

POLICY TITLE and number	# 800 Medication Administration & Performance of Health-Related Activities
HEADER INFO - Adopted - Revised	Adopted 12/89 Revised 11/92, 10/94, 08/02, 08/06, 9/06, 08/14, 6/21, 1/25
RULE REFERENCE	5123-6-01 through 5123-6-07
GLOBAL POLICY STATEMENT (what and why)	<p>MEDICATION ADMINISTRATION AND PERFORMANCE OF HEALTH-RELATED ACTIVITIES</p> <p>It is the policy of Choices In Community Living, Inc. (CICL) to comply with Ohio Administrative Code sections 5123-6-01 – 5123-6-07 regarding medication administration and the performance of health-related activities for eligible persons enrolled in services provided by CICL, including the requirements for reporting errors related thereto.</p> <p>CICL shall develop written policies and procedures for (a) storing, managing, administering and monitoring prescribed medication and OTC medication to individuals (which includes, but is not limited to, the dose, time, frequency, route and record of the medication taken), (b) performing health-related activities for individuals, (c) training employees and delegating responsibility to employees in relation to medication administration and the performance of health-related activities, and (d) documenting any significant responses to the medication, occurrences of undesirable side effects of the medication, and errors in medication administration (including documentation errors) or in the performance of any health-related activities.</p> <p>This policy is applicable to all CICL employees and all CICL-operated programs and facilities.</p> <p>NOTE: some aspects of this policy are relative to the size of CICL’s facilities and programs (e.g., there are five or fewer beds in CICL’s residential homes, and no more than 16 individuals are enrolled at any time in CICL’s dayhab programs). Should such facts come into question, consult the agency nurse or program director regarding the potential impact of such changes on this policy.</p>
DEFINITIONS	<p><u>“13 HRAs”</u> means each of following:</p> <ol style="list-style-type: none"> 1) taking vital signs 2) application of clean dressings that do not require health assessment 3) basic measurement of bodily intake and output 4) oral suctioning 5) use of glucometers 6) external urinary catheter care 7) emptying and replacing ostomy bags 8) pulse oximetry reading 9) use of continuous positive airway pressure machines, including biphasic positive airway machines (CPAP & BiPAP) 10) application of percussion vests 11) use of cough assist devices and insufflators 12) application of prescribed compression hosiery 13) collection of specimens by noninvasive means <p><u>“HRA”</u> means any health-related activity, including without limitation the 13 HRAs.</p> <p><u>“MAC1”</u> means a Category 1 Medication Administration Certificate per ODODD rules.</p> <p><u>“MAC1 Curriculum”</u> means the ODODD-approved curriculum for the initial training needed to</p>

MEDICATION ADMINISTRATION POLICY AND PROCEDURE

	<p>obtain a MAC1.</p> <p>“<u>MAC2</u>” means a Category 2 Medication Administration Certificate per ODODD rules.</p> <p>“<u>MAC3</u>” means a Category 3 Medication Administration Certificate per ODODD rules.</p> <p>“<u>MAR</u>” means medication administration record.</p> <p>“<u>OAC</u>” means the Ohio Administrative Code, as amended.</p> <p>“<u>ODODD</u>” means the Ohio Department of Developmental Disabilities.</p> <p>“<u>OTC</u>” means any “over-the-counter” medication, i.e. medication that can be obtained without a prescription.</p> <p>“<u>QMP</u>” means, with respect to any client, any of (1) the client’s physician, (2) the client’s pharmacist” and (3) the agency nurse.</p> <p>“<u>Specified Topical OTC</u>” means any OTC administered for cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces, but not for the purpose of treating an open wound or a condition that requires a medical diagnosis, including a fungal infection.</p>
<p>GUIDELINES/PROCESS STATEMENTS (how)</p>	<p>Training and Delegation</p> <p>CICL staff that administer medications and/or perform health-related activities must have the appropriate Medication Administration Certification (or have completed the necessary standalone training) and required nursing delegation, if any.</p> <p>CICL will ensure that, in order to use a vagus nerve stimulator (VNS) or epinephrine auto injector or to administer any Specified Topical OTC, all staff will have first completed the associated standalone training for performing such activity or administering such medication.</p> <p>CICL will ensure that all staff have a current MAC1 in order to pass oral and topical medications or to perform health-related activities (other than (a) medications and activities requiring a MAC2 or MAC3 as contemplated by the following paragraph and (b) medications and activities requiring the standalone training contemplated by the preceding paragraph). Each staff member that administers oral and topical medication and/or performs health-related activities as permitted pursuant to a MAC1 must first attend and pass the 14 – hour medication administration training for such certification.</p> <p>If an individual requires medications to be administered by a G-tube/J-tube, CICL will ensure staff administering the medications have a current MAC2 and current nursing delegation. Additionally, if individual requires insulin injections or injections of metabolic glycemc disorder treatments, CICL will ensure the staff have current MAC3 and current nursing delegation. CICL staff members will be required to renew their certification and any standalone training on an annual basis. To ensure the agency remains compliant in this area, a tracking mechanism has been developed to track the period of time when the certifications/trainings are valid.</p> <p>All of the training contemplated above must be provided by a registered nurse meeting the requirements set forth in Ohio Administrative Code Section 5123-6-04 and using an ODODD-</p>

MEDICATION ADMINISTRATION POLICY AND PROCEDURE

approved curriculum, provided that the standalone training needed in order to use a vagus nerve stimulator (VNS) or epinephrine auto injector or to administer any Specified Topical OTC may be provided by any licensed nurse or staff having a current MAC1 using an approved curriculum.

CICL shall ensure that all personnel have been trained specifically with respect to each individual for whom they administer prescribed medications or perform health-related activities. CICL staff shall not administer prescribed medications or perform health-related activities for any individual unless the staff has been trained with respect to both the specific individual and the specific activity or method of administration.

Without limiting the above requirements for administering medication via G-tube, CICL staff who do not have a current MAC2 but do have a current MAC1 may administer nutrition and water (but nothing else, including medication) to individuals via G-tube if they have received nursing delegation to do so.

A registered nurse shall reassess delegation and the needs of the individual on an on-going basis, but at least annually, including determination that delegation continues to be necessary and appropriate, determination that the individual continues to be stable, and determination that the relevant CICL personnel continue to have the skills to perform the nursing task(s), activity(ies), or prescribed medication administration that have been delegated.

If CICL believes or is notified by a county board, ODODD, a delegating nurse or a nurse responsible for quality assessment under OAC that any CICL personnel has not or will not safely administer prescribed medications or perform any health-related activities, CICL shall prohibit the action from commencing or continuing, notify the agency nurse (if applicable), immediately make other staffing arrangements as needed and immediately notify ODODD by making a notation in the medication administration information database.

Receiving and Transcribing Orders

Clients' medication and health-related activities orders will be maintained in clients' QUICKMAR files. The medication order includes:

- Name of the medication
- Amount of medication to be given (dosage)
- Route of administration (How it is given) (e.g. apply to rash and rub in)
- Where on body to apply, if topical
- Date to start medication (if other than date ordered)
- Specific times to give medication
- Date to stop medication (if applicable)
- How often it is taken (frequency)
- Symptoms requiring a PRN (as needed if necessary) medication

All medication and HRA orders and administration instructions (including those providing for additions, discontinuations, or other changes in medications, HRAs or administration instructions, etc.) must be obtained from the applicable appointment form or physician's order related thereto and should be documented immediately in the client's MAR. The documentation of such orders and instructions in the MAR may be done ONLY by (a) the pharmacy or a registered nurse or (b) solely in the cases listed below, CICL program managers and directors having a current MAC1. The cases in which managers and directors

MEDICATION ADMINISTRATION POLICY AND PROCEDURE

may document orders and instructions in the MAR are limited to the following:

- Transcribing orders onto the MAR directly from the pharmacy label/instructions
- Making changes in the dose, frequency, or time of administration of a medication already prescribed and dispensed by a pharmacist
- Adding a new OTC medication that has been prescribed for the individual
- Adding any of the 13 health-related activities taught as part of the MAC1 Curriculum or making changes to any such activities previously ordered

In the case of any verbal order, a written signed and dated verification of the order must be obtained from the prescribing physician within seven days.

Orders transcribed to the MAR must be dated and initialed. The accuracy of transcribed orders must be checked by the next available certified personnel, ideally at the time of transcription, and the accuracy check must be dated and initialed. When orders are transcribed onto a new MAR for the next month, the transcription must be checked against the label and confirmed by a second individual with a current MAC1. The new MAR must be checked again against the previous MAR before it is used in the new month.

Do not carry out any medication changes, substitutions, or omissions without the order of the physician. Do not administer any medications for reasons other than that as prescribed by the physician.

See the MAC1 Curriculum for additional rules and procedures related to receiving and transcribing medication and HRA instructions and written and verbal orders.

Informing Vocational Programs of Medication Changes

Following any changes to a client's medication or HRA orders, the program manager or direct support staff complete the following to notify vocational programs:

- Deliver to the vocational program the documents it requires. For example, in Montgomery County, a copy of the County Form signed by the physician must be delivered; in Clark and Warren Counties, the medication administration form must be faxed. If unsure what is needed, contact the vocational program. See the client's file for the vocational program contact info.
- If the necessary documents are not delivered prior to the change taking effect, CICL staff will need to travel to the vocational site and administer the medication / perform the HRA until form is delivered.

Prescription Terminology

Should a staff member encounter any unknown medical terminology or abbreviation, he/she should consult with a QMP or the MAR for clarification.

Supply

The program manager is responsible to maintain an adequate supply of medications at all times and ensure monthly re-ordering of medications are completed. If a routine medication that is cycle-filled does not arrive on time, the program manager will call the pharmacy to address the matter. Direct support staff will notify their program manager when PRN medication supplies are running low to ensure refills have been ordered and to prevent a lapse in medications being dispensed.

Clients who self-administer medications maintain the amount of medication indicated in their Individual Service Plans.

Storage

Store all prescription and non-prescription medications in a secure area. Secure medications that require refrigeration in a refrigerator used only for medication, if possible, and if not possible, in a plastic baggie or a plastic container with a lid (to protect against contamination by food/beverages) that is kept in a designated space in the refrigerator. The program manager and direct support staff are responsible for the keys to any storage area. Maintain any keys in a location which ensures they are not misplaced or found and used by non-staff individuals.

Clients who self-administer their medications maintain the medications in a secure area. The area should be locked if the client has a roommate unless the client's and roommate's teams determine that storing the medication in a locked area is not necessary.

Store all medications in pharmacy labeled containers. Store all medication routes separately (e.g. oral separate from topical).

Clients who self-administer medication may store their medication in pillboxes designed to assist with recognition of times, days, etc.

Managing Controlled Medication:

Special care is required in the management and administration of controlled medications. This care is important so that an individual receives the prescribed amount of the controlled medication (not too much because they can be addicting, not too little so as to not treat the symptoms prescribed for) as well as ensuring the security of the controlled medication. If there is some question about if a medication is a controlled substance, you should consult with the agency nurse or visit the web site www.dea.gov/divisions/office-of-division-director/office-of-division-director-communications/controlled-substances/orangebook/c_cs_alpha.pdf

The Following procedures are required for all controlled substances:

1. Storage- All controlled medications must be kept in a locked container or cabinet. The key to the container/cabinet shall be passed between staff at the time of shift change.
2. Counting- If the controlled medication is a PRN it must be counted by staff during the beginning and at the end of their shift. The program manager is expected to monitor this process closely. If the controlled med is prescribed on a daily basis, the medication must be counted each time the medication is given. The count is kept on Quickmar or a sheet is provided by the pharmacy.
3. Destruction of Controlled Medications- See *Destruction of Medication* below.

Administration by Properly Trained Staff

See the MAC1 Curriculum for additional rules and procedures related to medication administration and the performance of HRAs.

Administer all medications (whether or not prescription, OTC, or PRN, but excluding topical OTC medications for musculoskeletal comfort given to treat an existing condition that has

MEDICATION ADMINISTRATION POLICY AND PROCEDURE

already been diagnosed, which do not require a physician's order) and perform all HRAs only by the written order of the prescribing physician according to the instructions in the MAR.

Medications and health related tasks are administered and performed only by trained and designated staff per medication procedures, Ohio Adm. Rule, 5123:2-6-06 and the Individual Service Plan, or by the client (with or without staff assistance) in accordance with Ohio Adm. Rule, 5123:2-6-02 and the client's Individual Service Plan. New staff must administer medications and perform health related tasks under the observation of a program manager or designated staff such as a coordinator prior to performing health tasks or administering medications without supervision.

Use of a vagus nerve stimulator (VNS) or epinephrine auto injector and administration of any Specified Topical OTC will be done only by staff who have completed the associated standalone training for performing such activity or administering such medication and only while such staff's qualification pursuant to such training remains in effect.

Administration of oral and topical medication and performance of health-related activities (other than (a) medications and activities requiring a MAC2 or MAC3 as contemplated by the following paragraph and (b) medications and activities requiring the standalone training contemplated by the preceding paragraph) will be done only by staff having a current MAC1.

Administration of medications by a G-tube/J-tube will be done only by staff with a current MAC2 and current nursing delegation for the same. Injections of insulin injections or of metabolic glycemetic disorder treatments will be done only by staff with a current MAC3 and current nursing delegation for the same.

Administer all medications and perform all HRAs at the exact times indicated in the MAR. If the MAR does not specify times but states only the frequency, divide the client's waking hours by the frequency to determine the length of time between medication dosages so the client receives the medication at equal intervals.

Whenever any medication (prescription or OTC) is given or health-related task is performed, the details must be documented on the MAR in accordance with Ohio Adm. Rule, 5123-6-07. See the MAC1 Curriculum for detailed documentation requirements.

CICL shall maintain a means of identifying initials and signatures of personnel making entries in the MAR.

Always give medications within 59 minutes before or 59 minutes after the time for which they are prescribed. If medication is not given within this time, do the following:

- For all prescription medications and oral over-the-counter medications:
 - Do not give the medication.
 - Contact the program manager.
 - The program manager or program director will contact the physician or pharmacist and follow their instructions.
 - Document the time error, contacts made and information received on the MAR and, if applicable, an Inservice form.
 - Follow the procedure for documenting and reporting an unusual incident.

MEDICATION ADMINISTRATION POLICY AND PROCEDURE

- For topical over-the-counter medications:
 - Administer the medication.
 - Document the time error on the MAR and, if applicable, an Inservice form.
 - Follow the procedure for documenting and reporting an unusual incident.

Notwithstanding the above, any medications for which a client has a completed, signed Bedtime Medication Authorization Form from its physician may be taken by such client any time between 8pm and 11:59pm.

Federal law prohibits the transfer of prescription medication to any other person than to whom it was prescribed.

Self-Administration

Each client has the right, if capable, to self-administer medications or self-administer with assistance. Prior to restriction of a person's right to self-administer their medication, the ODODD-approved Self-Administration Assessment must be completed. Client's ability to self-administer medication must be assessed in accordance with Ohio Administrative Rule 5123-6-02 no less than once every three years, or more often when any change occurs that affects the client's medication routine. Such assessments must be reviewed annually.

Clients may self-administer their medications according to their Individual Service Plans. The Individual Service Plan documents:

- The medications to be self-administered
- The amount, type, and frequency of staff monitoring
- The amount of medication to be kept by the client at one time
- Recording procedures
- Storage of medications

CICL staff who are not specifically authorized by other provisions to provide assistance in the self-administration of prescribed medication may provide that assistance as part of the services they provide to developmentally disabled individuals and are not required to be trained or certified. This applies only to *assistance* with *self-administration*.

When assisting with the self-administration of medication, developmental disabilities personnel may take only the following actions: (1) Remind an individual when to take medication and observe to ensure the individual follows the directions on the container; (2) assist by taking medication in its container from where it is stored, handing the container to the individual, and opening the container, if the individual is physically unable to do so; and (3) assist, on request by or with consent of, a physically impaired but mentally alert individual, with removal of oral or topical medication from the container and with the individual's taking or applying of the medication. If an individual is physically unable to place a dose of oral medication to the individual's mouth without spilling or dropping it, personnel may place the dose in another container and place the container to the individual's mouth.

Monitoring

Medication side effects are always a potential concern. Contact the pharmacist or refer to the MAR to obtain information about medication side effects.

	<p>If undesirable side effects appear as the result of a medication, notify the physician and document the observed side effects in the MAR.</p> <p>Observe clients closely for allergic reactions or side effects when administering newly prescribed medications.</p> <p>Address questions regarding medications, side effects, or allergic reactions immediately. Never hesitate to call the physician, pharmacist or Poison Control when concerned about possible adverse reactions to medications. Document all reactions to medications and all information received through these contacts in the MAR.</p> <p>Administration of Medications When Clients Are Away from Home</p> <p>CICL provides medications for administration any time the client is away at the time the medication is normally received (e.g. work, school, family visits, activities, appointments, etc.).</p> <p>Store each of the different medications prescribed to be taken while the client is away in a separate package (e.g. a labeled envelope). The medication package label should contain CICL's name and address, the client's full name, the full name of the medication, directions for use (e.g. the dosage, times to be given and any special instructions) and the date on which the medication was packaged.</p> <p>Provide complete written instructions on the Non-Staff Medication Administration Record, including the pill count of each medication to be administered, for the responsible person who will administer medication or monitor self-administration of medication while client is away.</p> <p>Both the CICL staff member responsible for packaging and delivering the medication and the person responsible for receiving and administering the medication offsite should sign and keep a copy the form. If any medication delivered under the form is returned to CICL for any reason, the Non-Staff Medication Administration Record should be updated to reflect the details of such return and re-signed by CICL staff to acknowledge receipt of the returned medication.</p> <p>Destruction of Medication</p> <p>It is the policy of CICL to dispose of prescription drugs in a manner following federal guidelines and other processes established by state regulations to ensure the safe keeping and proper disposal process.</p> <p>Medication should be inspected, and if expired or discontinued at the time of inspection destroyed, at least once per month, including at any time when new meds for the month are received (i.e., do not stockpile). The nursing support technician (NST) will carry out destruction. Program directors will inform/remind staff of the dates by which any meds requiring destruction must be delivered to the administrative office.</p> <p>When medication is to be destroyed:</p> <ul style="list-style-type: none">• The applicable program manager must perform a final count and complete a Medication Disposal Log for such medication.• The medications and the log are then placed in a safe container such as a baggie,
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MEDICATION ADMINISTRATION POLICY AND PROCEDURE

brought to the CICL administrative offices and delivered to the appropriate program director on or prior to the 7th of each month (or such other date as may be designated by the program director). The program director will then review and sign off on the log.

- After doing so, the program director will deliver the medications and related logs to a designated secure storage location pending onsite destruction by the nursing support technician (NST).
- Medications and logs kept in storage pending destruction will be made available to the NST for destruction at times to be determined by the NST and facilities director or other designated staff. In the case of controlled medications, actual destruction by the NST must be witnessed by the facilities director or another authorized individual.
- Medication Disposal Logs will be signed by the NST once destruction is complete, after which the logs will be delivered by the NST or other designated staff to the administrative offices and scanned to the affected client's/client's record(s) in Provide.

The foregoing process should be followed in all cases if possible. However, if the foregoing process cannot be followed for some reason, alternative approaches to medication disposal that might be available include (1) disposing medications into household trash if mixed with something undesirable such as kitty litter or used coffee grounds and (2) pharmacy and community drug take back programs or other programs, such as household hazardous waste collection events, that collect drugs at a central location for proper disposal. Staff will consult with program directors before pursuing any such alternatives.

Physician Medication/HRA Reviews

CICL takes reasonable measures to ensure that the medications taken by clients are necessary.

The continued appropriateness of all HRAs and medications (whether those that can only be purchased by prescription, OTC medications that are taken regularly or OTC medications to be taken PRN) must be reviewed by the client's physician at least annually or at such shorter intervals as the physician may determine. The physician's determination regarding when a client's HRA's and medication should next be reviewed should be documented on the client's appointment form, which form will be reviewed by the program director and scanned into the client's record on Provide. CICL is not required to have HRA/medications reviewed until the time the physician recommended unless there are problems.

Medication/HRA Error Reporting & Disciplinary Process

CICL provides training to employees to ensure proper medication administration and HRA performance for the individuals we assist. Whenever there is any uncertainty in how medications should be administered or HRAs should be performed, staff MUST call a QHP for clarification. Medication/HRA errors can result in serious consequences for these individuals. The most common types of errors include, but are not limited to:

- Wrong medication
- Wrong dosage
- Wrong route
- Wrong date/time
- Wrong consumer

MEDICATION ADMINISTRATION POLICY AND PROCEDURE

- Giving expired medications
- Giving discontinued medications
- Documentation errors

Any staff member who makes or otherwise becomes aware of any medication or HRA error (including any documentation error) must report it to the program manager or director as soon as possible, who will then contact an appropriate QMP if necessary to determine (a) if the error will adversely affect the individual's health and welfare and (b) any next steps. For example, an error that results in the individual showing symptoms or an error involving an individual's taking medication not prescribed to him/her it must be reported to a QHP immediately.

Document all medication/HRA errors on the MAR and, if applicable, an Inservice Form. Errors must also be documented and reported as unusual incidents in accordance with section 5123-17-02 of the Ohio Administrative Code. State on the unusual incident report how the client responded to the error and what steps were taken to ensure their health and safety as a response to the error. Supervisors will include on the unusual incident report what steps are taken to prevent future errors.

Program managers and directors will review all unusual incidents involving a medication or HRA error by CICAL staff and determine an appropriate response, up to and including the measures outlined below. All disciplinary actions taken in response to medication or HRAs are required to be documented with copies provided to the HR department.

FIRST MEDICATION/HRA ERROR (in a 12-month period beginning with first error)

- Program manager will review the error with employee and document it on an Inservice Form (to which a copy of the related UI/MUI report will be attached), giving a copy to the program director, Agency Nurse and HR for employee file.

SECOND MEDICATION/HRA ERROR (in a 12-month period beginning with first error)

- PM will review the error with employee and document a verbal warning on Inservice Form (to which a copy of the related UI/MUI report will be attached), giving a copy to the program director, Agency Nurse and HR for employee file.
- Verbal warning will include any performance improvement plan measures deemed appropriate by the program manager, program director or HR.

THIRD MEDICATION/HRA ERROR (in a 12-month period beginning with first error)

- PM will review the errors with the employee and document a written warning on Inservice Form (to which a copy of the related UI/MUI report will be attached), giving a copy to program director and HR for the employee file.
- Written warning will include any performance improvement measures deemed appropriate by the program manager, program director or HR.
- Employee is suspended from passing medications and performing HRAs until they have one-on-one training with agency nurse --which may include observation of a med pass or HRA.

FOURTH MEDICATION/HRA ERROR (in a 12-month period beginning with first error)

- PM will review the errors with the employee and document a final warning on Inservice Form (to which a copy of the related UI/MUI report will be

MEDICATION ADMINISTRATION POLICY AND PROCEDURE

	<p>attached) — giving a copy to program director and HR for employee file.</p> <ul style="list-style-type: none">• The final warning will include any performance improvement measures deemed appropriate by the program manager, program director or HR.• Employee is suspended from passing medications and performing HRAs until they successfully complete the Initial Medication Administration Class.• Documentation of successful completion of class given to program director and HR for employee file.• Documentation of successful medication pass or HRA performance observed by agency nurse will be given to program director and HR for employee file. <p>FIFTH MEDICATION/HRA ERROR (in a 12-month period beginning with first error)</p> <ul style="list-style-type: none">• Suspended from passing medications and performing HRAs for CICL• Likely removal from current job role, including reduction in pay status <p>If any CICL staff get their MAC1, MAC2 or MAC3 revoked, and/or suspended, by any other agency, the staff member must promptly inform CICL know about these actions. Failure to disclose this information can lead to further disciplinary action by CICL up to and including termination.</p> <p>Complaints</p> <p>Any complaint regarding the administration of prescribed medication, performance of HRAs or performance of tube feedings by CICL staff must be made to the ODODD using the process established under rule 5123-11-02 of the OAC.</p> <p>Staff Liability</p> <p>Per Section 5123.422 of the Ohio Revised Code, CICL personnel who administer prescribed medications or perform health-related activities are not liable for any injury caused thereby if both (a) they acted in accordance with methods taught in a legally-compliant training (specifically, training that complies with ORC 5123.42) and (b) their actions do not constitute wanton or reckless misconduct.</p> <p>Identifying Sickness/Illness</p> <p>Choices In Community Living, Inc. is committed to maintaining the safety and good health of its clients.</p> <p>If a client becomes ill (i.e. complains of or indicates headache, stomach ache, etc.):</p>
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MEDICATION ADMINISTRATION POLICY AND PROCEDURE

1. Take the client's temperature, if applicable.
2. Have appropriately trained staff administer the over-the-counter medication, if any, that is prescribed by the client's doctor for the treatment of the client's symptoms.
3. Notify the client's doctor and/or take the client to urgent care or the emergency room.
4. Follow the procedure for defining and reporting unusual incidents.

If a client is injured, appropriately trained CI/CL staff should:

1. Immediately determine whether first aid or emergency medical service is necessary.
2. Administer first aid, call 911, or take the client to urgent care or the emergency room, as appropriate.
3. Follow the procedure for defining and reporting unusual incidents.

If client attends a day program or has other services scheduled away from the home, staff assesses the client's condition and determines, with input from the physician or the agency nurse if needed, if the client will attend the services. If there is any uncertainty regarding whether client should attend services, client's physician or the agency nurse should be consulted. Staff notifies the program manager (if not already aware) of the decision and notifies the day program or other service provider if the client will not attend.

Urgent Situations

There are several levels of urgent situations which require speed of action and medical care appropriate to the situation. Stabilize and evaluate minor injuries on the site and later transport to urgent care, the emergency room or the home, as appropriate. Major illnesses and injuries require urgent or emergency room care within the hour. Emergencies require action within minutes. When an individual appears to have a medical emergency, staff should immediately contact 911 and, if appropriate and if staff have completed the training therefor, provide emergency care as per Red Cross guidelines of CPR and first aid treatments.

An emergency is a life-threatening condition in which death or permanent disability may result within the hour. Examples of these conditions are:

- Lack of heartbeat
- Lack of breathing
- Impairment of breathing
- Blow to head comparable to that of a strongly swung baseball bat
- Uncontrolled bleeding
- Coma
- Unconsciousness
- Poisoning
- Status epilepticus (long seizures)
- Crushing injury of head, chest, or abdomen
- Fractures of the long bones of the extremities
- Severe bee sting (allergy), massive hives, difficulty breathing secondary to throat swelling

See the MAC1 Curriculum for detailed guidance concerning how to respond to these and

MEDICATION ADMINISTRATION POLICY AND PROCEDURE

	<p>other potential illnesses, injuries and medical emergencies.</p> <p>Do Not Resuscitate Orders</p> <p><u>Emergency Response IF Client Is Not Under the Care of End-of-Life Services (such as Hospice)</u> When an individual appears to be having an urgent emergency medical situation as described above in the section titled “Urgent Situation”, staff will immediately take all reasonable steps to obtain emergency medical assistance and to preserve the individual’s life until the individual is under the direction or care of proper healthcare professionals.</p> <p><u>Response IF Client IS under the care of End-of-Life Services but still living at home</u> It is the policy of CICAL to take all reasonable steps needed and consistent with applicable laws and regulations to preserve the life and safety of individuals receiving services. If CICAL is provided a written, current and legal do not resuscitate (DNR) directive, this information will be maintained by CICAL in the individual’s record and at his/her place of residence.</p> <ul style="list-style-type: none"> • All DNR orders will comply with Ohio Administrative Code Rules 3701-62- 04 and 3705-62-05. • The DNR directive and CICAL’s policy regarding DNR orders will be reviewed and documented with the individual, the individual’s family and guardian, CICAL’s agency nurse, the individual’s county board Service and Support Administrator, and CICAL staff who work with the individual. • The individual’s ISP should be revised to reflect the DNR order • CICAL staff will be given a written, simplified, and clear protocol to follow regarding the DNR order by the qualified end-of-life service provider (such as hospice). The protocol will identify the actions CICAL staff should implement. The protocol should instruct staff to contact the end-of-life provider immediately when the individual begins to experience urgent medical issues, cardiac arrest, or respiratory arrest to obtain their assistance. <p>Sharps Container Procedure</p> <ol style="list-style-type: none"> 1. Needles and anything with blood on it must be disposed of in the home's sharps container. 2. No paper or gloves go into the sharps container. 3. Once the sharps container is 75% full, the program manager must close the top. Then, duct tape the top down so that no one can open the container and get to the used hazard contents. 4. Subject to county health department approval, the sharps container can be discarded into the regular trash.
<p>SIGNS/SYMPTOMS TO OBSERVE AND REPORT</p>	<p>Some situations may not be urgent, but it is important to recognize signs and symptoms of disease and/or side effects of medication so that proper treatment may be carried out.</p> <p>CICAL expects all persons in contact with the clients to call attention to the any signs of problems noticed in the course of their client involvement, including as noted through observations of baths, meal times and recreation periods. Some of the common symptoms to report to the program manager and possible referral to the physician are listed below:</p>

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	<p>General Body Symptoms Weight loss without dieting (5 lbs) Rapid weight gain (5lbs) Loss of appetite Increase in thirst Dehydration Dizziness, weakness Shaking, chills Frequent or severe headache Swelling in any part of the body</p> <p>Ears Discharge or bleeding Pain in ear or back of ear Foreign body in ear Profuse hardened ear wax Signs of deafness</p> <p>Eyes Redness of eyes or eyelids Change in color, bluish or yellowish swelling Discharge or bleeding Dullness, brightness, dark circles Twitching, sensitivity to light Dilated or contracted pupils Foreign body in the eye Signs of blindness Profuse tearing</p> <p>Abdomen Any swelling or lump in the abdomen or groin Nausea or vomiting Pain in the abdomen Rigid abdomen</p> <p>Chest Chronic cough Coughing up blood or pus Shortness of breath or difficulty breathing Pain in chest Lump in breast or under the arm</p> <p>Rectum Hemorrhoids Bleeding or drainage from rectum Abnormal bowel movements (blood, mucous, worms, diarrhea, fluid) Chronic constipation</p> <p>Feet</p>	<p>Vital Signs Temperature elevation Low temperature Weak, thready pulse Irregular pulse Fast or slow pulse Shallow or deep respiration Noisy respiration Difficulty in breathing Pain or Injury</p> <p>Nose Chronic discharge Runny nose (not chronic) Sneezing Repeated nosebleeds Foreign object in the nose Breathing difficulties</p> <p>Mouth Tongue - coated, red, pale Teeth - sharp, broken, loose, toothache Gums - swelling, bleeding, ulcer sores that do not heal Difficulty in swallowing or talking Hoarseness Swollen, discolored lips Rash or red mouth Sore throat</p> <p>Neck Swelling or lumps in neck Stiffness or pain in neck</p> <p>Skin Rash, moles, open sores Dryness, dampness Pale or reddened bruises Burns Unusual bites</p> <p>Genitals and Urine Discharge Itching Swelling Redness Abnormal color or odor of urine Pain or difficulty in urination Unable to void; voids frequently Incontinence</p>
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	<p>Swelling or pain Corns or bunions Deformities Blisters Ingrown toenails</p> <p>Arms and Legs Swelling or pain Deformities Lumps, bruises Paralysis or weakness Varicose veins</p> <p>Pain Person complains of / verbalizes pain Facial grimaces Wincing Bracing Restlessness Aggression Rating on a pain scale Rubbing an area Groaning, moaning Unusually resistant Self-injurious behavior Unable to get person's attention Stiff or avoiding moving a body part Person's unique expression of pain as identified in ISP</p>	<p>Abrasions Odor</p> <p>Mental State Coma or semi-comatose Confusion or disorientation (unusual for client) Drowsiness or stupor Fatigue Agitated Sudden change in behavior</p>
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