Safe Medication Assistance and Administration Policy

I. Policy

A. It is the policy of FGMI to provide safe medication setup, assistance and administration:
- when assigned responsibility to do so in the person's support plan or the support plan 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 and administration.

B. For the purposes of this policy, medication administration includes, but is not limited to:

1. Medication setup;
2. Medication administration;
3. Medication documentation and charting;
4. Handling changes to prescriptions and implementation of those changes;

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 section III. of this policy to ensure that a person takes his or her 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.

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 nonstimulants 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. Procedures

A. Medication setup

When the program is responsible for 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:

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, 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

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 the staff or the person or by refusal by the person; and
2) the occurrence of possible adverse reactions to the medication or treatment.

1. 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 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 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; 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 the prescriber or a nurse; and
f. Adverse reactions must be immediately reported to the prescriber or a nurse.

D. Injectable medications

The program may not administer injectable medications.

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 support plan 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 as otherwise requested by the person or the person's legal representative.

F. Written authorization

Written authorization is required for medication administration or medication assistance, including psychotropic 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.
2. If the person or the person's legal representation refuses to authorize the program to administer medication, the staff must not administer the medication.
3. The program must report the refusal to authorize medication administration to the prescriber as expediently as possible.

G. 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 in 24 hours.
2. After reporting the refusal to authorize to the prescriber in 24 hours, 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.

H. Reviewing and reporting medication and treatment issues

1. When assigned responsibility for medication administration, including psychotropic 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 support plan or support plan 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 support plan or support plan addendum:
   a. any reports made to the person's physician or prescriber required 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.

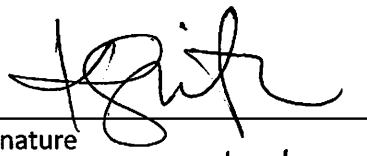
I. Staff Training

1. Unlicensed 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 the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures
2. Staff must review and receive instruction on individual medication administration procedures established for each person when assigned responsibility for medication administration.
3. Staff may not administer injectable medications.
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, 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. nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.

J. Storage and disposal of medication

Schedule II controlled substances in the facility that are named in section 152.02, subdivision3, must be stored in a locked storage area permitting access only by persons and staff authorized to administer the medication. Medications must be disposed of according to the Environmental Protection Agency recommendations.

Policy reviewed and authorized by:

Kim Smith, Program Director — 

Print name & title — Signature

Date of last policy review: 1/4/26 — Date of last policy revision: 8/1/22

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)