

MEDICATION ADMINISTRATION POLICY

POLICY, PROCEDURES, & GUIDELINES FOR MEDICATION ADMINISTRATION

I. MEDICATION ADMINISTRATION POLICY

The Medication Administration Policy consists of Section I-Policy, Section II-Procedures, and Section III-MAR Guidelines.

Rule 65G-78, FAC covers medication administration to allow for the provision of a direct service provider to provide clients with medication administration or to assist clients with the self-administration of medication (65G-7.001). The direct service provider who is not otherwise licensed to administer medications must successfully complete an agency-approved training course and have current validation.

Rule 65G-7, FAC provides specific guidelines for medication administration to clients of APD (Agency for Persons with Disabilities), including definitions, determining need for assistance and informed consent requirements, staff training and validation requirements, medication administration procedures, medication errors, storage requirements, documentation and record-keeping, and off-site medication administration.

Policy and procedures are in compliance with Rule 65G-7.

All staff will read and be familiar with Rule 65G-7. Individuals are encouraged to be as independent as possible in handling medications; however, staff providing medication assistance of any kind to a client will limit his assistance to the minimum necessary to ensure proper administration or self-administration of the medication while preserving the client's independence (65G-7.002)

There are three basic levels of medication administration as identified in Rule 65G-7, FAC.

- 1 - **Self-administration**: the individual is independent in handling medications where staff may assist the client by making the medication available and reminding the client to take medication at appropriate times (65G-7.002)
- 2 - **Supervised self-administration**: the individual needs some level of support when dealing with medications where there is direct, face-to-face observation of the client during the client's self-administration of medication and includes instruction or other assistance necessary to ensure correct self-administration of the medication (65G-7.001)
- 3 - **Administration**: the individual needs someone to administer medications for him

A client who takes medication on a regular basis must meet with, at a minimum, the prescribing doctor and a staff person to discuss what level of assistance the individual will need. The doctor and individual, and if necessary the guardian, will complete a consent form once that determination is made to document the decision made regarding the assistance level needed. The individual will also sign an authorization form giving authorization for each staff working with the individual to provide whatever level of medication administration the individual requires.

All individuals will be asked to sign an agreement stating that they agree to either have staff assist with the completion of a medication log of dates and times when medications are taken or if he is able to handle his medications independently do the logs himself or state that he refuses to complete the logs. Staff will provide training and instructions to the client for completing medication logs. The self-administering client will also state whether he is willing or not to have a folder containing, at a minimum, his Demographicst, a list of his medications, and his medical history.

A Client Medication Administration Record (MAR) book, containing authorizations, consents, staff certificates, medication logs and other required information will be maintained in the client's home where medication is stored, in a readily accessible location. Documentation as specified in the Medication Administration Procedures will be collected each month and stored in the client's casebook in the office. All other medication documentation will be maintained in the client's MAR book and will be available and readily accessible for routine auditing.

Training will be provided to any staff person who will administer or supervise the self-administration of medication. The first level of training is a packet describing Rule 65G-7, FAC, and the rules and procedures involved in each type of supervision. There are very stringent rules involved and they must be followed exactly. Staff will also be trained and validated in administration and supervision of self-administration by an approved trainer for APD.

The following requirements will be adhered to by staff.

1. staff will be familiar with Rule 65G-7, FAC
2. staff will be familiar with definitions used in medication administration (65G-7.001)
3. staff will ensure there is documentation showing the client's need and authorization for medication administration (65G-7.002)
4. staff must maintain proof of certification and validation and provide a copy of the certificate and proof of current validation for the personnel file (65G-7.003)
5. staff must be re-validated annually within the 60 days preceding the expiration of his current validation. (65G-7.004)
6. staff may **not** under any circumstances administer or supervise the self-administration of medication before receiving validation or following expiration of an annual validation (65G-7.004)
7. staff will adhere to the procedures for medication administration (65G-7.005) and procedures implemented by the provider in compliance with Rule 65G-7, FAC
8. staff may **not** perform the following acts of assistance: (65G-7.005)
 - a. Prepare syringes for a client's use during the self-administration of medication via a subcutaneous, intra-dermal, intra-muscular or intravenous route;
 - b. Administer, or supervise self-administration of, medications that are inserted vaginally, administered enterally, or administered via a tracheostomy;
 - c. Mix or pour medications administered through intermittent positive pressure breathing machines or nebulizers, unless the medication assistance provider and client who self-administers medication with supervision have received one-on-one, step-by-step, training in the proper use and maintenance of such equipment from a certified equipment technician, respiratory

therapist, or a registered nurse, with documentation in the client's file of the date of training, the name and qualifications of the persons providing the training, and a description of the breathing equipment that was the subject of the training;

d. Administer medications via a subcutaneous, intra-dermal, intra-muscular or intravenous route;

e. Perform irrigation of partial or full thickness wounds (such as vascular ulcers, diabetic ulcers, pressure ulcers, surgical wounds) or apply agents used in the debridement of necrotic tissues in wounds of any type; and

f. Assist a client with medications for which the health care provider's prescription does not specify the medication schedule, medication amount, dosage, route of administration, purpose for the medication, or with medication which would require professional medical judgment by the medication assistance provider.

9. staff may **not** administer medications in any way other than the stated route (65G-7.005)

10. staff may **not** administer medications that are crushed, mixed, or diluted without written instructions from the prescribing physician (65G-7.005)

11. staff may **not** assist with the administration of OTC, sample, or PRN medications without a written order and/or directions from the prescribing physician (65G-7.005)

12. staff must adhere to the requirements for reporting and documenting medication errors (65G-7.006)

13. staff must report any medication error to the supervisor immediately, observe the individual if necessary, notify the client's prescribing physician, document the error, report the error to the Agency area office (65G-7.006)

14. staff will adhere to medication storage requirements for regular, sample, over-the-counter, as-needed (PRN), stock medications, and controlled medications (65G-7.007)

15. staff will adhere to documentation and record-keeping requirements (65G-7.008)

16. staff will adhere to off-site medication administration requirements (65G-7.009)

17. staff will adhere to all procedures used for medication administration, in compliance with Rule 65G-7, FAC.

Medication Errors

Staff will adhere to the requirements for reporting and documenting medication errors (65G-7.006). Staff will report any medication error to the supervisor immediately, observe the individual if necessary, notify the client's prescribing physician, document the error, and report the error to the Agency area office (65G-7.006) using the Medication Error Report from the APD website.

Psychiatric Reviews

Any person taking any psychiatric medication will be seen regularly by a licensed psychiatrist or a qualified representative (ARNP). Staff will communicate with the support coordinator concerning the scheduling of such reviews. These reviews should be stated in annual reports which are done before the support plan when the individual is a part of the supported living program of the company. For individuals who are not in the supported living program, staff will include a request for a review as a note in the monthly summary prior to the support plan date. Although these reviews are not mandatory, staff will make a request for review a part of the its preparation for the support plan.

Procedures for documenting medication administration are provided in **Section II, Procedures for Medication Administration.**

I have read and understand the Medication Administration Policy and agree to follow its dictates.

Staff Signature

Date