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| River Valley Therapeutic Residence Policy and Procedure | | |
| Medication Overview | | |
| Effective: 4/26/2023 | Revised: | Due to Review: 4/26/2025 |

POLICY

Medications shall be overseen by State of Vermont licensed nursing staff. Medications shall be supplied through Health Direct Institutional Pharmacy Services, or another contractor as appropriate. Administration may be delegated to non-licensed staff by a Registered Nurse (RN).

PROCEDURE

Who is Responsible for Delegation

Medication administration shall be carried out by an RN or non-licensed staff delegated by an RN.

Non-licensed staff delegated to administer medication by the RN shall have fully reviewed medication administration policies and procedures, documentation, side effects, and medication administration protocol prior to administering any medications.

Training

Training for medication administration for licensed and non-licensed delegated staff shall include the following:

- The resident's right to direct their own care, including the right to refuse medications.
- Proper techniques for administration of medications, including hand washing, and checking the physician's orders for medications to be dispensed.
- Checking the medication for the right resident, medication, dose, time and route, right reason, right documentation, right to refuse.
- Documents any signs, symptoms and likely side effects to be aware of for any medication a resident receives.
- RVTR's policies and procedures for medication administration.
- On-call procedures to consult with the RVTR doctor on call or nurse on standby if necessary.

Maintaining List of Delegated Staff

RVTR will maintain a list of all licensed and non-licensed staff delegated by the RN to assist with the administration of medication.

Controlled Drug/Narcotic Accounting

Controlled drugs ordered for the resident will be stored in the double-locked containment system. Doses will be signed out as routine or PRN on the Controlled Drug Record. Two RNs, or delegated non-licensed staff, will count the total medications in each resident's controlled drug prescription to confirm that all doses are accounted for. RNs or delegated non-licensed staff will sign off on the Daily Control Substance Count Record at the change of each shift. In the case of discrepancies, the procedure for Medication Errors will be followed.

Psychoactive Medication:

All direct care staff shall receive training in the purpose, actions, side effects and adverse effects of psychoactive medications commonly prescribed for people with severe and prolonged mental illness. Training shall be done by an RN.

Residents shall be observed by the RN or designee on each shift for changes in health or mental status, and vital signs shall be taken as ordered.

RNs or their designee shall respond to changes in resident status by documentation, communication with the RNs (on standby) or designees, or by notifying the physician.

PRN Medications/Documentation:

PRN medications require a licensed practitioner's order (MD, APRN, or PA) that specifies the purpose of the medications, the observable indicators for the resident to take the medication, frequency, dosage, route, and maximum amount of the medication the resident can use in a twenty-four (24) hour period. PRN medications administered and the result will be documented on the PRN Medication Administration Record and will be conveyed during shift report. The resident's response to the PRN Medication must be documented in the progress notes, on the PRN Medication Record and communicated in shift report.

When Medication Administration Records and PRN Medication Administration Records are filled, they will be filed in the resident's chart.

Documentation of Medications Given:

All medications shall have a practitioner's (MD, APRN, or PA) signed order within 15 days.

Medications shall be checked against the medication administration record (MAR) prior to administration.

Administered medications must be documented on the MAR.

Medication Refusals:

Refusals of medications must be documented on the MAR, and the medication, dose and reason for refusal shall be documented on the reverse side of the resident's MAR. The RN or delegated staff person shall circle their initials and include the corresponding code on the MAR.

Medications that are to be wasted shall be crushed and placed in disposal receptacle located in the medication room.

Medication Errors:

All medication errors require the completion of a Medication Error/Event Form. The RN or delegated staff person shall describe the medication error on the Medication Error/Event Form. The RN or designee shall give the Medication Error/Event Form to the Nurse Manager, as well as report the error to the RN or designee at the change-of-shift report.

In the event of adverse effects that appear related to the medication error, the RN or delegated staff person shall notify the practitioner who prescribed the medication as soon as possible. If adverse effects are severe, the RN or designee shall respond by initiating a medical emergency.

Medication Storage and Labeling:

Medications must be secured in the medication room in the secure containment system. Medications requiring refrigeration must be stored in the locked medication room refrigerator which shall only be used for medication storage. Only authorized personnel shall have access to keys.

Controlled drugs ordered for the resident must be stored in the double-locked containment system. Doses shall be signed out as routine or PRN doses on the Controlled Substance Record. Two RNs or delegated staff must count the total of

medication in each resident's controlled drug prescription to confirm that all doses are accounted for. Two RNs or delegated staff shall sign off on the Daily Controlled Substance Count Record at the change of each shift. In the case of discrepancies, the procedures for medication errors shall be followed.

Discontinued and/or Expired Medication:

Discontinued and expired non-controlled medications shall be placed in an identified receptacle located in the medication room and returned to the pharmacy.

Disposal of discontinued and expired controlled medications (crushed and placed in disposal receptacle located in the medication room) must be witnessed by two RNs or delegated staff and documented.

Over the Counter Medication:

All over-the-counter medications require a physician's order and must be stored in the same manner as all medications in the residence.

Insulin/Intramuscular Administration:

Preparation of insulin from a multi-dose vial, or supervising/teaching self-administration to a resident, may only be carried out by an RN.

All intramuscular medications must be administered by an RN.

Medications given by injection shall be recorded on the MAR for the resident. The site of each injection must be included in the record.

Procedures for Emergencies:

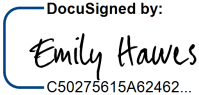
- Medical emergencies occurring in the residence shall be immediately assessed and the resident shall receive indicated emergency medical treatment from staff.
- Life-threatening emergencies, fractures, marked changes in cardiovascular or respiratory status, signs of severe infection, severe injuries, or changes in level of consciousness must necessitate a 911 call and ambulance transport.
- Staff shall also call the UVMMC Emergency Department (Phone: 802-847-2434) immediately to report the incident and include information about the resident's medications and other pertinent data.

- A staff person must follow the ambulance in a state vehicle to the emergency department. The staff shall notify the Staffing Office and RVTR Program Director or designee and also discuss if there is a concern about not enough staff to follow the resident to the emergency department.
 - If after hours, the DMH Administrator must be notified. Staff shall complete a Resident Event Form and document the incident in the progress notes. An RN or designee shall notify RVTR physician via email.
- Staff shall call 911 for medical emergencies that occur during outings or while transporting residents. Staff shall notify staff at the residence, who must then call the emergency department with the necessary clinical information to support emergency care.
 - The staff at the residence must also notify the RVTR Program Director or designee. If after hours, the DMH Administrator must be notified.
 - Staff shall complete a Resident Event Form and document the event in the progress notes.
- Basic first aid supplies as well as gloves and masks for the practice of universal precautions shall be located in the medication room.
- Resident needs shall be identified to ensure that RVTR's supplies contain all necessary equipment.
- All staff shall be certified in Basic First Aid in addition to having a BLS level of CPR training in order to be qualified to perform the essential functions of their position.

Procedures That Non-Licensed Staff Are Expected To Carry Out Related To Nursing Services:

1. Observing residents for changes in behavioral and physical health status; reporting changes in a timely fashion to an RN.
2. Assisting RNs and following the direction of nursing staff or designee in managing medical and behavioral health emergencies.

3. Accompanying residents to appointments with physicians and for diagnostic tests; reporting information from the appointment back to nursing staff or designee.
4. Following the direction of nursing staff or designee in implementing the treatment plan.
5. Assisting with serving meals, monitoring nutritional intake and reporting to nursing staff.
6. Participating in the treatment milieu, individual and group activities and skills training for residents.
7. Monitoring residents' performance of ADLs and reporting progress to nursing staff.
8. Following the direction of an RN in providing first aid measures.
9. Keeping the resident sleep log and making routine sixty (60) minute checks.
10. Following the direction of an RN in performing other duties as assigned.

| Approved by | Signature | Date |
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| Emily Hawes Commissioner Vermont Department of Mental Health |  <p>DocuSigned by: <i>Emily Hawes</i> C50275615A62462...</p> | 4/26/2023 |