



# Medication Management Services at NorthStar Regional

## Prepared By

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## Policy and Procedure Manual Version Control

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**Note** This manual will be available to all NorthStar Regional employees at the front desk at all NorthStar Regional locations.

NorthStar Regional’s Policy and Procedure Manual outlines procedure program compliance with Minnesota 245G and Federal Regulations governing Minnesota 245G program license. Policies and procedures will be revised and updated in compliance with governing state and federal rules, statutes, and regulations.

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## General Medication Procedures

1. All prescription medication administered to patients will be documented in the Electronic Medication Administration Record (EMAR) in RTasks.
2. Over the counter medications will be kept in nursing station and given to patients by patient request only. These over the counter medications have been pre-approved for use by Chief Medical Officer and standing order initiated by NSR admitting provider upon patient admission to the program.
3. If patient arrives to facility with their own over the counter, nursing will inventory, document, and communicate this with the NSR admitting provider. The admitting provider must approve them prior to adding to patients EMAR. These medications must be in original, unopened, manufacturer's packaging.
4. When prescribed medication is received, nursing will confirm EMAR medication details (name, route, strength, dosage, frequency, ordering physician) for accuracy as it appears in patient EHR.
5. Staff will document in EMAR at the time of administering a medication. If medication is refused or unavailable, this will be documented appropriately in EMAR at that time.
6. If the medication is a controlled substance, see "Procedure for Controlled Substances".
7. If patient does not receive medication as ordered:
  - a. Document on EMAR in RTasks reason for patient not receiving medication: patient refused or medication unavailable.
  - b. Staff will notify the nursing staff in RTasks if patient did not receive medications.
  - c. Nurse will review medication with patient and document for review by provider.
8. Circumstances in which staff will contact nursing/provider on call:
  - a. Staff (unlicensed) will notify licensed medical staff in this order: verbal contact with nurse on shift, telephone call to provider on-call.
  - b. Patient reports discrepancy with medication.
  - c. Patient reports side effects from medication.
  - d. Missing dose or medication not available for administration.
  - e. If staff questions any medication order, consult with nursing before administering.

## Procedure for Medication Clarification at Time of Program Admission

1. When a patient is admitted to NSR facility, nursing will document patient's current medications and current presentation for admitting provider to review in EHR.
  - a. Patient information to be accurately documented at time of admission includes:
    - i. Patient allergies
    - ii. Current medications: name, dose, route, frequency, # remaining in patient supply
    - iii. Previous medical history, mental health history, and substance use diagnoses
    - iv. Patient's presentation including: demeanor, attitude, physical mobility,
    - v. history of withdrawal, screening tools (COWS, CIWA) results if applied
  - b. Admitting provider will continue or discontinue current medications.
  - c. Standing orders will be initiated by admitting provider, day of patient admission.
2. When patient arriving with prescription medications to treat a medical condition needing to be refilled within 30 days:
  - a. Nurse will confirm that the medication is validly prescribed to the patient by a medical provider.
    - i. Nursing will contact outside medical provider to have medication refill sent to NSR contracted pharmacy as to maintain supply of medication while in NSR facility.

- ii. Medications that require complex medical decision making, such as insulin or other injectable medications, biologics, etc., nursing will communicate with patient's outside medical provider to continue to prescribe/refill medication and follow up with that provider if necessary.
  - b. Nurse will document amount of remaining medication and the need for medication refill, communicating this to admitting provider.
  - c. Admitting provider will send prescription for 30-day supply of medication to NSR contracted pharmacy, medication will be delivered to facility.
- 3. Nursing will populate EMAR in RTasks for patient and include all approved medications at time of admission to NSR facility.
- 4. If admitting provider orders medications to be discontinued (no longer needed): Nurse will destroy per "Medication Destruction Procedure".
- 5. Documentation of provider notification and receiving and documenting medication orders will be placed in patient EHR.

### Procedure for Accepting Medication Orders

1. Provider attending to patient will document medication orders in patient visit note, found in patient EHR, and electronically transmit prescriptions to pharmacy.
2. Nurse will document in patient EHR and transcribe all verbal/written orders from prescribers in to patient EMAR in RTasks.
3. Prescription orders will be transmitted to NSR contracted pharmacy unless indicated to be done elsewhere.

### Procedure for New Medication Orders & Changes in Medication Orders

1. When a new medication is ordered:
  - a. Provider attending to patient will document medication orders in patient visit note, found in patient EHR, and electronically transmit prescriptions to pharmacy.
  - b. Nurse will verify medication order details (name, route, strength, dosage, frequency) and transcribe on EMAR in RTasks.
  - c. Nursing will verify medication received from pharmacy delivery for accuracy (name, route, strength, dosage, frequency) and placed in patient medication supply.
2. When a medication is discontinued:
  - a. Provider attending to patient will document medication orders in patient visit note, found in patient EHR, indicating which medications are ordered discontinued.
  - b. Nurse will remove medication in EMAR indicating MD order to discontinue.
  - c. Nurse will remove the medication from the patient medication supply and place it in a secured container in nursing station labeled "Medication to be Destroyed", and follow "Policy for Medication Destruction".
3. When a medication dose is changed:
  - a. Provider attending to patient will document medication orders in patient visit note found in patient EHR, indicating medication dose changes.
  - b. Nurse will discontinue existing medication in EMAR in RTasks.
  - c. Nurse will create new medication in EMAR to accurately reflect medication change (name, route, strength, dosage, frequency) as indicated by provider order.

- d. If a new supply of medication is not required to be delivered from pharmacy to achieve the medication dose change, affix a label to the existing medication bottle that reads “DOSE CHANGE, SEE EMAR” along with updated medication instructions.
4. Medications and medication orders received from medical providers outside of NSR will be processed by nursing and communicated to patients’ NSR provider for review
    - a. Nursing will receive medication or medication order from outside medical provider (physical prescription or electronically transmitted to contracted pharmacy) and review with NSR attending provider.
    - b. NSR provider will order the medication to be continued as prescribed or discontinued.
    - c. Nursing staff will populate the medication on patient EMAR in RTasks following NSR orders to continue as prescribed.

### Procedure for Ordering Prescription Medications from the Pharmacy

1. Provider attending to patient will electronically transmit prescriptions to pharmacy using EHR.
2. NorthStar Regional’s contracted pharmacy will deliver medications to facility via courier daily on weekdays only.
3. NorthStar Regional’s contracted pharmacy has agreed to notify NSR nursing staff in the event a NSR provider’s prescription is unable to be filled the day it was received.
  - a. Notification to be sent electronically to nursing staff.
  - b. Nursing will contact pharmacy to clarify and resolve, update provider via documentation in patient EHR.
4. To ensure that each patient has an adequate supply of medication available, staff trained to administer medication will visually audit medication supply routinely. Nursing will notify NSR provider when medication supply is less than 5-day supply.
  - a. Nursing will review patient medication supply need and document in patient EHR.
  - b. Attending provider will review request for medication refill in EHR and transmit refill prescription as necessary.

### Procedure for Managing Controlled Substances Log

POLICY - It is the policy of this facility to ensure the proper handling and tracking of controlled medications. Controlled medications will be subject to special receipt, record-keeping, medication assistance, and change of shift count verification.

#### PROCEDURE

1. Controlled Substance Administration Log
  - a. This form is to be filled out with each administration of a controlled substance. Count will be entered in Rtask as well as on the individual page. Each administration will include:
    - i. Date, time, Amount in bottle, Amount dispensed, Amount balance, and Staff **Initials**
2. Controlled Substance Tracking Form
  - a. This form needs to be completed with each shift change (0700, 1500, 2300)
  - b. This will be done at shift change in order to have two signatures.

- c. **Two** staff need to be present for the counting of narcotics.
- d. Each page will account for one narcotic. Information on this page will include:
- e. Date, Time, Tabs/mL, Staff OUT **signature** (outgoing shift), Staff IN **Signature** (oncoming shift)

### Procedure for Medication Administration for Residential Treatment Program (RTC)

Registered Nurse (RN), Licensed Practical Nurse (LNP), and delegated staff are responsible for administration of medications to all patients participating in residential programming.

1. Medications will be dispensed according to patient EMAR in RTasks that reflects provider orders of how such medications will be administered.
2. Residential patients will be administered medications during standardized medication pass times throughout NSR facilities.
3. Staff members, other than licensed practitioners or nurses, who are delegated this task will have documented proof in their personnel file of:
  - a. Completion of medication administration training program for unlicensed personnel through an accredited Minnesota postsecondary educational institution.
  - b. Completion of formalized training program taught by a RN at NSR.
  - c. Demonstration to the RN of competency to perform the delegated activity.
4. Documentation of medication administration using EMAR will include: date, time, and staff identification who administered the medication.

### Procedure for Medication Administration for Intensive Outpatient Programs (IOP)

Registered Nurse (RN), Licensed Practical Nurse (LNP), and delegated staff are responsible for assistance with self-administration of medications to all patients participating intensive outpatient programming while living in housing facilities owned or operated by NSR.

1. Medications will be self-administered according to patient EMAR in RTasks that reflects provider orders of how such medications will be administered.
2. IOP patients will be allowed to self-administer medications as indicated on patient EMAR, with observation of NSR staff members.
3. Staff members, other than licensed practitioners or nurses, who are delegated this task will have documented proof in their personnel file of:
  - a. Completion of medication administration training program for unlicensed personnel through an accredited Minnesota postsecondary educational institution.
  - b. Completion of formalized training program taught by a RN at NSR.
  - c. Demonstration to the RN of competency to perform the delegated activity.

### Procedure for Monitoring and Addressing Missed/Refused Medications

Staff responsible for medication administration will uniformly document and communicate to nursing the circumstances which medications are not administered to patients as ordered.

1. If a medication is not administered because:
  - a. Patient refuses medication, or patient does not arrive for medication to be administered during scheduled medication pass times:
    - i. Document in EMAR using approve verbiage only: “patient refused, nurse notified”
  - b. Medication is not available in patient bin:
    - ii. Document in EMAR using approve verbiage only: “medication not available, nurse notified”
2. Program Directors and nursing to review missed/refused medications per location daily.
  - a. If patient refuses medication, nursing will discuss with patient reason medication was missed/refused.
  - b. If medication not available, nurse to contact pharmacy to identify and resolve delay in prescription delivery.
  - c. Nursing will document in patient’s EHR to notify provider or refusal/missed administration.

### Procedure to Identifying and Addressing Medication Discrepancies (Errors)

It is considered a medication discrepancy if any of the following occurred:

- A medication is not administered.
- A medication is administered to or taken by the wrong patient.
- A medication is administered at the wrong dose.
- A medication is administered via the wrong route.
- A medication is administered at the wrong time.
- A medication is administered on the wrong date.
- A medication is not documented as administered if it was given.

1. During daily chart audits, nursing will address medication administration discrepancies. If it is discovered that a medication has not been documented on the EMAR, staff working that shift will be contacted immediately and verify whether the medication was or was not administered.
  - a. If the medication was given and not documented:
    - i. Staff responsible for medication administration will be contacted. Nursing will assist staff to accurately document in EMAR that patient medication was indeed administered.
    - ii. Nurse on shift and staff member will complete an Incident Report Form in RTasks; review, print, and place into supervising nurse mailbox.
  - b. If the medication was not given:
    - i. Verify with patient that the medication was refused by patient or not administered because the medication is not available.
    - ii. Document in EMAR as “declined/not given”, and assign “patient refused” or “medication not available” for reason medication not given.
    - iii. If refused, no further action needed. Document in EHR for NSR provider review.
    - iv. If medication was not administered because of error, nursing will contact pharmacy to determine why medication was not delivered to NSR, document in EHR for NSR provider review.
    - v. Nurse on shift and staff member will complete an Incident Report Form in RTasks; review, print, and place into supervising nurse mailbox.
  - c. If medication was given late:

- i. Staff administering medication will document medication as given outside of defined parameters by choosing “medication given late, nurse notified” in EMAR.
- d. If medication is administered to the wrong person, or wrong route used, or an overdose given:
  - i. Call Minnesota Poison Control (1.800.222.1222) immediately and follow instructions.
  - ii. Call Medical Director and Program Director, follow instructions.
  - iii. Document the discrepancy and instructions in the patient EHR.
  - iv. Nurse on shift and staff member will complete an Incident Report Form in RTasks; review, print, and place into supervising nurse mailbox.
  - v. Accurately document on EMAR action taken or not taken per above documentation guideline.

### Procedure for Correction of Medication Discrepancies

1. The RN will review, approve correction action, and sign all completed Medication Discrepancy Forms.
2. The RN will review, approve correction action, and sign all Incident Reports involving medication discrepancies/errors.
3. In the event staff members continue to create medication discrepancies after receiving additional training and supervision, the RN or Program Director may recommend the staff member be denied the responsibility of medication administration.

### Procedure for Medication Storage

1. All medications will be stored in a secured compartment in nursing station that has locked door.
  - a. Prescribed controlled substances are stored in a locked compartment which is permanently affixed to the physical plant or medication cart.
2. Only authorized personnel will have access medication stored in nursing station.
3. Nursing will check the medication storage areas daily to ensure medications are stored in a secure area only accessed by authorized staff.
4. Refrigerators used for storing medications will contain a thermometer, that will be checked twice daily by staff and temp will be documented.
  - a. Refrigerator’s temp should remain between: 38.2 degrees F and 44.7 degrees F. If temperature falls outside of these guidelines, facility maintenance staff will be notified immediately to correct the temperature/maintenance the equipment.
5. Nursing station thermostat will be checked daily and maintained at 68 degrees F to ensure medications that do not require refrigeration are stored at room temperature.

### Procedure for Medication Labeling

1. Prescription medication supplies will only be used by the client identified on the label.
2. Labels created by nursing to reflect provider ordered us of the medication
  - a. Medication name, dose, route, frequency, patient name/DOB and ordering provide name
  - b. Labels are legible.
  - c. Medications are not expired.
  - d. Instructions on the label are identical with EMAR.
3. Use same process above when labeling Sample medications.

## Procedure for Emergency Medications

1. When a client admits with a diagnoses that requires use of emergency medication (nitroglycerin, EpiPen), it will be allowed to be kept on person.
  - a. NSR provider or RN may be contacted to authorize an “PRN on person” medication.
  - b. Nurse will meet with the client to educate on the importance of the client communicating with staff if the medication needs to be taken. Client will also be instructed to never share the medication and to keep medication secured away from other clients.
  - c. Medication will be entered into RTasks as a “PRN on person” and a banner will be added to the client’s Face Sheet in RTasks to update and alert Medical/Tech staff that the client has a “ON person PRN.”

## Procedure for Off-site Medication Administration

1. Follow procedure for “Procedure to Administer Oral Medications” to verify medication dose, time, route, time, and date. Identify patient using 2 identifiers (name/DOB). Place medication in designated envelope.
2. Label envelope with medication, dose, administration instructions, patient Initials.
3. Immediately before leaving the facility, client will go to medication room, staff will sign out prepackaged medication envelope.
4. Document in EMAR marked as given and indicate: sent with patient, out of facility.
5. Upon returning to facility, patient will return any unused medication, and the individual medication envelopes to staff.
  - a. In the event a patient returns with medication that was not taken: EMAR will be adjusted to read “medication not administered, patient refused” and tablets or capsules being returned to nurse will be destroyed.

## Procedure for Prescribed Controlled Substances

1. All prescribed controlled substances will be stored in locked safe found in nursing station. Two staff are required to count and document all prescribed controlled substances at the beginning and end of every shift and document in RTasks.
2. Upon patient admission, any prescribed controlled substances will be counted and recorded using RTasks by two staff members. Admitting provider will be notified at time of admission and will determine whether to continue or discontinue the medication.
  - a. If medication is continued: Follow procedure and create EMAR in RTasks with the medication details (name, route, strength, dosage, frequency)
    - i. Staff will count the medication and document the count in RTasks under medication counting tab.
  - b. If the medication is discontinued, follow the Procedure for Medication Destruction.
3. Immediately after administering prescribed controlled substance medication, document in RTask EMAR.
4. Count and record each controlled substance in RTasks under Medication Counting Tab by 2 staff (incoming/outgoing) every shift.

### Procedure for Medication Destruction

1. Medications that have been discontinued by attending provider, are expired, or have an unreadable label will be destroyed.
2. Medications will be destroyed immediately when discontinued by provider attending to patient.
  - a. A medication that was determined by a physician or advanced practice registered nurse to be harmful after examining the patient must be destroyed, except when the patient's personal physician or advanced practice registered nurse approves the medication for continued use.
3. Medication will be securely stored in the nursing station until it is destroyed.
  - a. Upon patient discharge, medication will be inventoried by nursing staff and securely stored in nursing station. If patient returns to claim medications within 30 days of discharge, patient will sign and date document upon receipt of medication from nursing staff.

### Procedure to Destroy Prescription and Over-The-Counter Medications

1. Nursing will destroy medications by placing medication into the approved drug buster/deactivation solution.
2. Documentation of this action will include medication name and quantity destroyed and be completed in patient's EHR.

### Procedure to Destroy Controlled Substance Prescription Medications

1. Two staff members, one being a licensed medical professional, will destroy medications by placing medication into the approved drug buster/deactivation solution.
2. Documentation of this action will be completed in patient's EHR.
3. Nurse note to read "Medication name, strength, quantity (tablets, films, mL liquid) destroyed per MD order and NorthStar Regional Policy".
4. Documentation of destruction will be completed using the Medication Destruction List found in nursing station.

### Procedure for Disposal of Illicit Drugs and Paraphernalia Found or Turned-In to Facility

1. With guidance from Scott County Sheriff's office, drug paraphernalia will be deposited in labeled receptacle found at 301 Fuller St S, Shakopee, MN 55379. Two NorthStar Regional staff members will be required to complete.
  - a. Nursing will document the item(s) to be destroyed as well as identify staff members responsible for disposing item(s) at Scott County Sheriff's Office.
2. All illicit substances, suspected illicit substances, and controlled substance without valid prescription, will be documented and destroyed by placing medication into the approved drug buster/deactivation solution.
3. Documentation of these actions will be completed in patient EHR and include the verified or suspected substance and amount, where it was found, staff members witnessing destruction, staff informed patient of destruction per policy. Documentation will also include notification of Chief Medical Officer and Program Director.

## Procedure for Patient Requesting or Requiring Community Medical Services

NorthStar Regional providers focus medication management on routine medical conditions and acute exacerbations of common of low to moderate complexity mental health conditions. For patients requiring complex medical care, referral to medical specialties, dental care, urgent care, or emergency care; the following steps will be taken.

1. When a patient requires lifesaving or emergency care:
  - a. Staff will activate EMS and remain with patient in need until help arrives. Chief Medical Officer and Program Director will be notified via telephone immediately.
  - b. Health information requested by EMS will be shared to preserve patient health.
  - c. Documentation: staff will complete Critical Incident Report and signed by nursing staff and Program Director.
  - d. Nursing and medical staff will document action taken in patient EHR.
2. When patient requires care in urgent care or emergency room:
  - a. Program director will be notified by nursing or unlicensed staff via telephone of patient condition.
    - i. Chief Medical Officer will determine patient need based on staff's report using the approved communication tool.
    - ii. Staff will facilitate transportation using NSR vehicle and driver if available and ordered by Chief Medical Office. EMS will be used if ordered by Chief Medical Officer.
    - iii. Prior to patient leaving NSR property, Chief Medical Officer will notify emergency room or urgent care of patient status and their estimated time of arrival.
3. When patient requires routine or non-emergent medical care for acute or chronic medical condition
  - a. Nursing staff will assist patient in scheduling an appointment with outpatient medical provider
    - i. If patient has established medical provider, the patient will be scheduled with that provider if located within reasonable transportation range.
    - ii. If patient has no established medical provider, or if the established provider is not located within reasonable transportation range, nursing staff will assist patient to locate and schedule with new medical provider.
  - b. Patient will be scheduled to see medical provider outside programming hours when possible.
  - c. Staff will facilitate transportation to medical appointment as able
    - i. NSR vehicle and driver if available.
    - ii. Medical transportation if available through patient insurer.
4. Documentation required to be sent with patient for an outside medical provider visit:
  - a. Face sheet / demographic information printed from patient EHR.
  - b. Updated medication list from patient EMAR.
  - c. Staff will assist patient to complete "Medical / Dental Referral Form".
  - d. Adequate Release of Information will be completed for medical/ dental provider not affiliated with NorthStar Regional.
    - i. Prior to patient visit: completed by nursing staff (unlicensed staff if no nurse on shift)
    - ii. Upon return of patient visit: nursing to review documentation completed by outside medical provider and communicate to NSR provider.
    - iii. Documentation to be downloaded into patient EHR.

1. Medical / Dental Referral Form, after visit summary, recommended medication changes, prescriptions for new medications, follow up recommendations, ROI for provider seen at this visit.
2. Medication orders will be processed as detailed in “Procedure for New Medication Orders & Changes in Medication Orders”

### Procedure for Referral to and Use of Outside Psychiatry Providers

NorthStar Regional provides a comprehensive, multi-disciplinary approach to care for patients with psychiatric diagnoses. NRS providers will determine if patients admitted to Residential Treatment Facilities (RTC) are appropriate for “in house” medication-management of mental health symptoms.

1. Documentation used to determine patient appropriateness include: Diagnostic Assessment completed by licensed mental health counselor, Chemical Dependency Assessment or Comprehensive Assessment completed by licensed alcohol and drug counselor, previous mental health provider documentation, intake assessment with NSR provider.
  - a. Patients who have been previously diagnosed and treated for common mental health diagnoses, who are stable, and require low to moderate complexity decision making to manage will continue to be seen by NSR providers.
    - i. If a patient has an ongoing, active medication-management treatment relationship with a psychiatric provider not affiliated with NorthStar Regional, and requests to continue to see that provider, we will coordinate care with that provider to ensure that the patient is receiving consistent and coordinated services while the patient is receiving treatment at NorthStar Regional.
    - ii. Adequate Release of Information will be completed for psychiatric provider not affiliated with NorthStar Regional.
2. Patients requiring MAT to manage symptoms of substance use disorder will continue to be seen by NSR providers.
  - i. Patients who have been previously diagnosed and treated for complex mental health diagnoses, are not stable, and require high complexity decision making to manage will be referred to psychiatric clinic or provider not affiliated with NorthStar Regional for ongoing psychiatric care while participating in NSR programming.
    - i. If a patient has an ongoing, active medication-management treatment relationship with a psychiatric provider not affiliated with NorthStar Regional, we will coordinate care with that provider to ensure that the patient is receiving consistent and coordinated services while the patient is receiving treatment at NorthStar Regional.
    - ii. If a patient has no ongoing, active medication-management treatment relationship with a community psychiatric provider, NorthStar Regional will refer the patient to a contracted community psychiatric clinic or provider.
    - iii. Adequate Release of Information will be completed for psychiatric provider not affiliated with NorthStar Regional.
3. Intensive Outpatient Program (IOP) patients: for whom this policy is intended include:
  - a. Patients entering NorthStar Regional IOP program with an ongoing, active medication-management treatment relationship with a psychiatric provider not affiliated with NorthStar Regional.
  - b. Patients who are not residing at a NorthStar Regional lodging facility or sober house.

4. To facilitate the communication and coordination of care for IOP clients between NorthStar Regional and outside psychiatric providers, the following procedures will be followed:
  - a. Patient to complete intake with multidisciplinary team.
  - b. Adequate Release of Information will be completed for psychiatric provider not affiliated with NorthStar Regional.
  - c. NorthStar Regional will send a letter to the outside provider, informing them of our expectations for communication regarding the mutual patient status during treatment.
  - d. After each visit with the outside provider, the patient will submit to nursing and Program Director a letter with a status update and any medication changes that may have been made. Medication changes will be reflected in patient EMAR per policy.

### Procedure to Admit Patients Participating in Minnesota Restricted Recipient Program

NorthStar Regional will admit patients identified with restricted services through Minnesota Restricted Recipient Program (MRRP) admitted to residential and outpatient programs. To improve safety and the quality of care, patients will continue to receive medication management through their active/assigned provider.

1. Patients participating in MRRP will follow steps identified in “Procedure for Patient Requesting or Requiring Community Medical Services” and “Procedure for Referral to and Use of Outside Psychiatry Providers” to allow for health information and documentation will be accessible to NSR staff.
2. Prior to patient arrival, staff in admissions department will contact MRRP and indicate the patient will be participating in NSR programming and will be using NSR contracted pharmacy for medication refills.
3. At time of admission, nursing staff will confirm with NSR contracted pharmacy that patient is authorized to refill medications at that location.
4. At time of admission, nursing staff will complete and have patient sign and date “Patient Notification of Restricted Services” form, retain a copy in patient EHR, original copy is given to patient.

### Policy and Procedure of Telemedicine

NorthStar Regional uses Doxy.me for hosting telemedicine visits. All patient visits with NSR medical providers will be completed using telemedicine. NSR will register medical providers with a secured individual account through Doxy.me for use to complete patient visits. Patient consent for use of telemedicine services upon admission to NSR programming.

1. Definitions
  - a. Telemedicine and Telehealth: These terms are used interchangeably at NorthStar Regional. Both describe the use of digital technologies to deliver medical services by connecting multiple users who are physically located in separate locations. Medical information is exchanged from one site to another via electronic communications to improve a patient’s health or medical status.
  - b. Originating Site: This is the location where the patient is located at the time of service delivery. For medical visits, the client will be located on a property which NorthStar Regional owns or operates. Outpatient participants may be located in the community but will be in a secured and private area, confirmed at the time of encounter.
  - c. Distant Site: This is the location where the health care provider is located at the time of service delivery. This could be an office location or another site that has been pre-approved. The requirements for this

site will be that: the healthcare provider can attest to maintaining confidentiality and the privacy of the patient as well as the security of patient's PHI.

2. Procedures with the Originating Site at NSR Facilities:
  - a. Telemedicine sessions for medication management visits are limited to those who are already-established and current NorthStar Regional patients.
  - b. Telemedicine sessions for medication management will be conducted at an originating site that is located on the property owned/operated by NorthStar Regional and that is set up to provide secure telehealth service delivery.
  - c. Telemedicine will be delivered through a pre-approved platform (Doxy.me). Every effort will be used to complete patient visit using this platform. Telephone call may be used if patient lacks access to technology/adequate internet connection necessary to operate pre-approved platform. Use of any other platform for clinical service delivery is strictly prohibited.
  - d. Residential facilities: Staff will check patient in for their telehealth session set up in the designated Telemedicine office on-site.
  - e. Outpatient facilities: Patients will check themselves in for their telehealth session set up in the designated Telemedicine office on-site or by using their private compatible device.
3. Consent and Registration
  - a. At time of admission to NSR program, staff will assist patient to sign informed consent to receive telemedicine services, complete registration, review office process and procedures for participating in NorthStar Regional's telemedicine. Patient will be given assistance from staff at any time to clarify or review the above policy and procedure upon request.
4. Emergency Procedures: All Emergency policies and procedures for NorthStar Regional facilities will be followed. These include, but are not limited to:
  - a. De-escalation procedures
  - b. Medical emergencies
  - c. Mandated reporting such as for vulnerable adults and child abuse and neglect
  - d. Aggressive or threatening behaviors
  - e. Physically intoxicated individuals who demonstrate signs of withdrawal.
  - f. Actively Suicidal/Homicidal Patient: If a patient expresses suicidal or homicidal ideation or intent during a telehealth session, the provider will assess the severity of the situation and determine next steps. If the assessment determines that an intervention is necessary:
    - i. The provider will keep the patient online, in a live, two-way interactive video
    - ii. The provider will concurrently notify the Front Desk at the location where the patient is located
    - iii. The Front Desk will immediately notify a mental health provider and the Program Director on-site while the healthcare provider continues to keep the patient live, online
    - iv. The mental health provider and Program Director will enter the room where the patient is and begin an in-person assessment and intervention
    - v. The mental health provider and Program Director will confer with the telehealth provider and will then give directions for next steps, up to and including calling 9-1-1
    - vi. Once the room is cleared, the Front Desk personnel will enter the room and secure the telehealth platform.
5. Technology Failure
  - a. If the technology fails during the session, the clinician will notify the Front Desk.
  - b. The Front Desk will then inform the patient of the problem and assist the patient in rescheduling.

- c. If the technology fails on the patient's end, the Front Desk will notify the clinician at a designated phone number.
- 6. Follow-up appointments may be scheduled by the clinician during patient encounter, patient stopping at the Front Desk, or by calling the Nursing Line.
- 7. At any time, the clinician may determine that telehealth services are not benefiting the patient, that the patient is not a good candidate for telehealth or circumstances have arisen where a referral to face-to-face service delivery is warranted. The clinician will make this recommendation verbally to the client, put it in writing in the medical record, and provide referrals upon request of the client. Please refer to Referral to and Use of Outside Psychiatry Providers.

### Procedure to Administer/ Store Narcan (Naloxone)

Naloxone is an opioid antagonist used to reverse the effects of opioid overdose. NorthStar Regional staff will be trained in procedures to use naloxone and facility protocol to activate life saving measures in the event of suspected opioid overdose.

1. Narcan (naloxone)
  - a. Indication: known opioid overdose. Patient that has history of opioid use disorder or shows symptoms of opioid overdose including miosis (pinpoint pupils), respiratory distress (<12 breaths per minute), altered mental status (confusion, disorientation).
  - b. Contraindication: known allergy or hypersensitivity to naloxone.
  - c. Mechanism of action: mu-opiate receptor competitive antagonist. It attaches to opioid receptors and reverses and blocks the effects of other opioids.
  - d. Precautions: Administration may result in rapid onset of opioid withdrawal including: agitation, tachycardia, nausea, vomiting, pulmonary edema, seizures.
2. Administration: any individual receiving naloxone should receive appropriate emergency medical treatment. EMS will be activated any time a suspected overdose occurs or is treated. Patient must be seen in emergency room and deemed stable to return to NSR facilities.
  - a. Staff member will administer naloxone 4mg via intranasal spray every 2-3 minutes.
  - b. Staff will monitor for adverse effects of medication and be prepared to administer cardiopulmonary resuscitation if needed until EMS is present.
  - c. Proper documentation must be completed immediately following administration of naloxone. Program Director and Medical Director will be notified immediately.
3. Training to administer naloxone. All employees will obtain and have written documentation in their personnel file:
  - a. Completion of formalized training program that is taught by the RN at NSR.
  - b. Demonstration to the RN of competency to follow naloxone policy and procedure.
4. Maintaining, replenishing, and destroying of naloxone.
  - a. Standing order in every patient chart.
  - b. Refills will be available from NSR pharmacy upon request.
  - c. Weekly monitoring of naloxone supply will ensure at least two doses are available in each building owned or operated by NSR.
  - d. Naloxone that has passed manufacturer expiration date will be destroyed per policy.
5. This protocol shall remain in effect for all employees of NorthStar Regional. A standing order, signed by NSR Medical Director, shall be kept at all NorthStar Regional facilities.

## Tuberculosis (TB) Infection Control Program

NorthStar Regional follows all regulations and best practices regarding Tuberculosis (TB) to maintain the health and safety of our clients and staff. This TB Infection Control Program is intended to prevent and control for TB at our facilities. All guidelines followed are designed by the Minnesota Department of Health.

1. NorthStar Regional will have an active TB Infection Control Program and includes:
  - a. A Tuberculosis infection control team
  - b. A facility Tuberculosis risk assessment tool and screening
  - c. Written Tuberculosis infection control procedures
  - d. Administration and maintenance of tuberculin skin tests
  - e. Education for all health care workers; which include:
    - i. Administrators and managers, clerical, dietitian or dietary, food service, health aides, housekeeping or custodial, janitorial, laboratory, maintenance, nurses, outreach, patient transport staff, physicians and other clinicians, social workers, students (medical, nursing, technicians, allied health), volunteers
2. Education for all patients participating in NSR programming:
  - a. At time of admission to NSR program, every patient will review and retain a copy of “Active TB Disease” PDF from Minnesota Department of Health.
3. Infection Control Team: This team will consist of a qualified person or persons who are assigned supervisory responsibility for the TB control program. At a minimum, the infection control team will consist of a RN or LPN, the NorthStar Regional Compliance Officer, and Program Director.
4. Facility Risk Assessment Tool and Screening: An initial TB Facility Risk Assessment will be completed and kept on file at the Residential Treatment Facility. NSR will use the Minnesota Department of Health’s worksheet. This worksheet will be updated periodically and/ whenever an incidence of TB has occurred. It will be completed by nursing staff and the Compliance Officer.
5. Infection Control Procedures: The following items will be implemented and continually monitored for quality improvement purposes and to prevent incidence of TB at NorthStar Regional:
  - a. A Facility Risk Assessment will determine the level of risk and subsequent procedures that NorthStar Regional will follow; NorthStar Regional Residential Treatment Center has been determined to be a medium Risk facility
  - b. As a medium risk facility, procedures will be reviewed and updated every year
  - c. Every new employee in the designated department will have a baseline screen at the time of hire, and before beginning employment, using the tuberculin skin test (TST). Baseline screening consists of 3 components: assessing for current symptoms of TB, assessing TB history, and testing for the present of infection by administering a two-step TST
  - d. TST documentation should include the date of the test, the number of millimeters of induration) if no induration, document “0” mm) and interpretation as positive or negative
  - e. Minnesota Department of Health’s Baseline TB Screening Tool for Health Care Workers for TST documentation will be used
  - f. Employees may begin to work at the facility after a negative TB symptom screen dated within 90-days of hire
  - g. New employees who are symptomatic will be referred to their physician for further medical evaluation

- h. Employees testing positive will be referred for treatment and not be allowed to work until medically cleared by qualified medical personnel
  - i. Documentation of test results will be kept on file both at the Residential Treatment Facility and in the employee's personnel file
  - j. NorthStar Regional is choosing to screen all designated employees annually (serial screening)
  - k. If a client presents to the facility with suspected symptoms of TB, staff shall immediately isolate them and refer them to Allina Chaska Clinic/212 Medical Center. Symptoms include: prolonged cough for more than 3 weeks, hemoptysis, weight loss, night sweats, fatigue, fever, chills, poor appetite, and chest pain. The Program Director and Compliance Officer will be notified immediately
  - l. Clients who have been referred for suspected active TB will not be allowed to return to the facility until they have been cleared by qualified medical personnel
6. Administration and maintenance of the tuberculin skin test (TST)
- a. The Tuberculin skin testing (TST) protocol will be signed by the Medical provider and reviewed annually
  - b. RN/LPN will implement this Protocol for tuberculin skin testing
  - c. Tuberculin will be stored at 35F degree to 46F degrees in a standalone refrigerator, monitored with a digital thermometer (see Refrigerator Temperature Tracking Policy)
  - d. Tuberculin vials will be labeled with date opened and discarded 30 days from that date.
7. Education for all health care workers
- a. Tuberculosis training is provided to all health care workers at the time of hire
  - b. Tuberculosis training is provided to all staff annually
  - c. Content of training shall include information about Tuberculosis pathogenesis and transmission, signs and symptoms of active tuberculosis cases, and the NorthStar Regional infection control plan
8. Recordkeeping: Records related to the Tuberculosis Infection Control Program at NorthStar Regional shall be kept in the Human Resources/Personnel files, in the Compliance Department, and on the facility main server.

### Infection Control Policy

NorthStar Regional follows all regulations and best practices regarding infection control that is intended to prevent the spread of infectious diseases among staff and residents. Precautions will be taken to ensure the safety of staff, residents, and visitors to the Residential Treatment Centers. Fundamental tools will be used to promote hygiene and to prevent infection, particularly with respect to hand washing, appropriate use of face masks/coverings, and handling/cleaning of body fluids and specimens.

- 1. All staff are required to make infection control a key priority and to act always in a way that is compliant with safe, modern and effective infection control practice
- 2. Management will make every effort to ensure that staff working at the facility will have access to sufficient supplies and equipment to ensure that they can implement effective infection control procedures and techniques
- 3. Any staff who feels they lack the resources they need for adequate infection control procedures must inform their immediate report.

### Hand Washing Procedures

Many infections may be caused by unwashed or poorly washed hands. Regular, effective hand washing and drying, when done correctly is an effective way to reduce or prevent the spread of disease. All staff should ensure their hands are washed and dried.

1. Between seeing each patient when direct service contact is involved
2. After handling specimens, body fluids or soiled items
3. After using the toilet
4. Before handling food
5. After smoking
6. Before and after any clinical care
7. Before and after handling medications

Hands should be washed thoroughly with liquid soap or solution and disposable paper towels

All cuts or abrasions, particularly on the hands, should be covered with waterproof dressings at all times

The use of alcohol containing sanitation products for hand decontamination is not intended to replace washing hands with soap and water but rather to supplement hand washing.

### Correct Hand Washing Technique

1. Wet hands with running water – warm or cold
2. Apply liquid, bar, or powder soap to a cupped hand
3. Lather well
4. Rub your hands, palm to palm, vigorously for at 20 seconds
5. Rinse well
6. Dry your hands with a paper towel
7. Use paper towel to off faucet.

### Mask/ Face-Covering Wearing

All individuals, including staff, patients, and visitors, will wear a mask or face-covering when in shared or common indoor spaces in all properties owned/operated by NSR. Multilayered cloth and paper surgical masks may reduce risk of spreading infectious diseases by reducing the wearers' exposure to infectious droplets in the environment as well as blocking the release of exhaled microorganisms of an infectious individual. Masks or face-coverings will be required by all individuals regardless of symptoms that may indicate infection until future updates to Infection Control Policy are made.

1. Mask or face-covering will be required for individuals during activities indoors and where social distancing may be difficult: private meeting rooms, group programming rooms, hallways, common areas, shared/public restrooms, and dining hall.
2. Mask or face-covering can be removed while practicing social distancing measures (6ft separation): in private bedrooms if in facilities with lodging, eating in dining hall when seated.

### Cleaning of Spillage Procedures

1. Staff will address every spillage of body fluids/waste as quickly as possible and treat every event as potentially infectious.

2. When cleaning up a spillage staff should use spill kit and wear PPE provided in spill cleaning kits and follow instructions provided in such kits.

### Handling and Storage of Specimen Procedures

1. Specimens should only be collected if ordered by an appropriately licensed healthcare professional.
2. All specimens should be treated with high levels of caution and considered infectious.
3. Specimens should be labelled clearly and packed into self-sealing bags.
4. Non-sterile gloves should be worn when handling the specimen containers and hand washing procedures will be followed.

### Disposal of Sharps

1. Sharps —typically needles or blades —should be disposed of in proper, purpose-built sharps disposal containers found in designated locations at NSR facilities.
2. Only sharps as defined above, shall be placed in the sharps container. No syringes, vials, or other objects are to be placed in the designated receptacle.
3. Sharps should never be disposed of in ordinary or clinical waste bags.
4. Staff will never re-use needles.
5. When full, boxes should be sealed, marked as hazardous waste and clearly labelled with the service user's details.
6. Staff will never attempt to force sharps wastes into an over-filled box.
7. Sharps containers may not be opened at any time for retrieval of any object.
8. Used, filled boxes should be sealed and transported to the Men's Residential Facility located in Shakopee by an approved staff member.
9. Sharps will be placed only in the designated, pre-approved container located in the secured nursing area in the building.
10. The nursing department at the Men's Residential Facility in Shakopee will be responsible for notifying the contracted medical waste company when the container becomes full.

## MEDICATION ADMINISTRATION POLICY & PROCEDURE

### Procedure for Administering Oral Medications

1. Wash your hands.
2. Ask the client to identify themselves with 2 patient identifiers (Name/DOB).
3. Remove the person's medication(s) from the medication storage area.
4. Check the label on the bottle or card and select the medication to be administered.
5. Compare the EMAR with the label to make sure they correlate. If there is a discrepancy, call the nurse before giving the medication.
6. Observe the person to see if there is anything that needs to be reported to the nurse or doctor before giving the medication.
7. Do not touch the medication with your hands.
8. Follow the instruction listed below for each type of oral medication to be given.

#### To give tablets or capsules:

1. Check the label. Pour the correct number of capsules or tablets into the lid of the medication container, pour the pills into the medication cup and put the cap back on the bottle.

2. When removing medication from a blister pack: check the label for correct medication, patient, and time.
3. Hold the medication cup under the correct blister and punch the medication directly into the cup.
4. Give the medication with a full glass of water (unless another liquid is specified).
5. Watch the person swallow the medication, visually confirm medication is not under tongue or between teeth and cheek.
6. Throw away used disposable supplies.
7. Return medication to the medication storage area and make sure it is secure.
8. Wash your hands.
9. Chart the medication as administered in the EMAR.

\*If more than one oral medication is to be given to the person: repeat steps 1-10

To give Lozenges:

1. Check the label and unwrap the lozenge (if necessary) and put it in a medication cup.
2. Tell the person to place the lozenge on their tongue.
3. Tell the person to keep the lozenge in their mouth until it is completely dissolved.
4. Do not give water with lozenges or immediately after.
5. Throw away used disposable supplies.
6. Return medication to the medication storage area and make sure it is secure.
7. Wash your hands.
8. Chart the medication as administered in the EMAR.

To give Sublingual tablets:

1. Check the label and place the correct number of tablets into the lid of medication bottle, then pour the tablets into a medication cup and replace the lid on the bottle.
2. When removing medication from a blister pack, hold the medication cup under the correct blister and punch the medication directly into the cup. Document date, time and initials next to the blister that the medication was removed from.
3. Using a glove, place the tablet under the person's tongue to dissolve.
4. Tell the person not to chew the tablet.
5. Do not give water with sublingual medications.
6. Throw away used disposable supplies.
7. Return medication to the medication storage area and make sure it is secure.
8. Wash your hands.
9. Chart the medication as administered in the EMAR.

Procedure for Giving Sublingual strips:

1. Have patient to moisten mouth with small drink of water.
2. While using gloves, check label and cut or tear open packaging along dotted line.
3. Review order and confirm dose on EMAR matches does on packaging. Some doses may require you to cut medication strip with scissors. For example, "Give one half strip."
4. Hold medication strip between two fingers and have patient touch the tongue against the roof of their mouth. Place strip under tongue behind close to the base either to the left or right of the center.

5. Compress tongue down on strip and close mouth until strip is completely dissolved. Do not chew the strip. Do not spit, drink water, or consume food for 5 minutes after strip is dissolved.
6. Throw away used disposable strip.
7. Return medication to the medication storage area and make sure it is secure.
8. Wash your hands.
9. Chart the medication as administered in the EMAR.

To give Liquid medication:

1. Check the label on the bottle: verify dose and directions for administration.
2. At eye level, carefully pour the correct amount of the liquid medication into a graduated plastic med cup or into a medication spoon.
3. Place the cap back on the bottle.
4. Give the liquid medication as directed.
5. Water is not given with liquid medications.
6. If a medication spoon has been used: after administering, wash it with soap and warm water.
7. Throw away used disposable supplies.
8. Put the person's medications back in the medication storage area.
9. Make sure the storage area is secure.
10. Wash your hands.
11. Chart the medication administered in the EMAR.

### Procedure for Administering Topical (Skin) Medications

1. Wash your hands.
2. Gather needed supplies.
3. Check the label and remove the medication from the medication storage area.
4. Compare the label with the EMAR to make sure they correlate. If there is a discrepancy, contact the nurse before giving the medication.
5. Ask the client to identify themselves with 2 patient identifiers (Name/DOB).
6. Position the person as indicated.
7. Check the area to which medication is to be applied to see if the condition has changed. If there are concerns, call the nurse or doctor before giving the medication.
8. When indicated, wash the area to which medication is to be applied with soap and warm water. Dry the area if indicated.
9. Check the label and apply the medication to a Q-tip, tongue blade, gauze square or disposable gloves, whichever is most appropriate. Never use the bare hands to apply topical medications.
10. Close the medication container and put back in the person's medication supply.
11. Apply the medication.
12. Throw away used disposable supplies.
13. Put back other supplies.
14. Return supplies to the medication storage area to make sure it is secure.
15. Wash your hands.

16. Chart the medication administered in the EMAR.

### Procedure for Administering Eye Drops

1. Wash your hands.
2. Gather needed supplies.
3. Check the label and remove the medication from the storage area.
4. Compare the label with the EMAR to make sure they correlate. If there is a discrepancy, contact the nurse before giving the medication.
5. Ask the client to identify themselves by 2 patient identifiers (Name/DOB).
6. Have the person sit or lie down.
7. Observe affected eye(s) for any unusual condition, which should be reported to the nurse or doctor prior to medication instillation.
8. Position the person with head back and looking upward.
9. Put on gloves.
10. When indicated, cleanse eye with clean tissue, wiping from inner corner outward once. If drops are to be installed into both eyes, a clean tissue is used for each eye.
11. Check the label and open the bottle.
12. To administer the eye drops:
  - Separate lids by raising upper lid with forefinger and lower lid with thumb.
  - Approach the eye with the dropper from below the eye, outside of the person's field of vision.
  - Do not allow the dropper to touch the eye or eye lid.
  - Apply drop(s) gently near the center of the lower lid, not allowing drop(s) to fall more than one inch before striking eye.
  - Ask the person to keep eyes gently closed for a few minutes.
13. Close the medication container.
14. Wipe off excess medication from the eye with a clean tissue, using a separate clean tissue for each eye if the medication is administered to both eyes.
15. Throw away disposable supplies.
16. Return medication to the storage area and make sure the area is secure.
17. Wash your hands.
18. Chart the medication administered in the EMAR.

### Procedure for Administering Eye Ointment

1. Wash your hands.
2. Gather needed supplies.
3. Check the label and remove the medication from the storage area.
4. Compare the label with the EMAR to make sure they correlate. Ensure the patient name, medication, dose, and route match the EMAR. If there is a discrepancy, contact the nurse before giving the medication.
5. Ask the client to identify themselves with 2 patient identifiers (Name/DOB).
6. Have the person sit or lie down.

7. Observe affected eye(s) for any unusual condition, which should be reported to the nurse or doctor prior to medication instillation.
8. Position the person with head back and looking upward.
9. Put on gloves.
10. When indicated, cleanse eye with clean tissue, wiping from inner corner outward once. If ointment is to be applied to both eyes, a clean tissue is used for each eye.
11. Check the label and remove the cap.
  - Retract lower lid.
  - Approach the eye from below, outside the person's field of vision.
  - Apply ointment in a thin layer along the inside of the lower lid.
  - Do not allow the medication container to touch the eye/eye lid.
12. Position the person comfortably and ask him/her to keep eyes closed gently for a few minutes.
13. Replace the cap on the medication and put it back in the storage area.
14. Throw away disposable supplies.
15. Make sure the area is secure.
16. Wash your hands.
17. Chart the medication administered in the EMAR.

### Procedure for Hand-Held Inhalers

1. Wash your hands.
2. Gather needed supplies.
3. Check the label and remove medication from storage area.
4. Compare the EMAR with the label to make sure they correlate. Ensure the patient name, medication, dose, and route match the EMAR. If there is a discrepancy, contact the nurse before giving medication.
5. Identify the person with 2 patient identifiers (Name/DOB).
6. Shake the inhaler briskly for 5 to 10 seconds to mix up the medication and aerosol propellant.
7. Remove the mouthpiece and cap from the bottle.
8. Insert the stem on the bottle into the small hole on the flattened portion of the mouthpiece. Then turn the bottle upside down.
9. Have client place the mouthpiece in their mouth and close their lips around it forming a tight seal.
10. As you firmly push the bottle down against the mouthpiece, instruct the person to inhale slowly and to continue inhaling until lungs feel full. This action draws medication into their lungs. Compress the bottle against the mouthpiece only once.
11. Remove the mouthpiece from the mouth, and tell them to hold their breath for 5-10. Then instruct them to exhale slowly through pursed lips.
12. Rinse the mouthpiece thoroughly with warm water to sanitize the mouthpiece and prevent clogging.
13. Return the inhaler to the medications storage area and make sure the area is secure.
14. Wash your hands.
15. Chart the medication administered in the EMAR.

## Emergency Contacts

In case of emergency, or if directed by supervisor, call the NorthStar Regional doctor or nurse.

This Medication Policy and Procedure Manual has been reviewed, updated, and approved by

Signature and Date: \_\_\_\_\_

**OBSERVED SKILL ASSESSMENT &  
ACKNOWLEDGEMENT OF MEDICATION ADMINISTRATION POLICY**

Name of staff member \_\_\_\_\_

**Acknowledgement of the Medication Administration Policy**

The staff has successfully demonstrated their ability to follow the Medication Administration Policy.

\_\_\_ Yes      \_\_\_ No      \_\_\_\_\_

Date

Nurse Signature

**Administration of Medication**

The staff member has successfully demonstrated the ability to administer medications by the following routes, according to facility procedures:

<u>Route</u>	<u>Date</u>	<u>Nurse Signature</u>
Oral	_____	_____
Skin/topical	_____	_____
Ear Drops	_____	_____
Eye Drops	_____	_____
Inhaler	_____	_____
Other	_____	_____

*Complete and return to Human Resources to file in staff member's personnel file.*