. Direct Service staff will be terminated following the fourth medication error because

correctly administering medications is a job responsibility of direct service staff.

The medication error policy is in effect for any 6-month period including the current date and the preceding 6 months. After 6 months a medication error may be excluded in the progressive disciplinary process.

Meridian Services and the Meridian nurse reserves the right to consider the health and safety of the persons served and the staff persons overall competence in medication administration when implementing the medication administration policy. Failure to demonstrate competence in safe medication administration may result in further disciplinary action and may include termination.

Following any documentation error, the staff has 24 hours from the time the medication documentation should have occurred to chart without being issued a medication error. Meridian Services, Incorporated is not responsible for informing you of the error, if is not caught within 24 hours you will be issued a medication error. Meridian Services, Incorporated's management or nurse are responsible for notifying the employee of the missed documentation not the co-worker. *Note: this should be an exception and the management team and nurses reserve the right to issue retraining if a pattern occurs due to the staff not following the medication administration procedures.*

Exceptions to the process above will be:

- a. Medication errors which result or may have resulted in negative impact to a persons served's health (ex. A missed dose of a seizure medication corresponds to a seizure later that day, medications are given to the incorrect Persons served etc.). The staff person may be required to attend the Medication Administration Class and will receive a personnel note.

- b. Medication not administered at a single prescribed time to one or more persons served on site will be regarded as a single medication administration error.
  - c. Program Managers/Nurse may also elect to person attend the Medication Class at any other time for retraining. The staff person will receive a retraining memo. (Example: a staff person administering medications without looking at the medication sheets, etc.)
  - d. Meridian Services, Incorporated and the Nurse reserve the right to make exceptions to the progressive disciplinary policy, depending on the error and circumstance.
- m. 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: Injectable medications (including insulin) must be double checked by staff when available prior to giving the injection.
- 1. The program's registered nurse or licensed practical nurse will administer the intramuscular injections; with the exception of a Glucagon injection when staff are trained by the nurse per physician order.
  - 2. The program's registered nurse or licensed practical nurse will administer all vaginal or rectal medications unless staff is specifically approved by the company nurse.
  - 3. The program's supervising nurse, with the physician's orders, delegates the administration of subcutaneous injections (ex. Diabetics, growth hormones, etc.) to staff that have been provided with the necessary training. This training is a two-step process which first includes staff being trained on the specifics and observing a subcutaneous injection and, secondly, performing the subcutaneous injection themselves while being monitored by the nurse.
  - 4. 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.

5. Only licensed health professionals are allowed to administer psychotropic medications by injection.

n. Psychotropic PRN Medications

1. Medications administered on a PRN basis to promote adaptive behavior, medications used on an ongoing basis for the maintenance of adaptive behavior, and psychotropic medications used for the treatment of diagnosed mental illness will be administered by Meridian Services, Incorporated when prescribed by a physician.
2. Use of all psychotropic PRN medications will be recorded on the medication administration record or the PRN administration record. The outcome of the PRN use will document on the health progress notes and the PRN administration record if used.
3. Staff will assess the need for psychotropic PRN medications, based only on the specific guidelines established by the PRN protocol (reviewed and signed by the physician prior to administration) and physician or psychiatrist.
4. A Behavior Intervention Reporting Form (BIRF) must be completed and submitted to Department of Human Services each time a PRN is utilized for behavioral control.

o. Psychotropic medication use and monitoring

1. When the program is responsible for medication administration which includes 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 Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR) or successive editions, that has been identified for alleviation; 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 required by the prescriber.

2. The program must collect and report on medication and symptom-related data as instructed by the prescriber.
  3. The program must provide the monitoring data to the expanded support team for review every three months, or more if otherwise requested by the person or the person's legal representative.
- p. 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.
- q. 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. The Program Manager must report the *refusal to authorize*, to the chain of command who will then report to the Nurse, immediately, and to the prescriber within 24 hours. All contact with team members needs to be documented in the health progress notes.
  2. After reporting the refusal to authorize to the prescriber within 24 hours, the Program Manager must follow and document all directives or orders given by the prescriber and report the information to the Nurse. When appropriate staff should receive a new script for discontinuing the medication due to guardian refusal to authorize medication.
  3. A court order must be obtained to override a refusal to authorize 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.
- r. Reviewing and Reporting Medication and Treatment Issues
1. When assigned responsibility for medication administration, including psychotropic medications and injectable

medications, the Program Manager 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. The review will be conducted by the Meridian Services, Incorporated's Nurse, Program Administrator or Program Director.
  4. Based on the review, the program must develop and implement a plan to correct patterns of medication administration errors when identified and file a Vulnerable Adult Report as needed and determined by program management within the scope of the rules.
  5. 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 by section III.D.2. of this policy;
    - b. A person's refusal or failure to take or receive medication or treatment as prescribed; or
    - c. Concerns about a person's self-administration of medication or treatment.
- s. Staff Training:
1. Unlicensed staff may administer medications only after successful completion of a medication administration training using a class 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 the trainer to ensure that staff demonstrates the ability to safely and correctly follow medication procedures.
  2. Only staff who have completed the off and on-site medication administration training will be allowed to administer medication. Staff will demonstrate competency in administering medications which will include an observed skill assessment. This includes medications taken by mouth, as well as ear drops, topical medications, eye ointment, and eye drops.

3. 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, 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.
  4. New staff will receive training on medication administration policies and procedures during the initial off-site orientation. During this time staff will demonstrate their skill and competency in medication administration procedures in the following areas:
    - a. Medication identification, common uses, and awareness of possible adverse reactions.
    - b. Medication set-up
    - c. Medication Administration
    - d. Procedures to follow in case of a medication error.
    - e. Signs and symptoms of illness
  5. After staff completes the initial off-site orientation, staff will proceed with on-site orientation with the Program Manager, using the specific persons served' medications with which the staff will be working. Staff will be retrained in the above four areas to ensure that the transfer of learning has occurred to the specific environment in which the staff will be working.
  6. Throughout the year, reviews and medication administration training will be taught at regular Staff Meetings. Medication Administration class is required annually for staff.
- t. Contacting/reporting to Meridian Services, Incorporated's Nurse:
1. The company nurse must be contacted and updated in any/all of the following circumstances:

- a. Medication errors or discrepancies
  - b. Any medication related questions/concerns.
  - c. Changes in Persons served health status
  - d. Changes in Persons served mental health status
  - e. Admissions and, prior to, discharges from any medical facilities.
  - f. New intakes and discharges from any of Meridian Services, Incorporated's residential homes
2. Nothing in this policy should prevent staff persons from calling 911 if they believe that a Persons served is experiencing a life-threatening emergency. In all circumstances, all Meridian Services, Incorporated's staff are advised to take the most careful course of action to protect the health and safety of the people we serve.

The medication administration policies and procedures were established in consultation with the Meridian Services, Incorporated's Registered Nurse. (Signature below)

Revision: June 5, 2018

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Registered Nurse