


3. Unit 2: Laws and Ethics for CRMAs

Instructor's Guide to accompany Articulate Storyline asynchronous online course

3.1 Unit 2 Overview




Recertification Course Unit 2
LAWS AND ETHICS FOR CERTIFIED
RESIDENTIAL MEDICATION AIDES

This Unit is a recap of the following concepts presented in the 40-hour course:

- Ethical conduct for CRMAs
- Personal and professional boundaries
- HIPAA, informed consent, and confidentiality
- Regulations for PRN psychotropic medications
- Rights of people receiving support
- CRMA actions that are crimes
- Abuse, neglect, exploitation, and mandatory reporting
- Controlled substances rules and regulations

Make sure to listen to the audio portion of this training. Slides with this symbol have an audio component.



Notes:

3.2 Learning Objectives

..... Learning Objectives

By the end of this unit, you will be able to:

- 01 : Explain confidentiality, HIPAA, informed consent, abuse, neglect, mandatory reporting, and the legal rights of people supported by CRMAs
- 02 : Define ethical conduct for CRMAs, appropriate personal and professional boundaries, and CRMA actions that are crimes
- 03 : Describe the narcotics count process, regulations for PRN Psychotropics, how to dispose of an unused portion of a controlled substance and how controlled substances are distributed
- 04 : Identify the signs of stress and burnout and identify at least two strategies for managing stress and burnout

3.3 What are Ethics?

What are “Ethics”?

- Right and wrong
- Choices about what you should and should not do
- Behaving the right way
- Not causing harm
- Acting without bias or prejudice
- Never judging a person according to your own values
- Honoring another’s culture and way of living and being



[Click here to learn more](#)



Notes/Audio:

Ethics refers to the difference between right and wrong. A person who acts in an ethical manner is a person who has the choice to do the right thing or the wrong thing, and they choose the right thing. Professional ethics refers to choices between right and wrong while you are on the job – and even when you are off the clock. An ethical person behaves in the right way, and never causes harm to the person they support.

An important part of ethical behavior is being aware of your own bias. You must never make judgments based on your own values, opinions, or preferences. To provide ethical medication support, you must always honor another person’s culture and ways of thinking and being – even if they are different from your own.

3.4 Ethical Conduct



Ethical Conduct for CRMAs

- Respect the person you support
- Know your scope of practice – do not do anything outside of your role and knowledge
- Only do tasks you have been trained to do
- Do not do anything that could cause the person harm
- Never take medication that was not prescribed to you
- Follow policies and procedures of your agency
- Be a reliable employee and team member
- Perform your duties safely
- Keep the person's information confidential and private
- Protect the person's property
- Be accountable for your own actions
- Put the person's needs ahead of your own
- Report accidents, errors, and incidents immediately
- Do the right thing

[Click here to learn about Vulnerable Populations](#)



Notes/Audio:

These are some examples of ethical conduct guidelines for CRMAs.

Respect the person you support. You must always respect the person you support. Respect them as they are, for who they are, even if it is very different from who you are.

Know your scope of practice. Do not do anything outside of your role and knowledge.

Only do tasks you have been trained to do. You might sometimes be asked to do things that are outside of your scope of practice. If this happens, simply say, "I am not trained to do that." Or, "I am not allowed to do that."

Do not do anything that could cause the person harm. Always act in the person's best interests.

Never take medication that was not prescribed to you. As a medication aide, you will have access to medications. Taking someone else's medication is a serious ethical violation and is even a crime.

Follow the policies and procedures of your agency. Always know your agency's policies and procedures, and make sure that you are carefully following them.

Be a reliable employee and team member. Be someone that others can count on.

Perform your duties safely. Never do anything that is risky or dangerous, or that you are unsure of.

Keep the person's information confidential and private. Never share their information with anyone who does not need to know. Never share anything about them on social media, even if you think it's something flattering or nice.

Protect the person's property. Make sure you are treating their property as you would treat your own.

Be accountable for your own actions. If you don't know something, say so. If you make a mistake, admit it.

Put the person's needs ahead of your own. As a medication aide, you are there to support someone who needs assistance. Their needs come first.

Report accidents, errors, and incidents immediately. Again, follow your agency's policies and procedures for how to do this.

And last but definitely not least, Do the right thing.

Can they think of reasons for each of them? What would happen if these rules of ethical conduct were not followed?

3.5 Vulnerable People

Vulnerable People

- All patients, residents, people receiving CRMA support
- Unable to protect themselves
 - Mental, emotional, physical disability
 - Brain injury
 - Conditions related to aging
- Increase risk of abuse and harm
- CRMAs serve in protective role
 - Administering meds to support health and wellness
 - Reporting any concerns of abuse, neglect, or exploitation



[Click here to learn about Boundaries](#)



Notes/Audio:

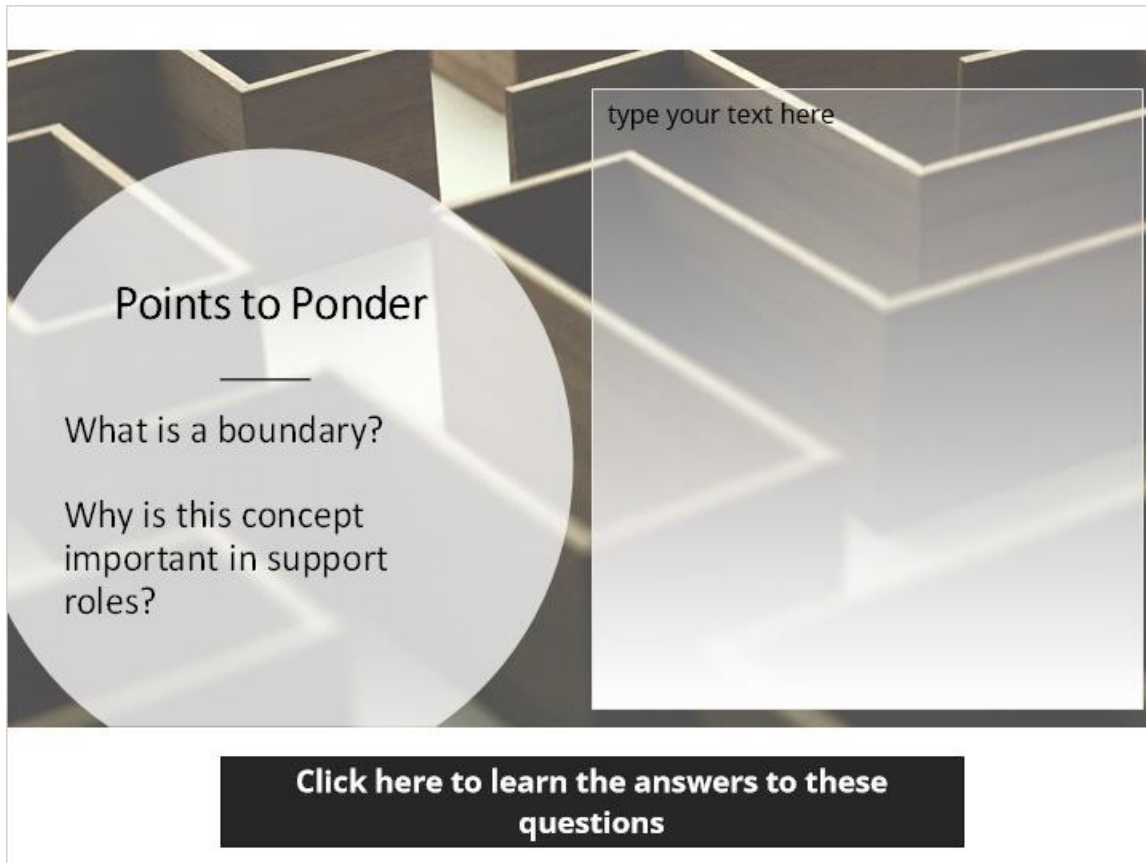
As a CRMA, you will be working with vulnerable people. Vulnerable people are people who have disabilities or conditions that place them at increased risk of being harmed. This includes being physically, emotionally, or sexually harmed, or being exploited or taken advantage of.

Vulnerable adults have challenges protecting themselves because of emotional, physical, or mental disability, because of brain injury, or because of conditions and changes associated with aging.

Vulnerable people are at increased risk of experiencing abuse. As a CRMA, you serve in a protective role for people who can't fully protect themselves. You do this by administering medications that support their health and wellness. You also do this by keeping an eye out for signs of abuse, neglect, or exploitation, and reporting it right away.

3.6 Essay

(Essay, 0 points, 1 attempt permitted)



type your text here

Points to Ponder

What is a boundary?

Why is this concept important in support roles?

Click here to learn the answers to these questions

3.7 Professional Boundaries

- A boundary marks a dividing line
- Vulnerable people rely on direct support staff for assistance. This relationship has professional boundaries.
- Professional boundaries refers to the dividing line between behaviors or actions that are ok between you and a person you support, and those that are not ok
- “Zone of helpfulness”

Professional Boundaries

Under-Involved	Zone of Helpfulness	Over-involved
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-National Council of State Boards of Nursing

[Click here to further explore "Boundaries"](#)

Notes/Audio:

A boundary is any kind of line that marks a limit. It separates things. The line tells you something. It tells you where you should and shouldn't go.

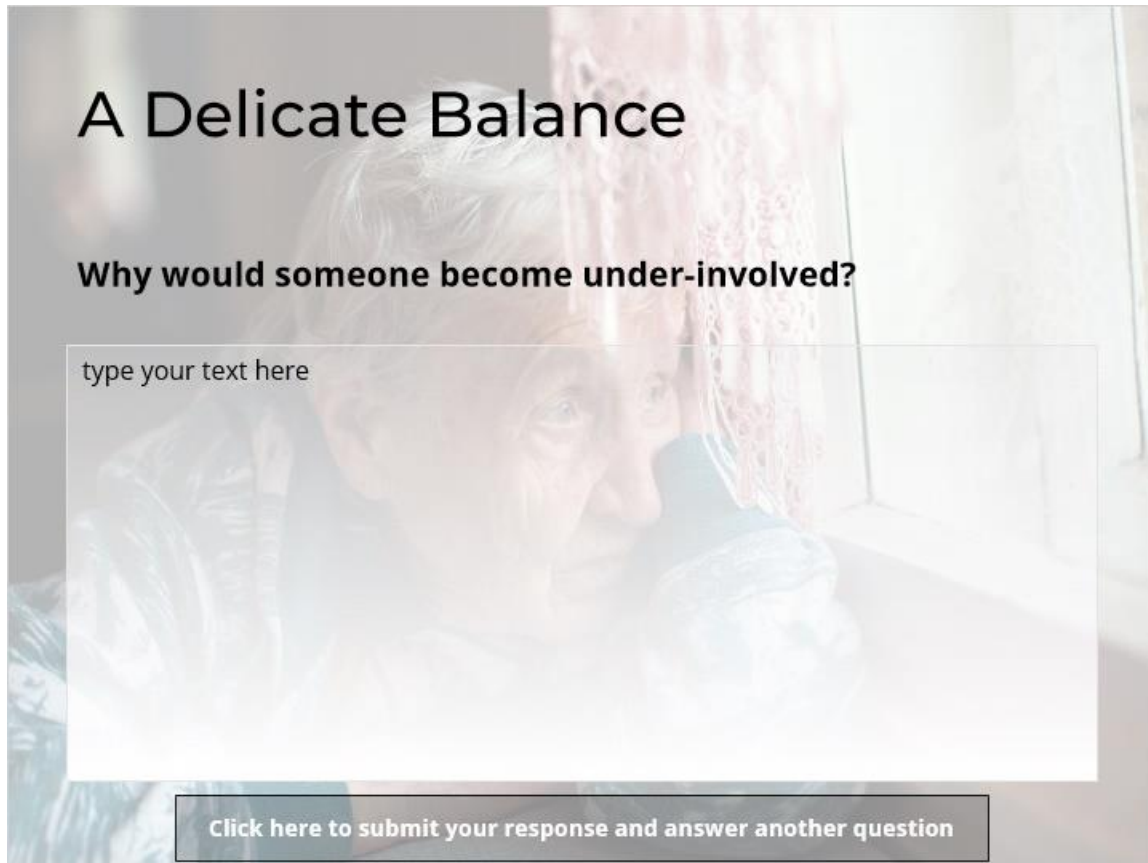
As direct support staff, you are in a helper role. You help vulnerable people and their families. This role comes with strict professional boundaries.

What are “professional boundaries”? The actions, behaviors, and even thoughts you have in your professional role make up your boundaries. Some actions, thoughts, and behaviors are helpful. Others are hurtful – even if you didn't mean for them to be. Think of a pretend line that marks a “zone of helpfulness”. All of your actions, thoughts and behaviors should stay in the zone of helpfulness. You should never be over-involved with the person you support. This is not helpful. You should also never be under-involved. This, too, is hurtful to the person you support. Any time you step outside of the zone of helpfulness, you are violating

boundaries.

3.8 Why would someone become under-involved?

(Essay, 0 points, 1 attempt permitted)

The image shows a woman with white hair looking out a window with lace curtains. Overlaid on the image is a text input field with the placeholder text "type your text here". Below the input field is a button with the text "Click here to submit your response and answer another question".

A Delicate Balance

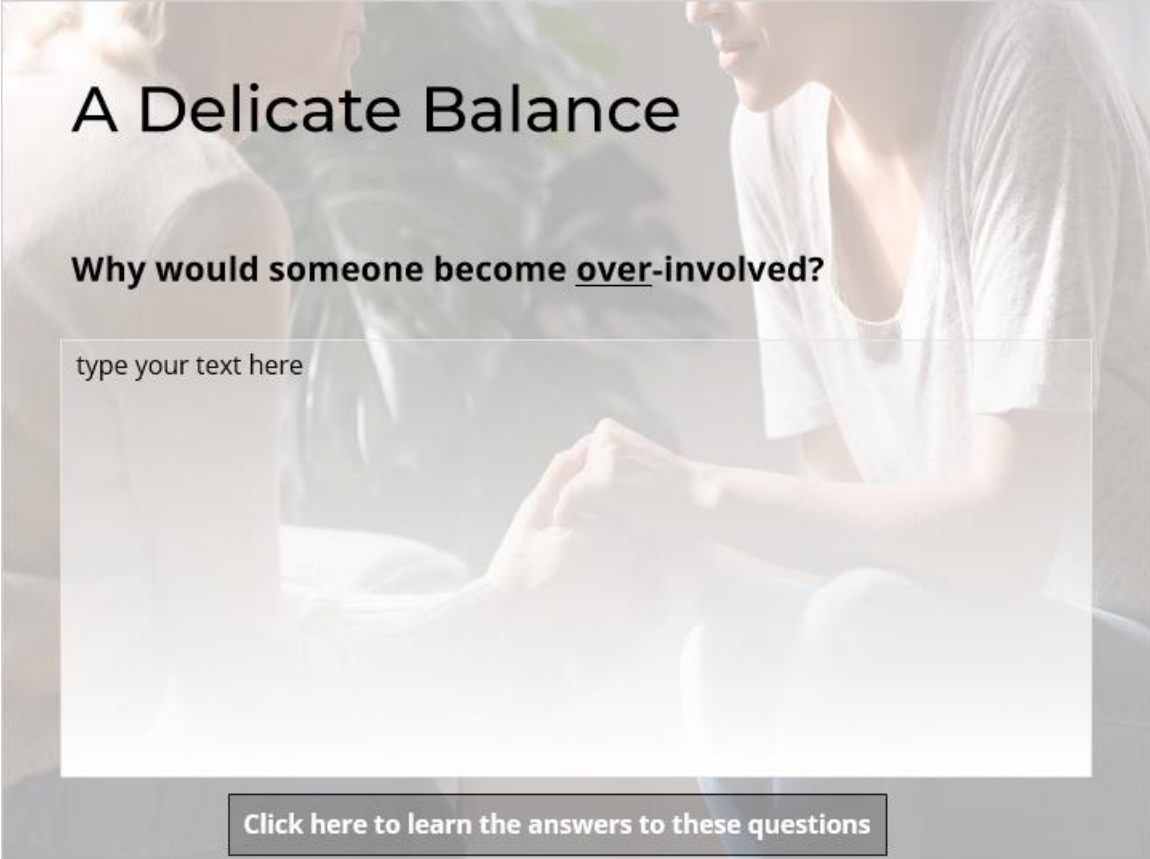
Why would someone become under-involved?

type your text here

[Click here to submit your response and answer another question](#)

3.9 Why would someone become over-involved?

(Essay, 0 points, 1 attempt permitted)

A photograph of a woman in a white t-shirt sitting and holding the hand of a baby. The image is faded and serves as a background for the text.

A Delicate Balance

Why would someone become over-involved?

type your text here

[Click here to learn the answers to these questions](#)

3.10 Points to Ponder: Involvement

The graphic features a dark blue header with the text 'Points to Ponder' in white. Below the header, two light blue rounded rectangular boxes with dark blue borders contain the questions: 'Why would someone become under-involved?' and 'Why might they become over-involved?'. At the bottom, a dark grey bar contains a black button with the text 'Click here to learn more about Boundary Violations' and a small speaker icon to its right.

Notes/Audio:

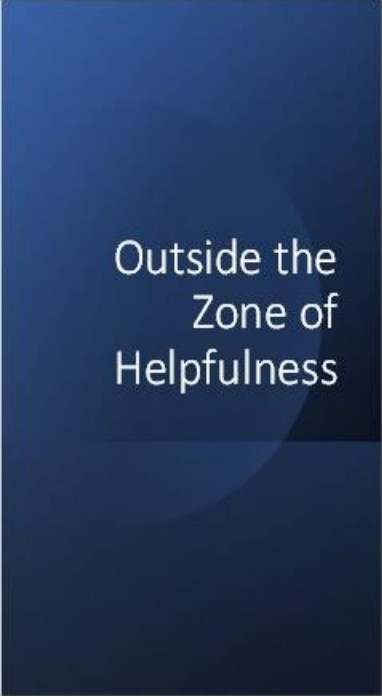
Someone might become under-involved because they are experiencing a personal challenge. For example, they might be experiencing stress in their personal life. They might be experiencing burnout. Maybe they are suffering from depression. There could be any number of reasons. Still, all of the possible reasons suggest that the worker needs to get help. They need to find a resolution to their problem before an error occurs that effects the health and safety of the person they are supporting.

Someone might be under-involved because they are unclear about their duties. Know your job description. If you know exactly what is expected of you, you will know whether or not you are doing it right. This is also important in terms of protecting a person's health and safety, and protecting yourself as a support worker. You don't want to get in trouble for not doing something – when you didn't know you were supposed to do it to begin with. And in extreme cases, you don't

want a person to have an unmet need because you didn't know it was your job to take care of it. Make sure you know your job description!

Someone who is over-involved might be someone who views themselves as a "friend" to the person they are supporting. Sometimes, in thinking of themselves as a friend, a support staff might even think that they are doing a good thing, as if they are treating this person as someone who is very special to them, or as if they are letting the person know they really care by doing this. This is actually, however, a boundary violation – and also a very slippery slope. This is a boundary violation that will likely lead to increasing boundary violations, such as oversharing with the person about your own life, and generally blurring the boundary line between support staff and person being supported- - because you are not their friend, you are their support staff. When support staff become overly involved with the people they support, they are doing so for their own personal reasons and not for the benefit of the person they support. You must always remember to act in the benefit of the person you support, and never in your own interests.

3.11 Boundary Violations



• **Boundary violation:** any act or behavior that meets your needs, not the needs of the person you support. These acts are unethical and violate your duty as support staff. Boundary violations cause harm to the person, even if that is not your intention. Examples:


- Abuse or neglect
- Oversharing personal information about yourself and your life
- Keeping secrets with the resident

Some boundary violations are crimes

• **Boundary crossing:** a **brief** action outside of the normal boundaries of the relationship. This could be accidental, or it could be on purpose. It could be hurtful to the patient, or it could in some cases be beneficial.

- Think about giving a person you support a hug. Is this a boundary crossing? If it crosses the boundary line, is it a violation, or is it beneficial? Is it OK? How do you know?

[Click here to test your understanding of boundary violations](#)



Notes/Audio:

Now that you have learned about boundaries, let's learn about boundary violations.

A boundary violation is an act, behavior, or even thought that meets your own needs rather than the person you are supporting. Doing what you want to do instead of what the person needs you to do is unethical. It violates your code of ethics. It harms the people we are here to serve.

There are many kinds of boundary violations. Some are very serious, like abuse or neglect of the person you support. Others are serious, but not as obvious. Oversharing about your personal life is also a boundary violation.

Keeping secrets with a resident is a boundary violation. Any time secrets are being

kept, something is very wrong. It is a sign that abuse is occurring or is about to occur. In the professional relationship, everything is transparent. Everything should be out in the open. Nothing should be secret.

Sometimes, boundary violations are also crimes. Abuse, or intentionally harming the person you support, is a crime. Neglecting the needs of the person you support is also a crime. Exploitation, or using them for your own gain, is a crime. Any kind of sexual interaction is a boundary violation and a crime.


A boundary crossing is different from a boundary violation. A boundary crossing is any action or behavior that is outside of the normal direct support relationship. It could be something you did without thinking. You might not have meant to cause harm. Or maybe you did it because you were trying to be helpful. Oversharing about your own life crosses a boundary because it doesn't help the person you support.

Giving gifts crosses a boundary. Receiving gifts from the person you support crosses a boundary. Taking a client to your home. Sharing cigarettes. Posting about the person on social media. Posting about yourself where the person you support can see it. Sending them a friend request. Accepting their friend request. Changing their appearance (body hair, piercings) in any way. Borrowing money. Lending money. These are all actions that cross a boundary and are not helpful to the person you support.

3.12 MULTIPLE CHOICE

(Multiple Choice, 0 points, 2 attempts permitted)

Is it wrong?
Boundary Crossing



Is a hug on boundary crossing?

Yes

No

It depends

Correct	Choice
	Yes
	No
X	It depends

Feedback when correct:

That's right! You selected the correct response. A hug, especially a side hug, can be appropriate if it is in the best interests of the person you support (for example, if they are grieving).

Feedback when incorrect:

You did not select the correct response. A hug, especially a side hug, can be appropriate if it is in the best interests of the person you support (for example, if they are grieving).

Notes:

Correct (Slide Layer)

Is it wrong?

Boundary Crossing


Is a hug on boundary crossing?

Correct

That's right! You selected the correct response. A hug, especially a side hug, can be appropriate if it is in the best interests of the person you support (for example, if they are grieving).

Continue

Incorrect (Slide Layer)



Is it wrong?

Boundary Crossing


Is a hug on boundary crossing?

Incorrect

You did not select the correct response. A hug, especially a side hug, can be appropriate if it is in the best interests of the person you support (for example, if they are grieving).

Continue

Try Again (Slide Layer)



Is it wrong?

Boundary Crossing

Is a hug on boundary crossing?

Incorrect

That is incorrect. Please try again.

Try Again

The image shows a woman in a red shirt on the left side of a dark blue background. She is gesturing with her hands as if explaining something. On the right side, there is a quiz interface. At the top left of the interface, there is a small blue square followed by the text "Is it wrong?". Below this is the title "Boundary Crossing" in a large white font. To the right of the title is the question "Is a hug on boundary crossing?". A red rectangular box is overlaid on the interface, containing the text "Incorrect" in white, followed by "That is incorrect. Please try again." in a smaller white font. At the bottom of this red box is a dark grey button with the text "Try Again" in white.

3.13 Boundary Crossings and Signs



Outside the
Zone of
Helpfulness

Is a hug a boundary crossing?

The answer: it depends. If you give a crying resident a hug to meet their needs in the moment, it might be fine (i.e., they are crying, and you have **asked them first if they would like a hug**). If you hug a resident to meet your own needs, it is wrong. It is also wrong to hug a resident every time you see them.

A boundary crossing might be a boundary sign!

What is a boundary sign?
Actions, behaviors, *or thoughts* that warn that a boundary crossing or violation might be **about to occur**.

This of it as a yellow light on a traffic signal saying "CAUTION".

[Click here to learn about your own boundaries when dealing with challenging behaviors](#)



Notes:

The answer is, it depends. A hug is a gray area.

You should be very careful when thinking about hugging the person you support.

If they are crying you must ask yourself if a hug will help them feel better.

You must also ask yourself if a hug is really just meeting your own need to be helpful.

Is the hug for them, or is the hug for you?

A hug is still a boundary crossing because it is outside of the normal support relationship. But a boundary crossing such as this **for the benefit of the client** is likely to improve the support relationship. For example, if the person you support is experiencing grief and clearly needs to be consoled, a hug might be helpful for them. It might even seem cold and uncaring not to offer a hug.

It is advisable, if you are offering a hug, to give a one-armed “buddy hug” instead of embracing them with both arms. Always make sure to **ask for their permission** before giving them a hug. Stay tuned in to the person’s needs and comfort level. Physical touch is uncomfortable for some people. A hug might not be welcome. Trauma survivors might experience distress but not show it if you hug them. You must get permission, and keep the hug short and use only a one-armed side hug.

In short, a boundary crossing is not always a bad thing like a boundary violation is. A boundary crossing indicates that you are stepping outside of the normal support relationship – just make sure it’s for the benefit of the patient. A hug is a gray area, and make sure to tread very carefully if you feel like the person you support is in need of a hug to make sure that the hug does not constitute a boundary crossing. Keep an eye out for **boundary signs**. Boundary signs are acts, behaviors, or thoughts that warn that a boundary crossing or boundary violation might be about to occur. A boundary sign is a warning to you that your behavior might be on the brink of becoming unprofessional. A boundary sign is like a yellow light on a traffic signal. It warns you to slow down and use caution.

3.14 Challenging Behaviors

Supporting through Challenging Behaviors

- Dealing with challenging behaviors
 - Boundary can be challenging because supporting people with challenging behaviors is part of the job when working with people who might be experiencing pain or mental health challenges
 - Dignity and Respect
 - You have a boundary too and don't have to feel unsafe or verbally abused
 - It is ok to communicate with them respectfully that the way they are talking to you is not acceptable to you
 - What is their behavior trying to communicate?
 - If you feel unsafe tell your supervisor. If you feel that you are in immediate danger, leave the area and call for help in accordance with agency policy



[Click here to show what you know](#)



Notes/Audio:

Responding to challenging behaviors might be one of the most difficult parts of the direct support role.

It can be difficult to know how to respond when you are supporting a person who is talking to you in a way that seems rude or unkind.

People who are in pain, or are confused, or are experiencing mental health challenges might communicate in challenging ways sometimes.

Remember to always treat the people you serve with dignity and respect. Research shows that people have significantly less challenging behaviors if their support staff treat them with dignity and respect.

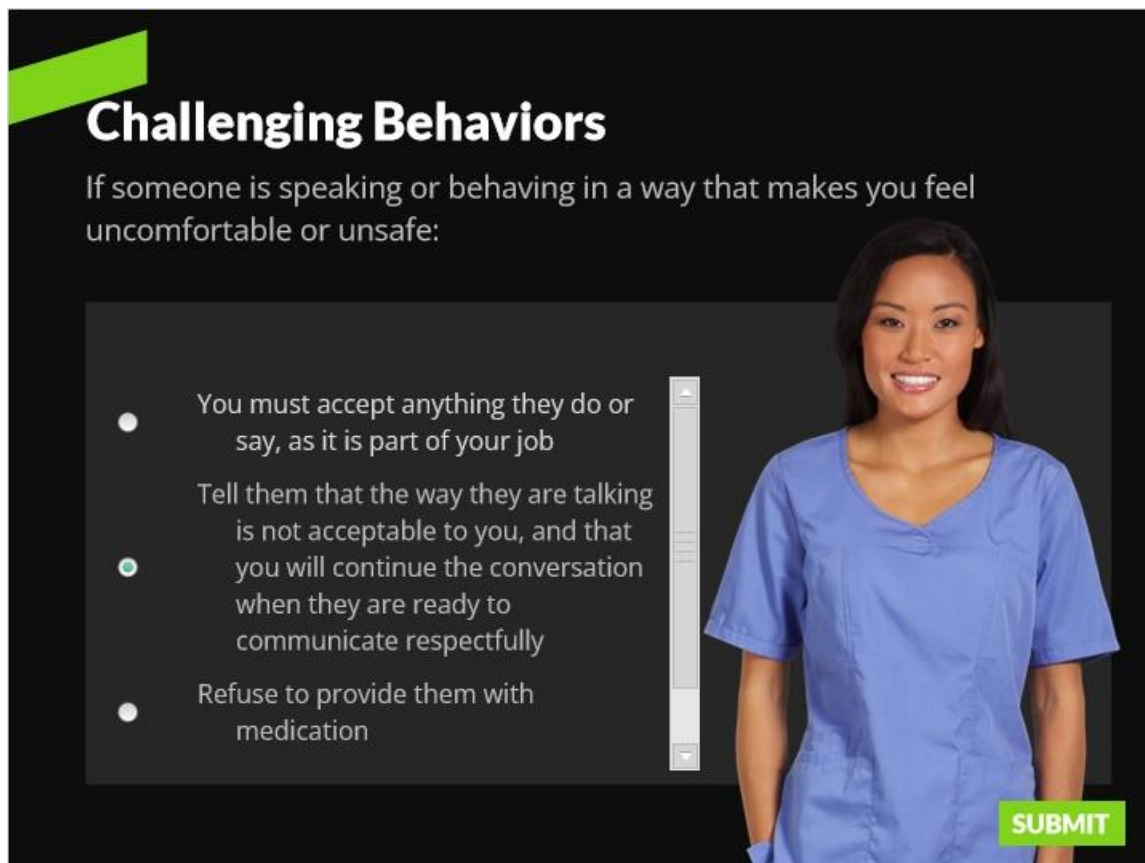
If someone is talking or behaving in a way that makes you feel unsafe, it is ok to let them know. Tell them that the way they are talking is not acceptable to you. Let them know that you will continue the conversation when they are ready to communicate respectfully.

Ask yourself what their behavior is trying to communicate. All behavior communicates. If they are behaving in a way that seems irritable or agitated, what are they trying to communicate to you? Are they over tired? Over stimulated? In pain? Confused? Are they feeling disrespected or unheard?

If you feel that you are in immediate danger, follow agency policy.

3.15 MULTIPLE CHOICE

(Multiple Choice, 10 points, 2 attempts permitted)



Challenging Behaviors

If someone is speaking or behaving in a way that makes you feel uncomfortable or unsafe:

- You must accept anything they do or say, as it is part of your job
- Tell them that the way they are talking is not acceptable to you, and that you will continue the conversation when they are ready to communicate respectfully
- Refuse to provide them with medication

SUBMIT

The screenshot shows a multiple-choice question interface. On the right side, there is a photograph of a smiling woman with dark hair wearing blue scrubs. The question text is on the left, and the three answer options are listed below it. The second option is selected, indicated by a green circle around the radio button. A vertical scrollbar is visible to the right of the list. A green 'SUBMIT' button is located at the bottom right of the question area.

Correct	Choice
	You must accept anything they do or say, as it is part of your job
X	Tell them that the way they are talking is not acceptable to you, and that you will continue the conversation when they are ready to communicate respectfully
	Refuse to provide them with medication
	Speak to them the same way they are speaking to you

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response. Review the previous slide, then try again.

Correct (Slide Layer)

Correct

That's right! You selected the correct response.

CONTINUE

- You must accept anything they do or say, as it is part of your job
- Tell them that the way they are talking is not acceptable to you, and that you will continue the conversation when they are ready to communicate respectfully
- Refuse to provide them with medication



Incorrect (Slide Layer)

Incorrect

You did not select the correct response. Review the previous slide, then try again.

CONTINUE

- You must accept anything they do or say, as it is part of your job
- Tell them that the way they are talking is not acceptable to you, and that you will continue the conversation when they are ready to communicate respectfully
- Refuse to provide them with medication



Try Again (Slide Layer)

Incorrect

That is incorrect. Please try again.
Honor your own boundaries while speaking respectfully.
NEVER refuse to provide medication.

TRY AGAIN

- You must accept anything they do or say, as it is part of your job
- Tell them that the way they are talking is not acceptable to you, and that you will continue the conversation when they are ready to communicate respectfully
- Refuse to provide them with medication



IBMIT

3.16 Rights and Expectations



Rights and Expectations

- Patient/Resident
- Expectations of the person you support
 - Quality medication support
 - A clean, safe environment
 - Understanding their treatment plan
 - Protection of privacy
 - Help with transitions between facilities or home

[Click here to learn about laws and regulations](#)



Notes/Audio:

In your role as a CRMA, you will typically work in certain types of residential settings. There are a variety of labels for the people you will provide medication administration services for. They might be called the patient, or resident, or client. They are also called the “consumer” of services. They all mean the same thing – the person supported by your services.

No matter what label is applied to the person you support, the rights are the same. The person should be able to expect certain things from you as a CRMA, and they have certain rights that must be honored.

The person you support can reasonably expect that you will provide skilled, quality medication support. They are trusting that you know what you are doing, and that you will take the utmost caution when administering their medication.

They can also expect that their medication will be administered in a clean, safe environment. As a CRMA, you will live up to this expectation by following infection control standards and by following agency policies regarding neatness and cleanliness.

The person you support also expects that they should be able to understand what their treatment plan is. They should understand what medications you will be administering, and why you will be administering them. They expect that you will provide any information you can to help them understand what medications they are taking and why, and that you will connect them to their provider for any questions that are beyond your scope of practice.

The person you support will also expect that they will respect their confidentiality and that you will protect the privacy of their sensitive personal health information. This is the law, and it is also a reasonable patient expectation.

The person you support will also expect that they will be supported through any transitions between a facility and home, or between one facility and another. They will expect that any changes in medication during these transitions will be explained to them in a way that they can understand.

3.17 Laws and Regulations

Medication Administration Laws and Rules

- Maine Law
 - Title 22 Subsection 7921
 - Patient Rights
 - Title 22 7853
 - Rules for Assisted Housing
- Maine State Regulations
 - Rule 10-144 Chapter 113
 - Regulations Governing the Licensing and Functioning of Assisted Housing Programs
 - Section 5 – Resident Rights
 - Section 7 – Medications & Treatments
 - Section 11 – Administrative & Resident Records



[Click here to learn about the person's right to information](#)



Notes:

Title 22 is a large section of Maine Law. Title 22 covers laws related to the Department of Health and Human Services. Title 22 is divided into Subsections. Subsection 7921 is all about patient rights, and Subsection 7853 is all about rules for assisted housing programs.


Maine State Regulations are not the same as laws, but they are very similar. They describe rules that must be followed. Rule 10-144 describes rules for the State of Maine Department of Health and Human Services. Chapter 113 of Rule 10-144 contains regulations for Assisted Housing Programs. Section 5 of this Chapter is about Resident Rights, Section 7 is about Medications and Treatments, and Section 11 covers records and documentation

These laws and regulations guide everything you do as a CRMA. Let's take a closer look.

3.18 Right to Information


Right to Information

The people you support have a right to know what their rights are.



- 1 Right to know their rights
- 2 Rules and regulations of the facility
- 3 Access to their records and copies made within 1 day
- 4 Treatment recommendations including what medications
- 5 Cost of services and items that are being provided
- 6 Who their providers are and how to contact them
- 7 Changes in their condition, their room, facility, or roommates

[Click here to show what you know](#)



Notes:

Assisted living facility residents have a right to know what their rights are.

They have a right to know the rules and regulations of the facility where they are living, and they have a right to have access to their own records. They also have the right to have copies of their records within 1 business day of asking.

The person is allowed to know what treatment recommendations have been made, including what medications they have been prescribed and why they were prescribed.

They also must be fully informed of what services and items are being provided, and the rate that they pay for each of those services and items.

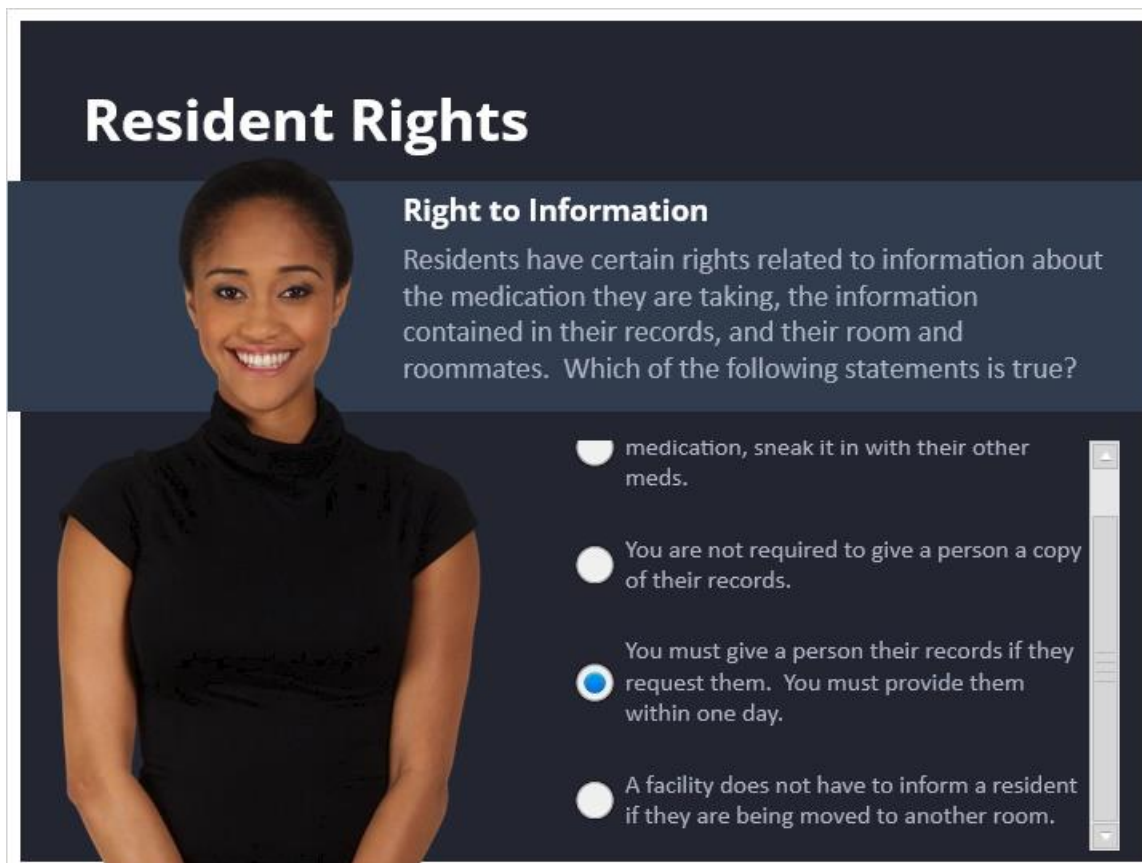
The person has a right to know who their providers are, and to have other public information about their providers including how to contact them.

The person has a right to know if anything about their condition changes, and they also have a right to know if their room is going to change, if they are going to be moved to another facility, and even if their roommates are going to change.

The person has the right to have all information presented to them in a way that they can understand. This must take into consideration their cultural needs, language preferences, disability status, and ability to understand and interpret the information that is being given to them.

3.19 Multiple Choice

(Multiple Choice, 10 points, 2 attempts permitted)



Resident Rights

Right to Information

Residents have certain rights related to information about the medication they are taking, the information contained in their records, and their room and roommates. Which of the following statements is true?

- medication, sneak it in with their other meds.
- You are not required to give a person a copy of their records.
- You must give a person their records if they request them. You must provide them within one day.
- A facility does not have to inform a resident if they are being moved to another room.

Correct	Choice
	If a person doesn't want to take their medication, sneak it in with their other meds.
	You are not required to give a person a copy of their records.
X	You must give a person their records if they request them. You must provide them within one day.
	A facility does not have to inform a resident if they are being moved to another room.

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

The image shows a presentation slide titled "Resident Rights" with a sub-heading "Right to Information". The slide content is partially obscured by a feedback overlay. The overlay consists of a green bar with the word "Correct" in white, followed by a white box containing the text "That's right! You selected the correct response." and a grey "Continue" button. The background slide text includes "Residents have certain rights related to information about", "ion", "nd", "ents is true?", "eir other", and "person a copy". At the bottom of the slide, there are two radio button options: the first is selected and reads "You must give a person their records if they request them. You must provide them within one day.", and the second is unselected and reads "A facility does not have to inform a resident if they are being moved to another room." A vertical scrollbar is visible on the right side of the slide.

Resident Rights

Right to Information

Residents have certain rights related to information about

ion

nd

ents is true?

eir other

person a copy

Correct

That's right! You selected the correct response.

Continue

- You must give a person their records if they request them. You must provide them within one day.
- A facility does not have to inform a resident if they are being moved to another room.

Incorrect (Slide Layer)

The image shows a presentation slide titled "Resident Rights" with a sub-heading "Right to Information". The slide content is partially obscured by a white feedback box. The background features a woman's face and a list of bullet points. The feedback box has a red header and a white body with a "Continue" button.

Resident Rights

Right to Information

Residents have certain rights related to information about

Incorrect

You did not select the correct response.

Continue

- You must give a person their records if they request them. You must provide them within one day.
- A facility does not have to inform a resident if they are being moved to another room.

Try Again (Slide Layer)

The image shows a dark-themed slide titled "Resident Rights" with a background image of a woman. The slide content includes the following text:

Right to Information

Residents have certain rights related to information about

...ion
...nd
...ents is true?

...eir other

...person a copy


Incorrect

That is incorrect. Please try again.

Try Again

- You must give a person their records if they request them. You must provide them within one day.
- A facility does not have to inform a resident if they are being moved to another room.


3.20 Right to Refuse



Right to Refuse Treatment

- Right to refuse medication
- Right to refuse any and all treatment
 - Treatments that are refused must not be provided
 - All other treatments must still be provided
 - Incident Report should be filed according to agency policy

[Click here to show what you know](#)



Notes/Audio:

The person has the right to refuse any and all recommended treatments and services and can refuse to take their medication at any time.

While they can be encouraged to participate in treatment or take their meds, they cannot be forced. They must consent to taking their medicine or participating in treatment.

If they do not consent to participating in treatment or taking their medicine, those treatments or medications must not be provided. All other treatments should still be provided. Explain to the person the benefits of taking the medication. Explain the risks of skipping a dose. Accept their decision to refuse the medication. Follow agency policy for filling out an Incident Report or other documentation.

3.21 Right to Refuse

(Drag and Drop, 10 points, 2 attempts permitted)

Right to Refuse

What should you do if the person you support refuses to take their medication?

Do

Do Not

Force them

File an Incident Report

Explain the risks of skipping the dose

Refuse to provide other treatments and meds

Remind them what the medication is for

Accept their decision

Drag Item	Drop Target
Force them	Computer Right
File an Incident Report	Computer Left
Explain the risks of skipping the dose	Computer Left
Refuse to provide other treatments and meds	Computer Right
Remind them what the medication is for	Computer Left
Accept their decision	Computer Left

Drag and drop properties
Return item to start point if dropped outside the correct drop target
Snap dropped items to drop target (Free)
Delay item drop states until interaction is submitted

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response. Never force someone, and provide all medications they consent to taking.

Correct (Slide Layer)

Right to Refuse

What should you do if the person you support refuses to take their medication?



Correct

That's right! You selected the correct response.

Continue

Force them

File an incident report

Warn of risks of skipping the dose

Refuse to provide other treatments and meds

Remind them what the medication is for

Accept their decision

Incorrect (Slide Layer)

Right to Refuse

What should you do if the person you support refuses to take their medication?



Incorrect

You did not select the correct response.
Never force someone, and provide all medications they consent to taking.

Continue

Force them

File an incident report

Warn of risks of skipping the dose

Refuse to provide other treatments and meds

Remind them what the medication is for

Accept their decision

Try Again (Slide Layer)

Right to Refuse

What should you do if the person you support refuses to take their medication?



Incorrect

That is incorrect. Please try again.

Try Again

Force them

File an incident report

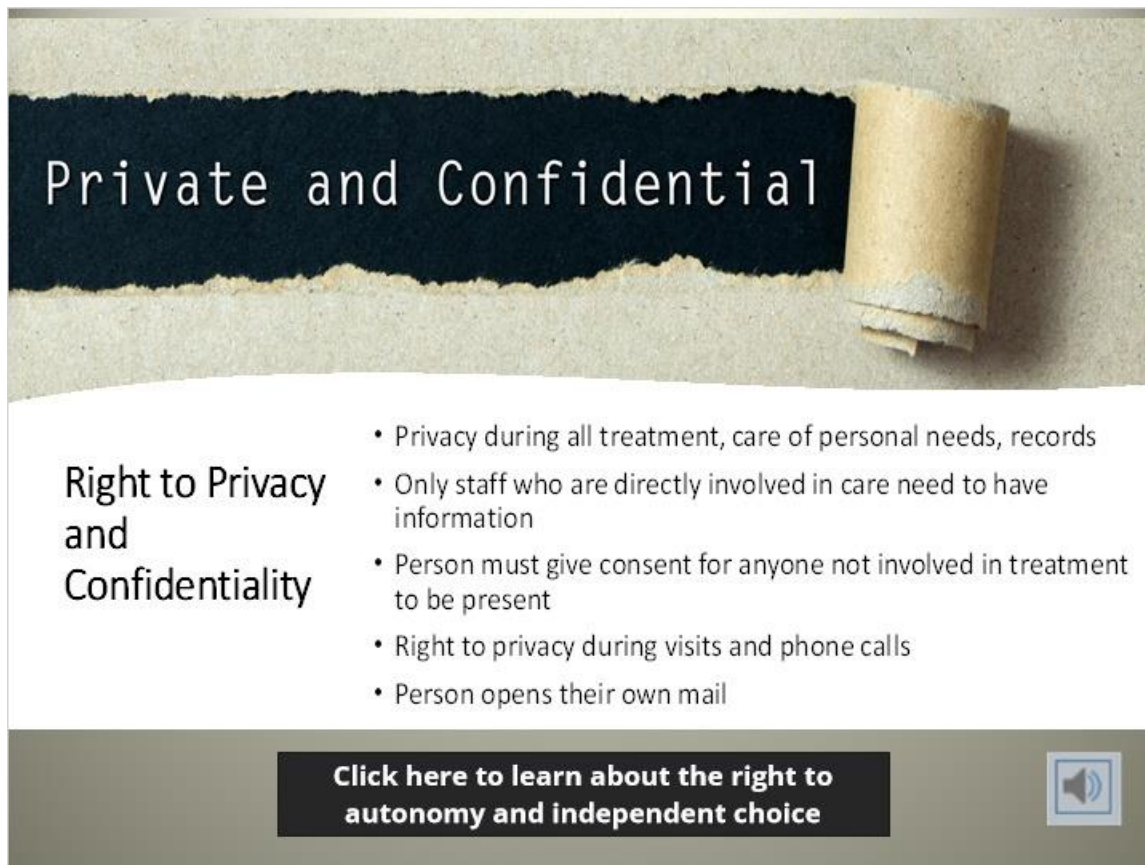
Warn of risks of skipping the dose

Refuse to provide other treatments and meds

Remind them what the medication is for

Accept their decision

3.22 Right to Privacy




Private and Confidential

Right to Privacy and Confidentiality

- Privacy during all treatment, care of personal needs, records
- Only staff who are directly involved in care need to have information
- Person must give consent for anyone not involved in treatment to be present
- Right to privacy during visits and phone calls
- Person opens their own mail

[Click here to learn about the right to autonomy and independent choice](#)



Notes:

As a CRMA, you will work in certain kinds of residential facilities. Residents of these facilities have the right to live as freely and independently as possible. They have a right to have privacy during all of their treatment and self-care activities.

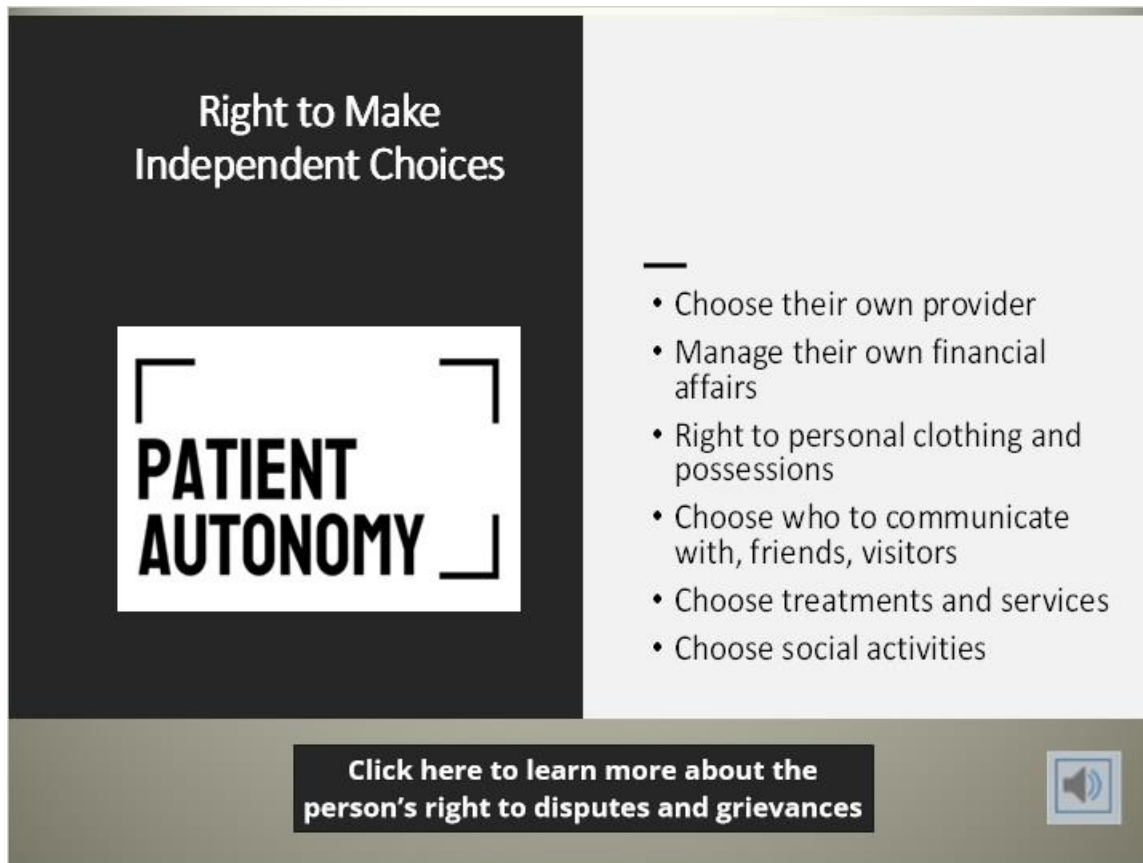
They have a right to expect that their records will be kept private.

They have a right to decide who has access to their treatment records and private information. Only staff who are directly involved in their care need access. Anyone else requires the person's permission.

The person must also give permission for anyone to be present during any treatment or self-care activities they participate in.

The person also has a right to have privacy during phone calls and visits with friends, family and other guests. They have a right to open their own mail.

3.23 Right to Independent Choice




Right to Make Independent Choices

PATIENT AUTONOMY

- Choose their own provider
- Manage their own financial affairs
- Right to personal clothing and possessions
- Choose who to communicate with, friends, visitors
- Choose treatments and services
- Choose social activities

[Click here to learn more about the person's right to disputes and grievances](#)



Notes/Audio:

When working as a CRMA with residents of assisted living facilities, it will be important for you to remember to allow the resident be as independent as possible.

The resident has the right to choose their own providers outside of the facility.

They have the right to manage their own financial affairs, or to designate a legal representative to manage their financial affairs for them.

The person has the right to have their own personal clothing and possessions, as long as there is space and the possessions don't infringe on the rights of other residents or get in the way of providing treatments and services.

Residents have the right to decide who they will interact with, which guests and visitors they will invite and allow, and who they will communicate with.

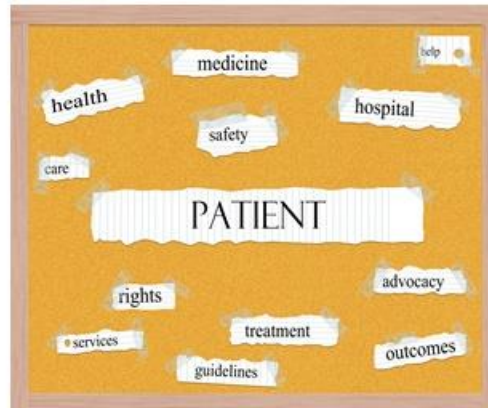
The resident can choose which treatments and services they want to receive, and they can refuse the ones they don't want.

They can choose which social activities they want to participate in, and can be a part of social groups and activities at their own discretion.

3.24 Right to Dispute and Grievance

Right to Disputes and Grievances

- Voice concerns, ask questions, file complaints
- Can recommend policy changes
- Right to be assisted through grievance process
- No consequences or punishment
- Grievances and disputes must be documented



[Click here to learn more about resident rights related to transfers and discharges](#)




Notes/Audio:

The person being supported has a right to complain or file a dispute if they think something is not right. Residents are allowed to recommend policy changes if they have suggestions for improving the way things work. They have the right to be assisted through the grievance process, and cannot be punished for filing complaints. All grievances must be documented in writing.


3.25 Transfer and Discharge Rights

Rights During Transfers and Discharges

- Residents have the right to know ahead of time if they are going to be transferred or discharged.
 - Maine regulation: 15 days written notice
 - Unless emergency, then as much notice as possible
- Transfers and discharges must be
 - Necessary to meet the person's best interests
 - The resident should be informed of the reason
 - Appropriate for needed level of care
 - Needed to protect health and safety of other staff or residents
 - Due to nonpayment for items or services
- Right to safe discharge or transfer
 - Sufficient preparation and planning



[Click here to learn more about the person's right to dignity, respect, and freedom](#)



Notes/Audio:

Residents have a right to know if they are going to be discharged or moved to another facility. According to Maine regulation, the person or their legal guardian must be provided with at least 15 days written notice. This allows the person to find a suitable new placement.

If the transfer or discharge is an emergency, then a written notice is not required. But the facility should still give as much notice as possible, and should assist the person in finding a new placement.

Transfers and discharges should only occur under certain circumstances. They should also be performed only when necessary to meet the needs of the resident, and the resident should be informed of the reason for the transfer or discharge. For example, if the person's health status has improved and they need a lower level of care they might be transferred or discharged to home. Or if the resident needs a

higher level of care or is jeopardizing the health and safety of other residents and staff, they might be discharged to another facility. Also, if the resident has not paid for any items or services that they are financially obligated to pay, they could then be discharge.

No matter the reason, the resident always has the right to a safe discharge or transfer with sufficient preparation and planning to ensure that it goes smoothly.

3.26 Resident Rights



The infographic features a black background with white text. On the left, a white-bordered box contains the text 'Right to Dignity, Respect, and Freedom'. Below it is a yellow sticky note with 'PATIENT RIGHTS' written in black. To the right, a list of rights is presented in white text. At the bottom, there is a dark grey button with the text 'Click here to show what you know' and a small speaker icon to its right.

- Right to not have movements restricted
 - No physical restraints
 - Includes full-length bed rails on both sides
 - No chemical restraints (sedating medication)
 - Unless ordered by doctor
- Right to be treated with kindness, courtesy, dignity, and respect
 - Even if their behavior is challenging
- Freedom from abuse and involuntary seclusion
 - Keeping them separate from others against their will
 - Confining the person to a certain area
 - Keeping the person out of their room
- Quality of life

[Click here to show what you know](#)

Notes/Audio:

The person you provide medication to, and all vulnerable people, have a right to dignity, respect, and freedom.

The person should never be placed in any kind of restraint, unless a restraint is

ordered by a doctor.

This includes physical restraints, and also chemical restraints. Chemical restraints are medications that are given only for the purpose of sedating the person.

Full-length bed rails on both sides of the bed are considered restraints because the person cannot get out of their bed. Half-length bedrails are ok because they allow freedom of movement.

The person has the right to be treated with kindness, courtesy, dignity, and respect at all times. Even if their behavior is challenging.

The person has the right to be free from verbal, emotional, physical, and sexual abuse, and from neglect, and exploitation.

They also have the right to be free from involuntary seclusion.

This includes things such as keeping the person away from other people against their will.

It also includes confining the person to a certain area when they don't want to be there, or keeping them out of their room without their consent.

All of your actions as a CRMA and the entire assisted living environment must be working to promote the greatest quality of life for the person being supported.

3.27 Pick Many

(Pick Many, 10 points, 2 attempts permitted)

Resident Rights

A person must never be restrained, confined, or secluded. They must be given freedom to move about (with assistance, if needed), and must be given freedom to file a complaint or grievance if they are not satisfied with their treatment. Select all of the following statements that are true.



Full-length bed rails on both sides are considered restraints, and should not be used.



You must never confine someone to a certain area, keep them out of their room if they want to be there, or keep them away from others



A person has a right to file a grievance, and you should help them with the grievance process if they need help



A person should not be given a sedative unless it has been ordered by a doctor. Giving a person a sedative without a doctor's order is considered chemical restraint, and is not acceptable.

Correct	Choice
X	Item 01
X	Item 02
X	Item 03
X	Item 04

Feedback when correct:

Your answer is correct.

Feedback when incorrect:

Your answer is incorrect.

Congrats! (Slide Layer)

Resident Rights

A person must never be restrained, confined, or secluded. They must be given freedom to move about (with assistance, if needed), and must be given freedom to file a complaint or grievance if they are not satisfied with their treatment. Select all of the following statements that are true.



Full-length bed rails on both sides are considered restraints, and should not be used.



You must never confine someone to a certain area, keep them out of their room if they want to be there, or keep them away from others.



Congrats!

Your answer is correct.

Continue

A person has a right to file a grievance, and you should help them with the grievance process.

giving a person assistance with their grievance process. You must never restrain, seclude, or confine the person you support. The person must be free to move, and free to complain if they have a grievance about their treatment. You must help them with the grievance problem if they need help.

Sorry! (Slide Layer)

Resident Rights

A person must never be restrained, confined, or secluded. They must be given freedom to move about (with assistance, if needed), and must be given freedom to file a complaint or grievance if they are not satisfied with their treatment. Select all of the following statements that are true.



Full-length bed rails on both sides are considered restraints, and should not be used.



You must never confine someone to a certain area, keep them out of their room if they want to be there, or keep them away from others



A person has a right to file a grievance, and you should help them with the grievance process if they

Sorry!

Your answer is incorrect.


Continue

You must *never* restrain, seclude, or confine the person you support. The person must be free to move, and free to complain if they have a grievance about their treatment. You must help them with the grievance problem if they need help.

Try Again (Slide Layer)

Resident Rights

A person must never be restrained, confined, or secluded. They must be given freedom to move about (with assistance, if needed), and must be given freedom to file a complaint or grievance if they are not satisfied with their treatment. Select all of the following statements that are true.



Full-length bed rails on both sides are considered restraints, and should not be used.

You must never confine someone to a certain area, keep them out of their room if they want to be there, or keep them away from others

A person has a right to file a grievance, and you should help them with the grievance process if they need help.

Sorry!
Your answer is incorrect. You should not select the first two options. Giving a person restraints and keeping them out of their room are not allowed.

Try Again

You must *never* restrain, seclude, or confine the person you support. The person must be free to move, and free to complain if they have a grievance about their treatment. You must help them with the grievance problem if they need help.

3.28 Why do residents have rights? What if they didn't? Why are they so important that they are written into state law and regulation?

(Essay, 0 points, 1 attempt permitted)

Points to Ponder

Why do residents have rights? What if they didn't? Why are they so important that they are written into state law and regulation?

type your text here

[Click here to submit your answer and learn more](#)

3.29 Points to Ponder: Resident Rights

Why do residents have rights? What if they didn't?

POINTS TO PONDER

Why are they so important that they are written into state law and regulation?

[Click here to learn about legal directives](#)

Notes/Audio:

Common themes: dignity, respect, vulnerable populations, protection, inclusion, self-determination, advocacy, freedom, person-centered care, others?

They have to be written into law for a variety of reasons. In the past, people who claimed to be supporting vulnerable people were actually abusing them. Also, people might interpret things differently. Spelling it out in the laws and regulations helps it mean the same thing for everyone.

3.30 Legal Representation

Legal Representation

- Advance directive
 - Living will
 - Durable power of attorney
- Do not resuscitate/No Code
- POLST
 - Physician Orders for Life-Sustaining Treatment

POLST
MAINE
Physician Orders for Life-Sustaining Treatment

[Click here to learn about criminal conduct](#)

Notes/Audio:

In addition to guardians that might be needed to help a person understand their options, a person can have legal directives in place that let the health care team know what a person wants.

An Advance Directive is a legal directive that forbids certain kinds of lifesaving measures when the person is not expected to recover.

A living will one kind of advance directive. It provides information about the kinds of measures that should and should not be taken to prolong the person's life. Ventilators, tube feedings, and CPR are examples of measures that are often allowed or limited by a living will. The living will lets doctors know if they should take measures that prolong dying.

Durable power of attorney is another kind of advance directive. It gives the decision-making power to someone else, usually a friend, family member, or lawyer. When the person isn't able to make their own health care decisions, the person with durable power of attorney has the legal authority to do it for them.

A DNR, or Do Not Resuscitate order, also called a No Code order, is an order indicating that the person does not want to be resuscitated. The person wants to be allowed to die with peace and dignity. This is sometimes a part of an advance directive.

A Physician Order for Life-Sustaining Treatment is a doctor's order form that is recognized in Maine and many other states. It is part of the person's medical record and indicates which life-sustaining measures should be taken and which should not. Because it is a part of the medical record, it follows the person when they are transferred to another facility.

If a person has any of these orders in place, they continue to provide the best quality of care and limit only the measures that have been limited by the legal orders.

3.31 Criminal Conduct

- Standards of care violation
 - Scope of practice
 - Professional judgment – what would someone else do
- Negligence – unintentional error
 - Violation of 9 Rights
 - Gave drug to wrong person
 - Gave wrong dosage
 - Wrong route
 - Wrong time
 - Wrong drug
 - Didn't give ordered drug
- False imprisonment – using restraints
- Invasion of privacy – confidentiality violation
 - Sharing anything about the person, including social media
- Fraud – tricking, deceiving, or exploiting
- Possession of a controlled substance

Criminal Conduct



[Click here to learn about privacy](#)



Notes/Audio:

Under certain circumstances, a CRMA's actions could be criminal conduct.

Standards of care violations can be criminal conduct. Standards of Care Takes into account the trust that residents and their families – and your employer – have in you to do the right thing at the right time. You must always stay within your scope of practice. This means that you must never do anything that you are not trained to do and not legally allowed to do.

Use your Professional judgment. Ask yourself, what would another CRMA do in this situation? Make sure you are doing what makes sense, doing what is in your scope of practice, and doing what any CRMA would be likely to do in that situation.

If you operate outside of your scope of practice or don't exercise sound

professional judgment, you can be charged with a crime.

A lawsuit can be filed if something you do (or don't do) harms the person you support.

For example, if you violate the 9 Rights of Medication Administration, which you will learn more about in the Medication Safety section of this course, you could be charged with Negligence.

If you give a medication to the wrong person, or give the person you support the wrong dose, or use the wrong route of administration, or don't give the drug at the right time, or give them the wrong medication, or don't give the medication at all when you should have, that is negligence.

Negligence is when you did something wrong, but not on purpose.

You didn't mean to harm the person, but you also didn't act in a way that was reasonable and careful.

You didn't use good professional judgment, and this is a crime.

You could also be charged with false imprisonment if you use any kind of restraint or any restriction that limits the person's freedom.

If you violate a person's confidentiality and privacy, you could be charged with invasion of privacy.

If you share the person's name, photo, or any identifying information in any way, including on social media, you have violated the person's confidentiality.

This is a crime.

If you also don't provide sufficient privacy for the person when you are administering medication, this is a violation of the person's privacy.

If a CRMA tricks or deceives the person they support, or is dishonest with the person in a way that could harm them or the property, that is illegal. The CRMA could then be charged with fraud.

Possession of a controlled substance is a serious crime, especially for CRMAs. It is illegal to have a controlled substance in your possession unless you are administering the medication to a person under a doctor's order. We will take a closer look at controlled substances, but first let's take a look at Invasion of Privacy, and how to protect a person's privacy.

3.32 Privacy

Protecting the Person's Right to Privacy



- Maintain the person's confidentiality at all times. Only discuss the person and their treatment with your supervisor and members of the person's care and support team
- Screen the person as-needed when administering medication. Close privacy curtain and door. Make sure to cover windows.
- Expose only the body part needed for medication administration
- Ask visitors to leave when you administer meds
- Do not open the person's mail
- Allow the person to visit with others and talk on phone in private
- Follow agency rules for privacy
- Never discuss anything about the person on social media, never share pictures of them

[Click here to learn about controlled substances](#)



Notes/Audio:

Review this list of ways to ensure that you are honoring and protecting the person's right to privacy.

Maintain the person's confidentiality at all times.

Only discuss the person and their treatment with your supervisor and members of the person's care and support team.

Screen the person as-needed when administering medication. Close the privacy curtain and door. Make sure to cover windows.

Ask visitors to leave when you administer meds.

Do not open the person's mail.

Allow the person to visit with others and talk on phone in private.

Follow agency rules for privacy.

Never discuss anything about the person on social media, and never share pictures of them.

3.33 Controlled Substances



Controlled Substances

- Law: Controlled Substance Act
- Controls manufacturing and dispensing of highly addictive drugs
- Law enforced by the Drug Enforcement Administration (DEA)
- 5 Classifications of Controlled Substances
 - Schedule I-V
 - I-IV require prescription
- Specific recordkeeping requirements

[Click here to learn about Schedule I Controlled Substances](#)

Notes/Audio:

Controlled substances are a very important topic in medication administration.

The Controlled Substance act is meant to prevent illegal use and misuse of highly addictive drugs.

It controls how addictive drugs are manufactured, distributed, and dispensed.

The law is enforced by the Drug Enforcement Administration, commonly called the D E A.




The Act divides medications into 5 classifications, or schedules, of controlled substances.


Schedules 1 through 4 are medications that require a prescription. Schedule 5 drugs are typically available without a prescription.


Controlled substances have very specific recordkeeping and documentation requirements that are established by Federal law, Maine law, and Maine regulation.

3.34 Schedule I

Schedule I

-  **Highly Addictive**
High potential for abuse and misuse, not used medically
-  **"Street Drugs"**
Drugs such as heroin, ecstasy, LSD, marijuana (marijuana is federally illegal)
-  **Unsafe**
Not considered safe for use, even under medical supervision

[Click Here](#) 



Notes:

Schedule I drugs are highly addictive and have a high potential for abuse and misuse.

These are street drugs, and are not used medically in the United States. They are not considered safe, even under medical supervision.

Schedule I drugs include things such as heroin, ecstasy, L S D, and marijuana. Even though marijuana is widely considered to have medical benefits and is legal in many states, it is still illegal at the federal level.

3.35 Schedule II

Schedule II

- Highly Addictive**
High potential for abuse and misuse, special rules for CRMAs
- Used Medically**
Used under medical supervision (i.e., pain management)
- Examples**
Hydrocodone, Adderall, methadone, Ritalin, oxycodone, morphine, fentanyl

[Click Here](#)

Notes:




Schedule II drugs are highly addictive. They have a high potential for abuse and misuse. They have the highest potential for abuse and misuse of all drugs that are medically used in the United States.


Because of their high potential for misuse and abuse, you must follow special rules when administering these medications. We will take a look at these special rules in a moment.


These drugs are used under medical supervision, especially for pain management. They include medications such as Hydrocodone, Adderall, methadone, Ritalin, oxycodone, morphine, and fentanyl.

3.36 Schedule III

Schedule III

-  **Abuse and Misuse**
High potential for abuse and misuse, but lower than Schedules I & II
-  **Used Medically**
Used under medical supervision
-  **Examples**
Tylenol with codeine, ketamine, Suboxone, testosterone

[Click Here](#) 






Notes/Audio:


Schedule 3 drugs have a high potential for abuse and misuse, but less than Schedules I and II.


These medications are used under medical supervision and include medications such as Tylenol with codeine, ketamine, Suboxone, and testosterone.

3.37 Schedule IV

Schedule IV

-  **Abuse and Misuse**
Some potential for abuse and misuse, but lower than Schedules I, II, & III
-  **Used Medically**
Used under medical supervision
-  **Examples**
Xanax, Klonopin, Valium, Ativan, Versed

[Click Here](#) 







Notes/Audio:


Schedule IV drugs have some potential for abuse and misuse, but less than Schedules I, II, or III. These drugs are used under medical supervision and include medications such as Xanax, Klonopin, Valium, Ativan, and Versed.

3.38 Schedule V

Schedule V

-  **Abuse and Misuse**
Low potential for abuse and misuse, prescription not always required
-  **Used Medically**
Used under medical supervision
-  **Examples**
Robitussin, Phenergan with codeine, Lomtil

[Click Here](#) 



Notes/Audio:

Schedule 5 drugs have a low potential for abuse and misuse. Some schedule V drugs do not require a prescription. These drugs are used under medical supervision, and include medications such as Robitussin, Phenergan with codeine, and Lomtil.

3.39 More on Schedule II Drugs

Schedule II Drugs

- High risk for misuse and addiction. They are typically prescribed to treat severe pain
- Examples of Schedule II substances include fentanyl, hydromorphone, meperidine, methadone, morphine, oxycodone, fentanyl, dextroamphetamine, methylphenidate, methamphetamine, pentobarbital, and secobarbital
- They previously had to be prescribed only via paper prescription but now are permitted to be electronically transmitted. (Electronic Prescribing of Controlled Substances or EPCS)
- No refills are allowed
- Schedule II drugs have the tightest regulations when compared to other prescription drugs



[Click here to learn about Maine Regulations for Schedule II Controlled Substances](#)



Notes/Audio:

Schedule two drugs have less risk for addiction than Schedule I drugs, but the risk is still very high.

They have the highest risk for addiction of any medications used for medical purposes.

They have a High risk for both misuse and addiction.

These medications are typically prescribed to treat severe pain.

Examples of Schedule two substances include fentanyl, hydromorphone, meperidine, methadone, morphine, oxycodone, fentanyl, dextroamphetamine, methylphenidate, methamphetamine, pentobarbital, and secobarbital.

They previously had to be prescribed only by paper prescription but now are permitted to be electronically transmitted.

No refills are allowed.

Schedule two drugs have the tightest regulations when compared to other prescription drugs.

3.40 Maine Regulations for Schedule II Controlled Substances

Maine Regulations for Schedule II Controlled Substances

- Must have an individual record with name of resident, prescription number, date, drug name, dosage, frequency and method of administration, signature of person administering it, and verification of balance on hand
- Daily: recorded and signed count of all Schedule II drugs in the facility if Schedule II drugs were used that day
- Weekly: All Schedule II controlled substances on hand must be counted and records kept of inventory in bound book with numbered pages with no pages removed
- Stored under double lock in a separate locked box or cabinet within the medication cabinet or approved double-locked cabinet attached to wall
- Schedule II drugs that are no longer needed must be disposed of by an administrator or licensed or registered nurse. They must be documented before incinerating or flushing in the presence of authorized personnel
- Destruction is documented in the resident's record and in the inventory log, then signed by the person authorized to dispose of the drug



Notes/Audio:

Maine State Regulations define specific rules for Schedule Two Controlled Substances. Someone receiving a schedule two drug Must have an individual record with the name of the resident, prescription number, date, drug name, dosage, frequency and method of administration, the signature of person administering it, and verification of the balance on hand. Each day the facility must have a recorded and signed count of all Schedule II drugs in the facility if Schedule II drugs were used that day. Each week All Schedule II controlled substances on hand must be counted and records kept of the inventory. It must be kept in a bound book with numbered pages with no pages removed. Schedule two medications must be Stored under double lock in a separate locked box. They could also be stored in a cabinet within the medication cabinet or an approved double-locked cabinet attached to the wall. Schedule two drugs that are no longer needed must be disposed of by an administrator or registered nurse. They must be documented before incinerating or flushing in the presence of authorized personnel. Destruction of the medication is documented in the resident's record and in the

inventory log, then signed by the person authorized to dispose of the drug.

3.41 MULTIPLE CHOICE

(Multiple Choice, 10 points, 2 attempts permitted)


..... **Highly Regulated Medications**

Schedule I – V Medications

These medications have a high potential for misuse, abuse, and addiction. Painkillers are included in this classification of medications. Maine Regulation regulations how these medications should be counted, stored, dispensed, and destroyed.

- Schedule I
- Schedule II
- Schedule III
- Schedule IV
- Schedule V

Submit



Correct	Choice
	Schedule I
X	Schedule II
	Schedule III
	Schedule IV
	Schedule V

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)


..... **Highly Regulated Medications**

Schedule I – V Medications
These medications have a high potential for misuse, abuse, and addiction. Painkillers are included in this classification of medications. Maine Regulation regulations how these medications should be counted, stored, disposed, and destroyed.

Correct That's right! You selected the correct response. **Continue**

- Schedule I
- Schedule II
- Schedule III
- Schedule IV
- Schedule V

Submit



Try Again (Slide Layer)


..... Highly Regulated Medications

Schedule I – V Medications
These medications have a high potential for misuse, abuse, and addiction. Painkillers are included in this classification of medications. Maine Regulation regulations how these medications should be counted, stored, disposed, and destroyed.

Incorrect That is incorrect. Please try again. [Try Again](#)

- Schedule I
- Schedule II
- Schedule III
- Schedule IV
- Schedule V

[Submit](#)



Incorrect (Slide Layer)

..... **Highly Regulated Medications**


Schedule I – V Medications

These medications have a high potential for misuse, abuse, and addiction. Painkillers are included in this classification of medications. Maine Regulation regulations how these medications should be counted, stored, disposed, and destroyed.

Incorrect You did not select the correct response. [Continue](#)

- Schedule I
- Schedule II
- Schedule III
- Schedule IV
- Schedule V

[Submit](#)



3.42 MULTIPLE CHOICE

(Multiple Choice, 10 points, 2 attempts permitted)

Schedule II Regulations

- Schedule II drugs that are no longer needed must be disposed of by _____. They must be documented before _____ in the presence of authorized personnel.

- by the CRMA, placing in the wastebasket
- by the CRMA, incinerating or flushing
- an administrator or RN, placing in the wastebasket
- an administrator or RN, incinerating or flushing

SUBMIT



Correct	Choice
	by the CRMA, placing in the wastebasket
	by the CRMA, incinerating or flushing
	an administrator or RN, placing in the wastebasket
X	an administrator or RN, incinerating or flushing

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response. They must be incinerated or flushed by an administrative or licensed/registered nurse.

Correct (Slide Layer)

Correct

That's right! You selected the correct response.

CONTINUE

in the presence of authorized personnel.

- by the CRMA, placing in the wastebasket
- by the CRMA, incinerating or flushing
- an administrator or RN, placing in the wastebasket
- an administrator or RN, incinerating or flushing

SUBMIT



Incorrect (Slide Layer)

Incorrect

You did not select the correct response. They must be incinerated or flushed by an administrative or licensed/registered nurse.

CONTINUE

in the presence of authorized personnel.

- by the CRMA, placing in the wastebasket
- by the CRMA, incinerating or flushing
- an administrator or RN, placing in the wastebasket
- an administrator or RN, incinerating or flushing

SUBMIT



Try Again (Slide Layer)


Incorrect
That is incorrect. Please try again.

TRY AGAIN

in the presence of authorized personnel.

- by the CRMA, placing in the wastebasket
- by the CRMA, incinerating or flushing
- an administrator or RN, placing in the wastebasket
- an administrator or RN, incinerating or flushing

SUBMIT



3.43 MULTIPLE CHOICE QUESTION

(Multiple Choice, 10 points, 2 attempts permitted)

Controlled Substance Regulation

Schedule II Medications

Every _____ there must be a recorded and signed count of all Schedule II drugs in the facility if Schedule II drugs were used during that time period.

- Day
- Week
- 30 days
- Hour



Correct	Choice
X	Day
	Week
	30 days
	Hour

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response. This must occur every day.

Notes:

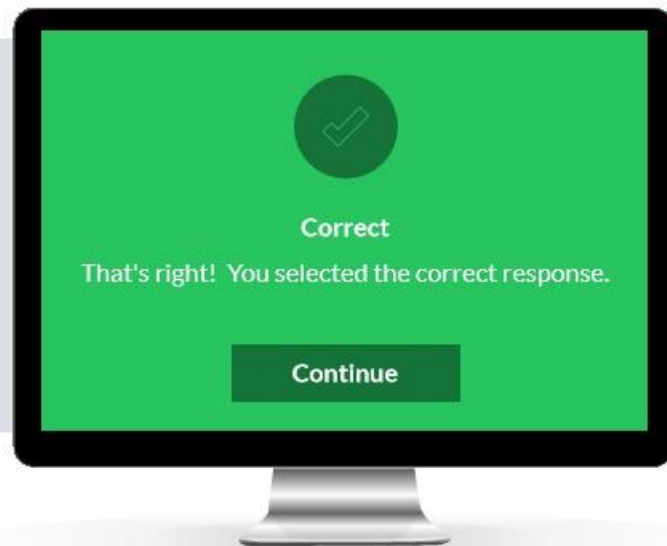
Correct (Slide Layer)

Controlled Substance Regulation

Schedule II Medications

Every _____ there must be a recorded and signed count of all Schedule II drugs in the facility if Schedule II drugs were used during that time period.

- Day
- Week
- 30 days
- Hour



Incorrect (Slide Layer)

Controlled Substance Regulation

Schedule II Medications

Every _____ there must be a recorded and signed count of all Schedule II drugs in the facility if Schedule II drugs were used during that time period.

- Day
- Week
- 30 days
- Hour

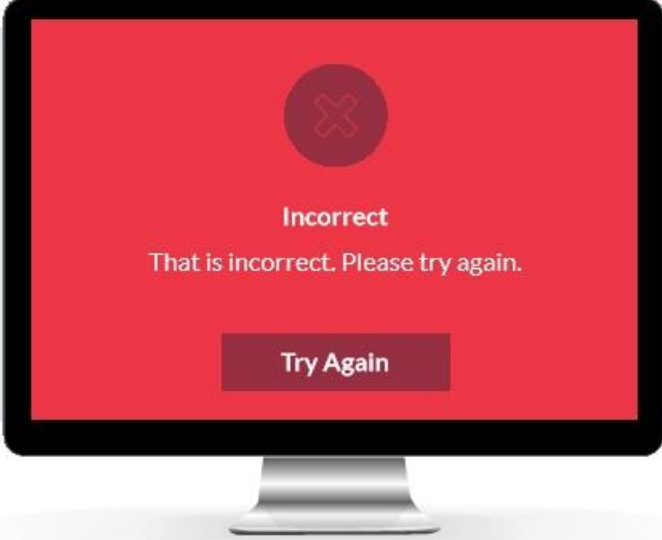


Try Again (Slide Layer)

Controlled Substance Regulation
Schedule II Medications

Every _____ there must be a recorded and signed count of all Schedule II drugs in the facility if Schedule II drugs were used during that time period.

Day
 Week
 30 days
 Hour



Incorrect
That is incorrect. Please try again.
Try Again

3.44 Schedule II Medication Documentation

(Pick One, 10 points, 2 attempts permitted)

Schedule II Medication Documentation

Every _____, all Schedule II controlled substances on hand must be counted and records of inventory must be kept in a bound book with numbered pages with no pages removed.



Drug Law

- A Day
- B Week
- C Month
- D Three months

Correct	Choice
	Choice A
X	Choice B
	Choice C
	Choice D

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response. This must occur every week.

Notes:

Correct (Slide Layer)

Schedule II Medication Documentation
Every _____, all Schedule II controlled substances on hand must be counted and records of inventory must be kept in a bound book with numbered pages with no pages removed.

Correct

That's right! You selected the correct response.

Continue

A Day
B Week
C Month
D Three months

The image is a screenshot of a quiz slide. At the top, the title is "Schedule II Medication Documentation". Below the title is a text prompt: "Every _____, all Schedule II controlled substances on hand must be counted and records of inventory must be kept in a bound book with numbered pages with no pages removed." Below the prompt are four multiple-choice options: A Day, B Week, C Month, and D Three months. A green notification box is overlaid on the slide, indicating a correct answer. The notification box has a green header with the word "Correct" and a white body with the text "That's right! You selected the correct response." and a "Continue" button.

Incorrect (Slide Layer)

Schedule II Medication Documentation
Every _____, all Schedule II controlled substances on hand must be counted and records of inventory must be kept in a bound book with numbered pages with no pages removed.

Incorrect

You did not select the correct response. This must occur every week.

Continue

A Day
B Week
C Month
D Three months

The image shows a quiz interface. At the top, the title is "Schedule II Medication Documentation". Below it is a question: "Every _____, all Schedule II controlled substances on hand must be counted and records of inventory must be kept in a bound book with numbered pages with no pages removed." Below the question are four multiple-choice options: A Day, B Week, C Month, and D Three months. A red feedback box is overlaid on the options, stating "Incorrect" and "You did not select the correct response. This must occur every week." A "Continue" button is located below the feedback text.

Try Again (Slide Layer)

Schedule II Medication Documentation

Every _____, all Schedule II controlled substances on hand must be counted and records of inventory must be kept in a bound book with numbered pages with no pages removed.

Incorrect

That is incorrect. Please try again.

Try Again

A Day

B Week


C Month

D Three months


3.45 Psychotropics

Psychotropics

- Used to treat mental health disorders
- Antidepressants, antianxiety medication, mood stabilizers
- Manage symptoms of anxiety, depression, psychological distress, and/or insomnia
- Can be routinely scheduled or PRN
- Antipsychotic medications are psychotropics used to treat symptoms of certain psychiatric disorders such as schizophrenia, paranoia, psychosis (inability to tell what is real and what isn't)
- Psychotropic PRNs have special regulations



[Click here to learn about Psychotropic PRNs](#)



Notes:

Psychotropic medications are used to treat mental health disorders.

Psychotropic drugs are generally considered to belong only to one of five classes. They are either antipsychotics, antidepressants, anxiolytics (which are antianxiety medications), hypnotics, and mood stabilizers.


Psychotropic medications Manage symptoms of anxiety, depression, psychological distress, and or insomnia.

These medications Can be routinely scheduled or scheduled P R N, meaning as-needed.

Antipsychotic medications are psychotropics used to treat symptoms of certain psychiatric disorders such as schizophrenia, paranoia, and psychosis (which is the inability to tell what is real and what isn't).

Psychotropic P R N medications have special regulations.


3.46 Psychotropic PRNs



Psychotropic PRNs

- Ordered as-needed by duly authorized licensed practitioner
- Only administer IF
 - Order includes detailed behavior-specific written instructions
 - Must include symptoms that might require use of medication
 - Must include exact dosage and timeframe between dosage
 - Must include max dosage in 24- hour period
 - Notify prescriber when med is administered unless otherwise instructed in writing
- Person qualified to administer meds must be on site at any facility or program where a resident has been prescribed PRN medications unless the resident can self-administer
- Antipsychotic PRNs can only be prescribed as a supplement to a routinely scheduled psychotropic. They cannot be prescribed to someone who does not also have a routinely prescribed psychotropic

[Click here to learn more](#)



Notes/Audio:

Administration of as-needed Psychotropic medications is governed by Maine regulation.

Psychotropic medications ordered “as needed” by provide can only be administered if the order states the behaviors that indicate the medication is needed.

These instructions must include that symptoms that require the use of the medication.

They must also include the exact dosage, timeframe between dosages, and the maximum dosage to be given in a 24-hour period.

For example, a specific behavior might be pacing for more than three minutes.

The specific dosage and timeframe might be to administer one-half milligram two times daily and not within four hours of the regularly scheduled dose.

Facility staff must notify the provider within 24 hours when a P R N psychotropic has been administered unless otherwise instructed in writing by the provider.

A person qualified to administer meds must be on site at the assisted living program or residential care facility whenever a resident has medications prescribed as-needed if the medication is not self-administered.

Antipsychotic psychotropics must not be prescribed on a P R N basis only. They person must also have a prescription for a routinely scheduled and administered dose of another psychotropic.

3.47 Psychotropic PRNs

Psychotropic PRNs Special Requirements

- 1 As needed for what? Should state behavior-specific instructions including symptoms that require medication
- 2 Should state exact dosage **and** timeframe between doses
- 3 Should state max dose in 24 hours

[Click Here](#)

Notes:

3.48 Confidentiality

Confidentiality

- HIPAA and PHI
 - Protected health information
- You **must** keep info confidential
- They can access their records
- RESPECT THE right to privacy of the individual and their family
- Confidentiality means
 - No personal phones, do not bring anyone with you
- When it can or must be broken
- What if you break it inappropriately
- Document EVERYTHING
- Reporting abuse or neglect concerns does not violate confidentiality



[Click here to learn about HIPAA violations](#)



Notes/Audio:

HIPAA is set of privacy and security rules.

Everyone's personal health information is private.

It is called P H I, or protected health information.

It includes our name, birthdate, phone number, social security number, and any other data that could be used to identify us.

HIPAA protects our private health information. It sets rules for how and when that information can be shared.

HIPAA says that you must protect and keep confidential the personal health information of the person you support.

The person you support has the right to decide who their personal health information is shared with.

They also have the right to access their own records.

Supporting them in accessing their own records empowers them. It also helps them be more in control of decisions regarding their health and well-being.

Privacy and confidentiality are basic rights for all of us.

The person you support trusts you to safeguard their privacy. You must protect their privacy at all times.

You will interact with their family, friends, coworkers, and neighbors. Respect the privacy rights of everyone in their support network.

Confidentiality means keeping all of the information about a patient private.

This could be information you get directly from the person you support.

It could be information about the person you support.

You must keep it private at all times.

If the person you support dies, you still must keep their confidentiality even after death.

This is a core duty for direct support workers.

Protect the privacy and dignity of the person you support at all times.

This means you cannot use your personal cell phone for work.

It also means you should never bring your child, friend, or anyone along with you when you are providing support – whether it's a quick med pass, or a longer shift with the person you support.

There are very few times when it is ok to break confidentiality. This decision will always be made by your supervisor. It is not something that you decide alone.

For example, you might be worried that the person you support is going to hurt themselves.

Or maybe you are worried they will hurt someone else.

You might have to break confidentiality to prevent this from happening.

If someone is hurting the person you support, you must protect them.

Even if you must break confidentiality to do so.

You are a mandatory reporter.

This means you must report it if you think someone might be hurting the person you support. But again, notify your supervisor and follow their directions. They will give you advice.

They are not allowed to stop you from reporting.

The consequences for breaking confidentiality can be serious.

They can range from fines to prison time.

On the next slide, you will learn more about HIPAA violations.

Just remember to document everything.

If you didn't document it, it's the same as if it didn't happen.

And with careful documentation, you can show that you protected the

confidentiality of the person you support.
You will learn more about documentation in another module.

3.49 Common HIPAA Violations

The infographic features a word cloud with terms like 'HIPAA Violation', 'confidentiality', 'workers', 'rules', 'insurance', 'data', 'healthcare', 'physician', 'medicare', 'portability', 'information', 'law', 'patient', 'doctor', 'clinic', 'error', 'health', 'authorization', 'legal', 'safety', 'nurse', 'record', 'accountability', 'confidential', 'job', 'practice', 'personnel', and 'requirements'. Below the word cloud are six numbered items:

- 1 Confidentiality**
Disclosing information to friends or coworkers.
- 2 Unprotected Info**
Lost or stolen devices
- 3 Using Personal Phone**
Texting private information or taking photos
- 4 Social Media**
Sharing photos or information online
- 5 Need to Know**
Illegally accessing files and password sharing
- 6 No Written Consent**
Must have consent unless TPO, subpoena, abuse

Notes/Audio:

These are the most common HIPAA violations among direct support staff. Make sure you follow the rules and laws related to confidentiality. Employees disclosing information is a HIPAA violation. Employees revealing information about the person they support to friends or coworkers is a HIPAA violation. It is a serious ethical error. It can also cost an employer a fine. You must never discuss the people you support with anyone. Staff must make sure they are in a private place before sharing any protected health information. And you must make sure to only share with people who have a need to know. Sharing information is for treatment planning. Not for gossiping or venting. Lost or Stolen Devices create HIPAA violations. Laptops and cell phones can be stolen. If this happens, protected health information is vulnerable.

This can result in HIPAA fines.

Mobile devices are at high risk of theft. They are small and easy to steal. For this reason, your mobile devices must have special password protections. Protected information should also be encrypted. This prevents a thief from seeing it. You should never use your own personal phone to communicate with the person you support or to text or send information about them. This is a HIPAA violation. It puts the person's personal information at risk. Texting patient information about the person is a HIPAA violation. Putting patient information such as vital signs or test results in a text might seem faster and easier. But Texts are not secure. They are not protected. Someone else could see the text. Texts on a work phone must be encrypted. This prevents hackers from seeing the data. Again, you must never use your personal phone to communicate health information for the person you support. You should not use your personal phone for work, and you should never take pictures of the person you support on your personal phone. Posting photos of the person you support on social media is never ok. It is a HIPAA violation.

All direct support staff should be aware of this violation. Never share photos of the person you support on social media. Never share any details about the person you support on social media. Also, make sure that your social media posts maintain your own sense of professionalism. The person you support and others on the team might see your posts. Employees illegally accessing patient files is another HIPAA violation. You should not access a person's file unless you are authorized. You can never look at a record just because you are curious. You can never look so that you can share information with someone else who is curious. This is illegal. It can result in large fines.

Using or selling protected health information is a crime. It can even result in prison time. A person must authorize the release of their information. If there is no release, it is a HIPAA violation. A person's health information cannot be released without their written consent.


There are only a few exceptions. One is called TPO. This means treatment, payment, and operations. This means that you don't need a release every time you bill insurance. You don't need a release to conduct normal routine healthcare operations. Written consent is also not required if there is a serious risk that the person is going to harm themselves or someone else. Consent is also not required if someone else is hurting the person you support. These issues related to harm are mandatory reporting issues. This means that you legally must report your concerns. We will learn more about mandatory in a moment.

Under some circumstances records can also be released if there is a subpoena.

The records release will never be your decision alone. Just remember to never release records without following procedure. Always let your supervisor know if there is a request for a release of records. They will decide how they should be released. Lack of training leads to HIPAA violations. One of the most common reasons for a HIPAA violation is that staff don't know the rules. All employees, including medication aides, should receive training on HIPAA law. Training is one of the best ways to avoid a violation.

If you detect an accidental or intentional violation, know your agency policy. Report your concern to your agency privacy officer. Follow agency procedure.

3.50 Mandatory Reporting



You must report it - it's the law

Mandatory Reporting

Concerned that the person you support was abused, neglected, or exploited/taken advantage of? You are a mandated reporter. You don't have to prove it - report it if you suspect it.

- 1 You spend a lot of time with the person. You might be the only one who sees what is happening.
- 2 Call Adult Protective Services (APS) **1-800-624-8404**.
- 3 Concerned about a child? Call OCFS 1-800-452-1999 Office of Child and Family Services
- 4 Know your agency policy. Tell your supervisor. They can give guidance. They cannot stop you from calling.

Notes/Audio:

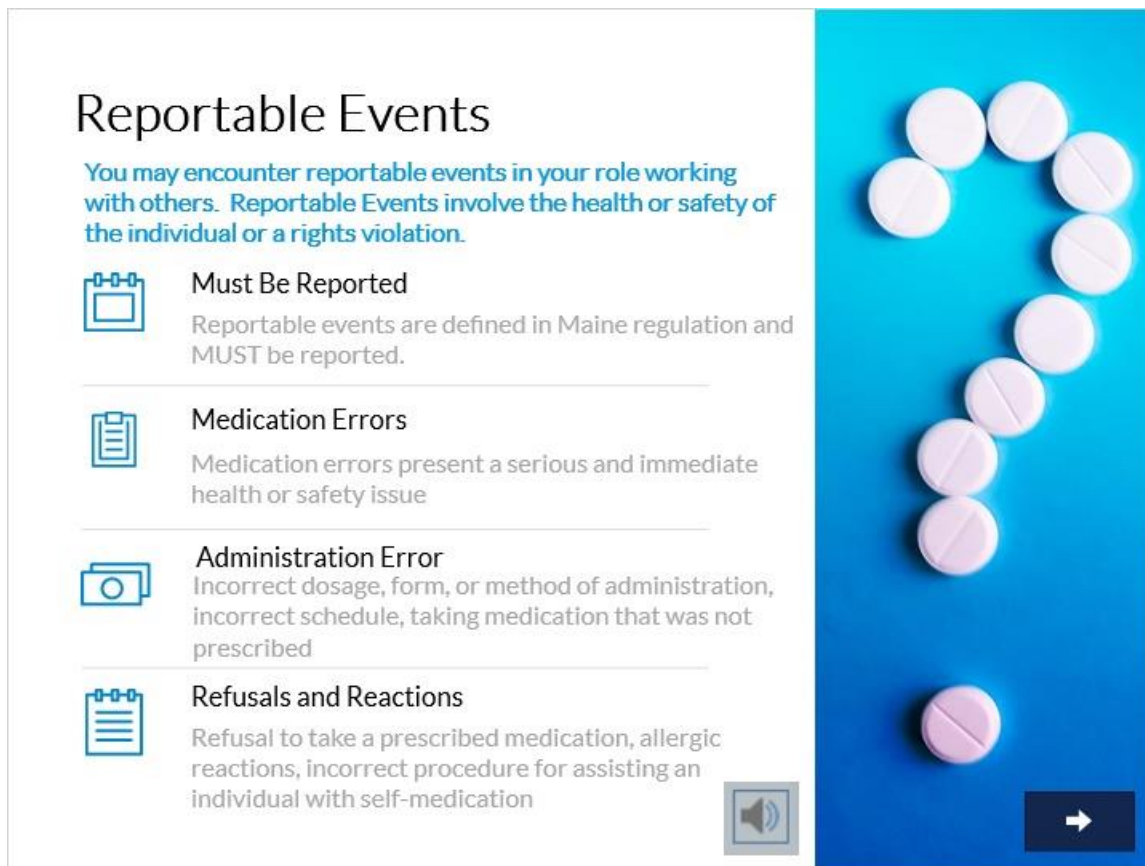
Medication Aides are Mandated Reporters. Mandated reporters are required by law to report any suspected abuse, neglect, or exploitation. Direct support staff of all kinds are mandated reporters. The people you serve need support in taking their medication and possibly with some of their daily living skills. They need protection from abuse and neglect. You will see them frequently, and you might be the only one who has a chance to see what is happening. You don't need to prove abuse happened before you report it. You legally must report if you only suspect there has been abuse, neglect, or exploitation. If you have a reason to be concerned, report right away. If you believe the person you support was abused, neglected, or exploited, which means being taken advantage of in some way, you must contact APS.

APS stands for Adult Protective Services. If you are concerned about a child being harmed, you would contact OCFS, the Office of Child and Family Services.

Make sure that you Know your agency policy for reporting suspected abuse, neglect, and exploitation. If you need to make a report, You should talk to your supervisor first. They can guide you through the process.

They can help you, but They cannot stop you from making a report.

3.51 Reportable Events



Reportable Events

You may encounter reportable events in your role working with others. Reportable Events involve the health or safety of the individual or a rights violation.

- Must Be Reported**
Reportable events are defined in Maine regulation and MUST be reported.
- Medication Errors**
Medication errors present a serious and immediate health or safety issue
- Administration Error**
Incorrect dosage, form, or method of administration, incorrect schedule, taking medication that was not prescribed
- Refusals and Reactions**
Refusal to take a prescribed medication, allergic reactions, incorrect procedure for assisting an individual with self-medication

The infographic features a blue background on the right side with several white pills arranged in a pattern. A speaker icon is located at the bottom right of the text area, and a dark blue button with a white right-pointing arrow is at the bottom right of the entire graphic.

Notes:

You may encounter reportable events in your role working with others. **Reportable Events involve the health or safety of the individual or a rights violation.**

These are defined in Maine regulation and *must* be reported.

There are many things that fall into this category, but Medication Errors are one of the most common Reportable Events.

Let's take a look at some other reportable events.

3.52 Reportable Events: Examples

REPORTABLE EVENTS

- **Use of Emergency Restraint** (not as part of an approved Behavior Plan or per doctor's orders)
- **Serious Injury Beyond First Aid**
 - Example: Medical attention by Urgent Care or Primary Care Physician for an infected injury
- **Hospital Admission**
 - Planned or Unplanned, Includes for Observation
- **Suicide Attempt or Threat**
 - Verbal threat
 - Description of a plan
 - Talks or writes about death or suicide
- **Death** - Expected and unexpected
- **Lost or Missing Individual**
 - Example: A person with 1:1 supervision cannot be found by staff
- **Transportation Accident**
 - As a pedestrian, cyclist, Passenger, or otherwise involved in a motorized vehicle or watercraft incident
- **Law Enforcement Intervention**
 - Individual is charged with a crime or subject of investigation or contacts Police
 - Victim of a crime
 - As part of a planned strategy or unplanned crisis situation

Notes:

These are some examples of reportable events that you might encounter in your role providing medication support.

Use of Emergency Restraint. If an emergency restraint is used and there is not an approved behavior plan or doctor's order in place, it must be reported.

Any serious injury that requires medical attention by urgent care or a primary care physician is a reportable event.

A Hospital Admission is a reportable event. This includes planned or unplanned admissions and admissions for observation.

A Suicide Attempt or Threat is a reportable event. This could include a Verbal threat, a threat that includes a plan, or a person talking or writing about death or suicide.

An Expected or unexpected death is a reportable event.

A Lost or Missing person is a reportable event. For example, if a resident is supposed to have one-on-one supervision and they cannot be found by staff. This is a reportable event.

Any Transportation Accident is a reportable event. This includes an accident with a pedestrian, cyclist, Passenger, or any involvement in a motorized vehicle or watercraft incident.

Anything requiring Law Enforcement Intervention is a reportable event. This includes the person you support being charged with a crime, or being the subject of investigation. It also includes the person you support contacting the Police or being the victim of a crime or being part of a planned strategy or unplanned crisis situation.

3.53 Pick Many

(Pick Many, 10 points, 2 attempts permitted)

Reportable Events

Reportable Events are situations that must be reported right away because they involve the health, safety, or rights of the person you support.



Which of the following are reportable events?



The person you support intentionally overdoses on their medication in an attempt to die by suicide.



The person you support sometimes wanders, and you are currently unable to find them.



The person you support refuses to take their medication.



You administered the wrong dosage of the person's prescribed medication.



You discover that the person you support is in bed with full-length bed rails on both sides.

Correct	Choice
X	Item 01
X	Item 02
X	Item 03
X	Item 04
X	Item 04 1

Feedback when correct:

Your answer is correct.

Feedback when incorrect:

Your answer is incorrect.

Congrats! (Slide Layer)

Reportable Events

Reportable Events are situations that must be reported right away because they involve the health, safety, or rights of the person you support.



Which of the following are reportable events?



The person you support intentionally overdoses on their medication in an attempt to die by suicide.



The person you support sometimes wanders, and you are currently unable to find them.



The person you support refuses to take their medication.

Congrats!
Your answer is correct.

Continue

All of these events must be reported right away.

Sorry! (Slide Layer)

Reportable Events

Reportable Events are situations that must be reported right away because they involve the health, safety, or rights of the person you support.



Which of the following are reportable events?



The person you support intentionally overdoses on their medication in an attempt to die by suicide.



The person you support sometimes wanders, and you are currently unable to find them.



The person you support refuses to take their medication.

Sorry!

Your answer is incorrect.

Continue

All of these events must be reported right away.

Try Again (Slide Layer)

Reportable Events

Reportable Events are situations that must be reported right away because they involve the health, safety, or rights of the person you support.



Which of the following are reportable events?



The person you support intentionally overdoses on their medication in an attempt to die by suicide.



The person you support sometimes wanders, and you are currently unable to find them.



The person you support refuses to take their medication.


Sorry!

Your answer is incorrect.

Try Again



Remember that reportable events involve a violation of the health, safety, or rights of the person you support.

3.54 Informed Consent



Informed Consent

- 01. Important Ethical Issue**
People being supported should be given choices. People providing support should **not** choose for the people they support.
- 02. Legal Guardians**
People receiving medication support might have a legal guardian who makes decisions on their behalf. It could be a court-appointed guardian, or it could be a family member.
- 03. Person Must Give Consent**
The person must be fully informed of their treatment options, and must give consent. Risks and benefits must be explained to them in a way that they understand. They cannot be tricked or forced into consent.



Notes:

Informed consent is a very important ethical issue for direct support staff including medication aides. Everyone wants to live their life on their own terms. People like to make their own choices about what happens in their life. The person you support might have a guardian appointed by the State of Maine. In this case, they might not know their guardian very well. Another person you support might have a parent or family member serving as their guardian. When this is the case, they know each other well and are used to the decision-making process.

Family members can pose challenges, however. They are not supposed to make decisions based on their own preferences. They are supposed to make decisions based on what they think the person would want. Sometimes conflicts can arise over who wants what, and who should decide. Older adults and people with IDD sometimes have their choices made for them. For people with IDD, this might have been true over the course of their whole life. Sometimes a well-meaning family member makes all of the choices. They might decide based on what is easiest or what they like best, instead of thinking of what the person would want. Often, people with IDD are taught to say “yes”, even when they really want to say “no”. They might seem to be making a choice, when really they are not. They are saying what they think they are supposed to say. They might not be able to understand the real

consequences of agreeing to something.

Every person has a right to consent to services or deny services. Unless the court has taken away that right or a licensed provider believes a person is a danger to themselves or others, the person is legally allowed to make their own choices. In order for a person to make a choice and give consent, they have to understand the pros and cons of a decision.

They have to understand what the risks are, and what the benefits are. In the support role, your job is to help the person understand any services or treatments being offered, and what their pros and cons are. It can be difficult to explain complicated details to a person who has a hard time communicating verbally. Still, risks and benefits must be explained to them in a way they can understand. Unless the person you support has a guardian, they must have all treatments and services carefully explained to them. This is what “informed” means. They have been informed of the options in a way that they understand. Then, the risks and benefits must be explained. This is where “consent” comes in. They must understand the risks and benefits before they can agree or refuse treatment. Coercion is not consent. This means a person can’t be tricked or forced into giving consent. They must understand what they are consenting to. They must willingly give consent.

3.55 Legal Representatives

Legal Representatives

- Guardian
- Supported Decision Making
- Client Advocate
- Power of Attorney
- Health Care Surrogate
- Representative Payee
- DNR – Do Not Resuscitate
- DNH, DNI
- Living will



[Click here to learn more about your code of ethics](#)



Notes:

When working as a medication aide, you will encounter people who have a legal guardian.

A client advocate is a friend or family member of a person receiving services through the Office of Aging and Disabilities. The client advocate may assume a variety of roles depending on the needs and wishes of the individual. But in no case does a client advocate make any decisions for the person or access confidential information unless the client authorizes it.

Power of attorney is a legal contract that gives decision-making power to someone else. It allows that person to make some or all legal decisions, including health care decisions and financial decisions.

A health care surrogate is a person with legal authority to make health care decisions for someone who can't make the decisions by themselves.

A representative payee is a person who can receive public benefits in the name of a person who needs support in receiving and using their benefits. A report must be submitted to the federal government showing how the benefits were spent.

Facilities are often named as representative payees.

Do Not Resuscitate is a directive ordering that no effort will be made to restart a person's heart or breathing if either should stop.

A person might also have a Do Not Hospitalize order stating that they don't want to be hospitalized. This could specify certain circumstances, or it could state that they don't want to be hospitalized under any circumstances.



A person might also have a Do Not Intubate order, stating that they do not want to be intubated.


Living will: This is a document that defines how a person should be cared for in the event that they are incapacitated. Specifics regarding Living Wills are defined in Maine Statute.

3.56 Code of Ethics


Code of Ethics

- “Support” and “care”
- Medication Aides hold themselves to the highest ethical standards
- Empower and advocate with the people you support
- Assist them in making medication and treatment choices
- Knowledge, skills, ethics





[Click here to show what you know](#)



Notes/Audio:

When you provide medication support to a vulnerable person, you honor the unique needs of the person you support. You value their preferences. You respect their way of living and being. Direct Support includes support with daily living, passing medication, supporting self-administered medication, and a variety of other duties. Depending on your role and the certifications you have earned, you might only pass meds. Or you might assist with other aspects of daily living also. Similar roles work together to provide care and support. For example, in healthcare, the treatment team decides what to do to help a person heal. In direct support, the person decides what they need to do to improve their quality of life. You do not decide for them. You support them in reaching their goals. They tell you how. Support offers the opportunity for greater independence. Person-centered support empowers someone to be an active participant in their life.

Direct support staff must hold themselves to the highest ethical standards. Each day you will work to empower and advocate with the people you support. You will support people to make everyday choices. Choices about money. Choices

about health. Choices about jobs and relationships. Or choices about the medications they take. The support you provide will help them live a full, healthy life in their community, whether at home or in a facility. In this course and on the job, you will gain the knowledge and skills you need to provide medication support with integrity and professionalism.

3.57 Ethics Scenario

Ethical Dilemmas in the Workplace

When you work in a health care field, it is very important to know the legal and ethical guidelines you must follow. Legal and ethical guidelines protect the residents or patients, and also protect you.

Legal and ethical violations are very serious. Violating laws and ethics can cause you to lose your job. It can also result in a lawsuit.

Read the scenario below:

You just earned your CRMA certification and are beginning your first job in a long-term care facility. You are in the room of a resident by the name of Mrs. Pollard when another CRMA who now works with you stops in Mrs. Pollard's room to give Mrs. Pollard her daily medications. The CRMA says, "I just love Mrs. Pollard. I tell everyone about her." She passes you the cup with Mrs. Pollard's meds and says, "hold these". She then ducks down so that she is cheek-to-cheek with Mrs. Pollard, who is reclining in bed. "Smile for the camera, Mrs. Pollard," she says, holding her phone high above their faces. She snaps the picture, then holds it up to show you. "I can't wait to share this," she says. Opening the door, the CRMA then says to you, "Give her those meds while I post this to Insta, ok?" She then leaves the room.

On the next slide, answer the questions about this scenario.



3.58 Ethics Critical Thinking

(Essay, 0 points, 1 attempt permitted)

Medical Ethics Scenario

How many legal and ethical errors did you spot in the scenario? Describe them here. What should you do? What would be the hardest part about handling this situation?

type your response here



3.59 Multiple Choice

(Multiple Choice, 10 points, 2 attempts permitted)



HIPAA Violations

HIPAA:

- Is violated if you use your personal phone to take photos of the person you support or send confidential work texts
- Violations result in large fines
- Is violated if you post on social media about the person you support
- All of the above

Correct	Choice
	Is violated if you use your personal phone to take photos of the person you support or send confidential work texts
	Violations result in large fines
	Is violated if you post on social media about the person you support
X	All of the above

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

HIPAA Violations

Correct

That's right! You selected the correct response.

[Continue](#)

All of the above

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person
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media
rt

Incorrect (Slide Layer)



HIPAA Violations

 **Incorrect**

You did not select the correct response.

[Continue](#)

All of the above

onal
person
ential

media
rt

Try Again (Slide Layer)

HIPAA Violations

Incorrect

That is incorrect. Please try again.

Try Again

All of the above

Personal
person
ential
media
rt

3.60 Multiple Choice

(Multiple Choice, 10 points, 2 attempts permitted)

Scope of Practice

Doing something that is outside of your scope of practice is a crime.



- True
- False

Submit

Correct	Choice
X	True
	False

Feedback when correct:

Correct! You must never do anything that you have not been trained to do, and that you are not legally allowed to do.

Feedback when incorrect:

Incorrect. You must never do anything that you have not been trained to do, and that you are not legally allowed to do.

Correct (Slide Layer)

Scope of Practice

Doing something that is outside of your scope of practice is a crime.



Correct! You must never do anything that you have not been trained to do, and that you are not legally allowed to do.

Continue

Incorrect (Slide Layer)

Scope of Practice

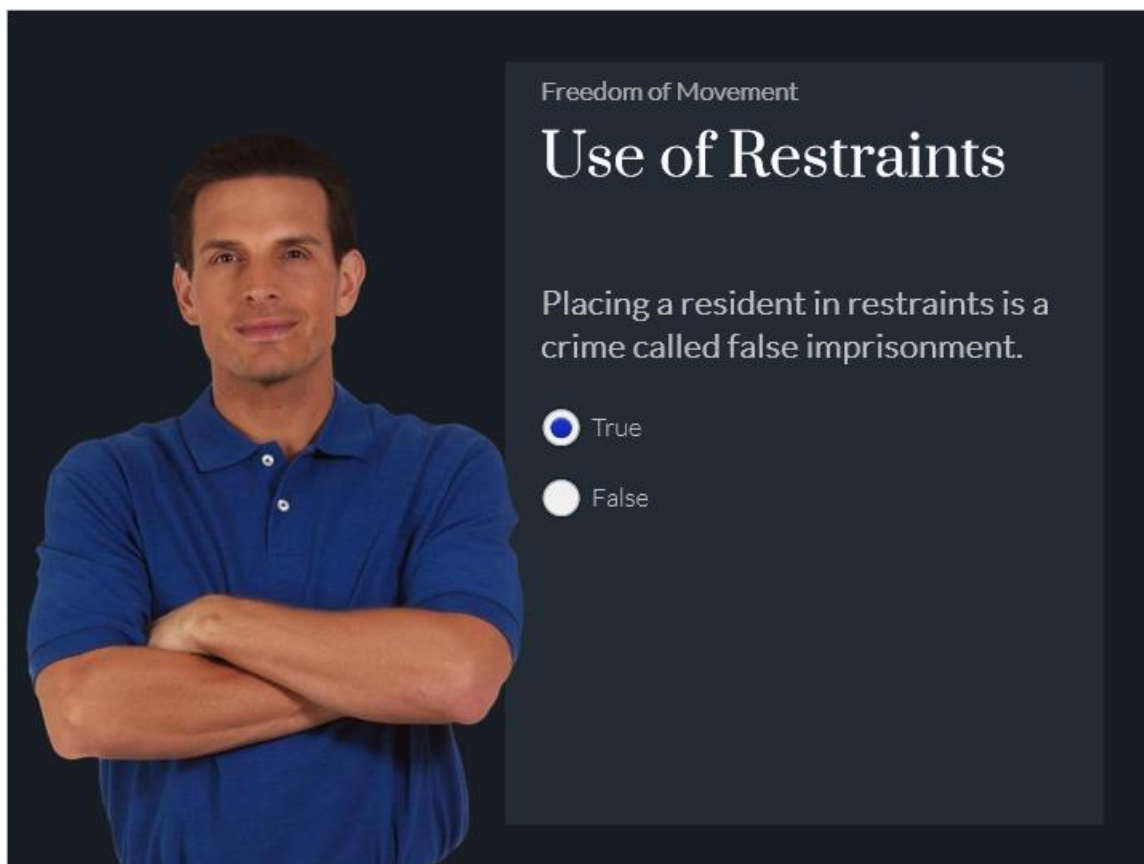
Doing something that is outside of your scope of practice is a crime.

Incorrect. You must never do anything that you have not been trained to do, and that you are not legally allowed to do.

[Continue](#)

3.61 Multiple Choice Question

(Multiple Choice, 10 points, 2 attempts permitted)



Freedom of Movement

Use of Restraints

Placing a resident in restraints is a crime called false imprisonment.

True

False

Correct	Choice
X	True
	False


Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response. You must never place a resident in restraints unless it has been ordered by a doctor.

Correct (Slide Layer)



Freedom of Movement

Use of Restraints

Correct

That's right! You selected the correct response.

[Continue](#)

Incorrect (Slide Layer)



Freedom of Movement

Use of Restraints

Incorrect

You did not select the correct response. You must never place a resident in restraints unless it has been ordered by a doctor.

[Continue](#)

3.62 MULTIPLE CHOICE

(Pick One, 10 points, 2 attempts permitted)

What are "Ethics"

Ethics can be defined as:



- Doing what is right, and not doing what is wrong
- Acting without bias or prejudice
- Making sure that you do not cause harm
- All of the above
- A and C

Submit

Correct	Choice
	Diamond 01
	Diamond 02
	Diamond 03
X	Diamond 04
	Diamond 05

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

What are "Ethics"

Ethics can be defined as:



**YOUR ANSWER IS
CORRECT**

That's right! You selected the correct response.

Continue

Incorrect (Slide Layer)

What are "Ethics"

Ethics can be defined as:



**YOUR ANSWER IS
INCORRECT**

You did not select the correct response.

Continue

Try Again (Slide Layer)

What are "Ethics"

Ethics can be defined as:

✘ YOUR ANSWER IS INCORRECT

That is incorrect. Please try again.

Try Again

3.63 Multiple Choice

(Multiple Choice, 10 points, 2 attempts permitted)

Professional Boundaries

The boundaries that make up your professional role include your:



- Thoughts
- Behaviors
- Actions
- All of the above

Submit

Correct	Choice
	Thoughts
	Behaviors
	Actions
X	All of the above

Feedback when correct:

Your answer is correct.

Feedback when incorrect:

Your answer is incorrect.

Congrats! (Slide Layer)

Professional Boundaries

The boundaries that make up your professional role include your:



- Thoughts
- Behaviors
- Actions
- All of the above

Congrats!

Your answer is correct.

Continue

Your behaviors, actions, and even thoughts make up your professional boundaries. Always make sure that your thoughts, behaviors, and actions, are helpful - never harmful - to the person you support.

Sorry! (Slide Layer)

Professional Boundaries

The boundaries that make up your professional role include your:



- Thoughts
- Behaviors
- Actions
- All of the above

Sorry!

Your answer is incorrect.

Continue

Your behaviors, actions, and even thoughts make up your professional boundaries. Always make sure that your thoughts, behaviors, and actions, are helpful - never harmful – to the person you support.

Try Again (Slide Layer)

Professional Boundaries

The boundaries that make up your professional role include your:



- Thoughts
- Behaviors
- Actions
- All of the above

Sorry!
Your answer is incorrect.

[Try Again](#)

Which of these things make up your professional boundaries? Always make sure that your thoughts, behaviors, and actions, are helpful - never harmful – to the person you support.

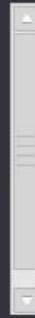
3.64 MULTIPLE CHOICE

(Multiple Choice, 10 points, 2 attempts permitted)

..... Mandatory Reporting

Mandatory reporting means:

- If a CRMA suspects that someone is being abused, they **must** report it - it's the law
- Only supervisors are allowed to report suspected abuse
- If your supervisor tells you not to report suspected abuse, you must not report it
- You must prove abuse, neglect, or exploitation occurred before reporting it



Submit

Correct	Choice
X	If a CRMA suspects that someone is being abused, they must report it - it's the law
	Only supervisors are allowed to report suspected abuse
	If your supervisor tells you not to report suspected abuse, you must not report it
	You must prove abuse, neglect, or exploitation occurred before reporting it

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response. You **MUST** report suspected abuse. It's the law.

Correct (Slide Layer)

..... Mandatory Reporting

Mandatory reporting means:

Correct That's right! You selected the correct response. [Continue](#)

- If a CRMA suspects that someone is being abused, they **must** report it - it's the law
- Only supervisors are allowed to report suspected abuse
- If your supervisor tells you not to report suspected abuse, you must not report it
- You must prove abuse, neglect, or exploitation occurred before reporting it



[Submit](#)


Try Again (Slide Layer)

..... Mandatory Reporting

Mandatory reporting means:

Incorrect That is incorrect. Please try again. [Try Again](#)

- If a CRMA suspects that someone is being abused, they **must** report it - it's the law
- Only supervisors are allowed to report suspected abuse
- If your supervisor tells you not to report suspected abuse, you must not report it
- You must prove abuse, neglect, or exploitation occurred before reporting it



[Submit](#)

Incorrect (Slide Layer)

..... Mandatory Reporting

Mandatory reporting means:

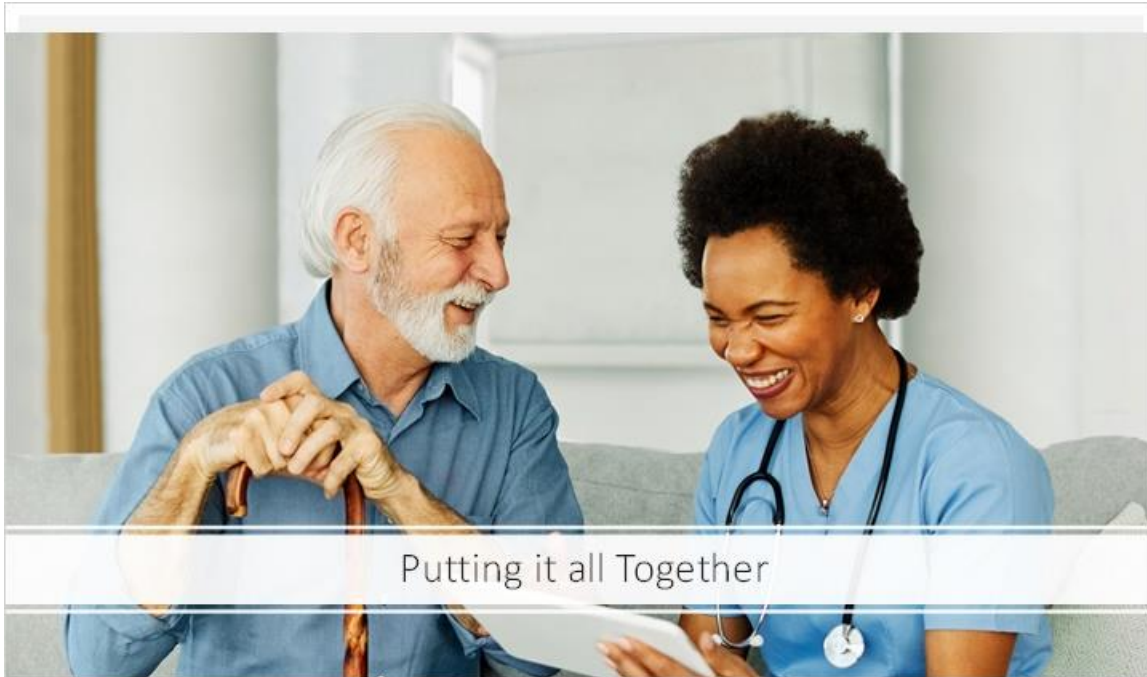
Incorrect You did not select the correct response. You **MUST** report suspected abuse. It's the law. [Continue](#)

- If a CRMA suspects that someone is being abused, they **must** report it - it's the law
- Only supervisors are allowed to report suspected abuse
- If your supervisor tells you not to report suspected abuse, you must not report it
- You must prove abuse, neglect, or exploitation occurred before reporting it




[Submit](#)

3.65 Putting It All Together



Putting it all Together

[Click here to begin Unit 3](#)



Notes/Audio: