

CareCertify LLC

Adult Day Services Training Series

ADS-04

Medication Assistance

Participant Guide

Adult Day Services Training Series · Audience: Direct-Contact Staff · Volunteers · Subcontractors · Aides · CE Hours: 1.0

Help With Medications — Trained and In Scope

Medications are one of the highest-risk parts of care. In adult day services, anyone responsible for medication administration or assistance who isn't a licensed health practitioner must complete an MDH-approved trained medication aide program or demonstrate competency to a registered nurse biennially. This course builds the knowledge base; your center handles the required hands-on training and verification.

This guide defines the boundary between assistance and administration, the Rights that keep participants safe, and the habits that prevent errors. The most important rule: do only what you're trained and authorized to do, and call the nurse or supervisor when unsure.

Learning Objectives — by the end of this module you will be able to:

- Distinguish medication assistance from administration
- Explain who may give medications and the required training
- Apply the Rights of medication administration
- Document medications accurately
- Recognize and report errors and side effects

Section 1: Assistance vs. Administration

Medication assistance means supporting a participant who directs their own medications — reminding them, opening a container, or steadying a cup. Medication administration means actually giving the medication. In adult day services, anyone responsible for either who isn't a licensed health practitioner must meet the training requirement below.

Section 2: Who May Give Medications and the Training Required

Medications may be given by a licensed health practitioner qualified to administer them. If the person isn't licensed, the rules require completion of an MDH-approved trained medication aide program for unlicensed personnel (or a comparable program), or demonstrating competency to a registered nurse on a biennial basis. Work only within your training and your center's medication policy — and never give medications if you haven't met the requirement.

Trained and verified, or not at all

If you're not a licensed practitioner, you must complete the approved trained medication aide program or show RN-verified competency before assisting with or administering medications.

Section 3: The Rights of Medication Administration

Run the Rights every single time: right participant, right medication, right dose, right route, right time, and right documentation. Add the right to refuse — a participant may decline, and you document and report rather than forcing. Document immediately after giving, never before. If anything doesn't match, stop and call the nurse or supervisor.

Section 4: Documenting Medications

Document each medication on the medication record immediately after it's given — never before. Never sign for a medication you didn't personally give. Note refusals, held doses, and the reason. Accurate documentation protects the participant, you, and the team, and is part of the center's compliance.

Section 5: Medication Errors and Side Effects

A medication error is any deviation from the order — wrong medication, dose, route, time, or participant, or a missed dose. Handle errors by telling the nurse or supervisor immediately, monitoring the participant, and documenting honestly. Watch for side effects and adverse reactions; for severe reactions (trouble breathing, swelling, collapse), call 911 immediately. Never conceal an error — it endangers the participant.

Section 6: Safe Storage and Handling

Store medications securely, at the correct temperature, in their original labeled containers, and away from participants except as directed by the care plan. Follow the center's procedures for controlled substances, and return or dispose of medications per policy. Safe storage prevents errors, misuse, and harm.

Section 7: What Unlicensed Staff May Not Do

Stay in scope. Don't give medications without the required training and authorization, change a dose or schedule, make clinical decisions, give one participant's medications to another, use unlabeled or expired medications, or document before a medication is given. When a situation falls outside your training, escalate to the nurse or supervisor.

Section 8: When to Stop and Get Help

Stop and call the nurse or supervisor any time something doesn't add up: an unclear or changed order, an unfamiliar-looking medication, a refusal, a possible error, a new symptom or reaction, or any task outside your training. Asking for help is part of safe, competent practice — never guess with medications.

You assist; the clinician directs

Your job is to follow the order safely within your training and report. Clinical decisions — changing doses, evaluating reactions — belong to licensed professionals.

Key Terms

Term	What it means
Medication assistance	Supporting a participant who self-directs their own medications.
Medication administration	Giving the medication to the participant.
Trained medication aide	Unlicensed staff who completed an MDH-approved medication program.
The Rights	Right participant, medication, dose, route, time, and documentation.
Medication record	Where each medication given is documented.
Medication error	Any deviation from the order, including a missed dose.

Check Your Understanding

1. How does assistance differ from administration?
2. Who may give medications, and what training is required for unlicensed staff?
3. List the Rights of medication administration.
4. When do you document a medication?
5. Name three things unlicensed staff may not do with medications.

What's Next

Looking ahead

Next, ADS-05: Emergency Response & Preparedness covers fire, weather, medical, and security emergencies.