## 59 Illinois Administrative Code - Part 116 ADMINISTRATION OF MEDICATION IN COMMUNITY SETTINGS

# MEDICATION ADMINISTRATION QUESTIONS AND Answers

**Q:** How do I address the issue of "fill-in" staff when a DSP calls off? The "fill-in" staff may not be trained in that particular home.

- A: We recommend that you have an "approved" list of staff who have taken the medication administration training for a particular home. Then the only staff who may substitute in that home are those who are on the "approved" list.
- **Q:***Do I have to totally retrain newly hired DSPs in medication administration if they were already trained by another agency?*
- A: If your agency has the new staff person's permission, you can ask the former employer for documentation of successful completion of Med Admin training. The information should include verification of attendance at the 8-hour Med Admin class taught by a DHS Nurse-Trainer using DHS Medication Administration curriculum and a copy of the person's completed test showing a grade of at least 80%. In addition, staff must errorlessly perform the Medication Administration OJTs for the specific individuals to which the staff will be administering medications. Then the Nurse-Trainer determines whether the trainee successfully passes the CBTAs.
- **Q:***How often should physicians sign phone orders? Should they be signed monthly?*
- A: The Medication Administration rule tells us that phone orders should be immediately written on the individual's clinical record or a telephone order form. It should be signed by the nurse who takes the order. They should be countersigned or documented by a fax prescription from the physician within ten working days."
- Q:Can nurses repackage medications?
- A: No. Nurses may administer medications, not dispense them.

- **Q:***What should staff do if individuals who are capable of going into the community on their own, purchase over the counter medication with their own money?*
- A: A medication made available over-the-counter does not make it any less of a medication. Medication monitoring is part of the nurse's assessment of an individual's health status. A physician must sign an order for any medications purchased over-the-counter.
- **Q:**Do controlled medications need to be double locked?
- A: <u>All</u> medications must be locked. Controlled substances, however, must be counted at the end of each shift. There is no provision for double locking in the rule.
- **Q:**Can staff initiate a PRN? For example, if an individual is non-verbal and he is hitting his head, can staff offer Tylenol for a headache?
- **A:** PRNs must be ordered by a physician, including the listing of signals or symptoms that trigger its use. The PRN order must be part of the individual protocol.
- *Q*: The Rule states that the RN retains "professional accountability" if there is a medication error. This could give the authorized staff the impression that it does not matter if they make a medication error, because the RN will be responsible for their actions.
- A: Authorized staff are responsible for performing their own job duties appropriately. Some Nurse-Trainers may feel comfortable delegating and supervising non-licensed staff from a distance. Not all RNs will want to do this. If the RNdoes not feel comfortable with the ability of staff to perform their duties, there may be a need for more training. Otherwise, arrangements must be made for more RN coverage.
- **Q:***How many staff can be authorized by a RN nurse trainer?*
- A: There is no specific maximum number.
- **Q**:*Can authorized, residential direct care staff go to developmental training (DT) to administer medications for individuals they have been trained to assist?*
- A: No. DT/workshop settings must have a licensed nurse administer medications unless the individual is independent in self-medication.
- **Q:***Are the nurse trainer classes a one-time attendance, or is updated information given?*

- A: The Medication Administration training is a one-time event. However, additional information may be disbursed at quarterly DHS Nursing Forums and DDNA chapter meetings in Northern, Central & Southern Illinois. Also, telephone support is available from Master Nurse Trainers and the Department.
- **Q**:*What are the requirements for the annual retraining of DSPs?*
- A: The Nurse-Trainer does an annual evaluation. Any necessary retraining is determined by the Nurse Trainer at your agency.
- **Q:***Can an LPN with years of experience do the training, with a RN signing off?*
- A: No. But LPNs may assist the RN with OJTs, as necessary, with oversight by the RN.
- **Q:***When should inservices be held for staff whose individuals receive new prescriptions?*
- A: Training and inservices are determined by the RN Nurse-Trainer and must occur for all new prescriptions.
- **Q:***Do all staff have to be authorized if they work in a house?*
- A: Yes, if they will be administering medications.
- **Q:***Can an LPN under the delegation of the RN Nurse-Trainer cover for the Nurse-Trainer during the Nurse-Trainer's vacation or absence?*
- A: No. LPN's require RNsupervision.
- **Q:***Do agencies have to participate in this program?*
- A: Agencies who provide residential services to individuals with developmental disabilities in a setting of 16 or fewer beds have the choice of using licensed nurses or authorized DSPs (under the Nurse-Trainer's supervision) to administer medications to those individuals who are not independent in self-administration of their own medications.
- **Q:***Must staff take CPR and First Aid before they can administer medications?*
- A: Yes. It is part of the DSP training, as well.

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- **Q:** What does the RN nurse trainer need to complete prior to starting the OJTs and completing the Competency Based Training Assessments (CBTAs) for direct care staff?
- A: There must be a nursing physical assessment, a complete medication and treatment review, and a self-medication assessment done by the RN on each individual/client for whom medications will be administered and evaluated.
- **Q:** Do RN nurse trainers have to use the Department's curriculum?
- A: Yes, and it must be a formalized training session for 8 hours (absolutely no less than 7.5 hours) using the DHS curriculum provided in the nurse trainer sessions.
- Q:Can LPNs do OJTs?
- A: LPN's may assist the RN Nurse-trainer by reviewing clients' medications with staff, reviewing administration practices, or collecting data on individuals for nursing assessments.
- Q:Can I lose my nursing license if someone makes a mistake?
- A: Your license is in less jeopardy now than prior to the passage of this rule. You are in jeopardy of losing your license if you do not complete and document completion of the required elements of the rule, such as verifying completion of the 8-hour training by an RN nurse trainer, CBTAs, on-going training, supervision of authorized staff performance, re-evaluation of staff annually and as needed, etc.
- Q:Is it true that an RN Nurse-Trainer has to be on call 24 hours a day, 365 days a year?
- **A:** Yes. Coverage can be done by other health care professionals listed in the rule, but training/retraining of medications can only be done by the RN.

**Q:**Are there interpretive guidelines for Rule 116?

A:No.

**Q:**It is very difficult and time consuming to develop a written protocol for every PRN someone might need (i.e., patent or proprietary medications). It is unreasonable to call the doctor every time someone needs cough syrup. Nurse Trainers have been told at meetings that all medications need a doctor's order (even over the counter medications).

- A: Since each protocol is approved by a Nurse-Trainer and the prescribing practitioner, the physician would not need to be called. The physician's order should have been written at the same time the protocol was approved. Therefore, expected PRN's, such as first aid ointment, should already be written in a physician order and a PRN protocol. Other items, such as shampoo, peroxide, or alcohol are not medications. These are not meant to be included as a PRN, unless a particular situation becomes a medical concern. The nurse must provide guidance to non-licensed direct care staff to improve the overall quality of health related supports.
- **Q**:*What is the time frame for completion of medication training?*
- A: Since the law went into effect August, 1999, only retraining, training of new staff, training of substitute staff, and training on new or changed medications, should now be occurring.
- **Q:**Can direct care staff write on the Medication Administration Report (MAR)?
- A: Direct care staff may not transcribe physician orders onto the MAR. They may write "d/c", enter times, etc., at the direction of the RN nurse trainer.
- **Q:***Can staff administer medication while they are being trained in Med Admin? We are short staffed.*

A:No.

**Q:***Can direct care staff be cross-trained in more than one house?* 

A: Yes.

- **Q:***What is included in the "Health & Safety Component" of the DSP core training program?*
- A: It consists of CPR/First Aid (through the Red Cross or Heart Association) and the Basic Health & Safety Module of the DSP training (including the classroom portion and OJTs).
- **Q:***Aren't we making individuals less independent by having a Rule that allows direct care staff to pass medications?*
- A: The intent of Rule 116 is to allow individuals who are truly incapable of self-medication to live safely in the community. It was never intended return individuals to a level where they were simply given medication. Agencies do, however, need to provide oversight even for those who are capable of self-medication or who are in a program of self-medication to ensure their safety.

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### **Q:** What am I delegating to authorized direct care staff?

- A: You are delegating the physical act of medication administration tasks. Nowhere in this act does it permit you to delegate judgment or making assessments.
- **Q:** Are authorized direct care staff certified?
- A: No. Authorized direct care staff are **authorized** Authorized direct care staff administer medications or oversee medication administration training programs carried out by clients who are not fully independent in self-administration of their own medication under the delegation and supervision of the DHS-approved RN. The **authorization** of staff pertains to specific individual clients in specific settings for specific medications prescribed by a physician.
- **Q:** Are RN Nurse trainers required to teach the Basic Health and Safety portion of the DSP training?

A: No.

- **Q:** If an authorized direct care staff has completed the 8-hour classroom training for Med Admin at one agency, does that carry over when they work at another agency?
- A: The 8-hour classroom training does not have to be re-done. However, the agency and the RN nurse trainer must require written verification from the previous employer that classroom requirements have been met. Then the OJTs and CBTAs for specific clients and medications may be performed.
- **Q:** If someone calls off for a particular shift, can another direct care staff pass medications?
- A: Only if that direct care staff has been authorized by the RN nurse trainer for those individuals and their medications.
- **Q**: Can LPNs pass medications?
- A: Yes. This in the Illinois Nurse Practice Act.
- **Q:** Why can't LPNs be more involved in the training?
- A: RNs have powers that LPNs do not. RNs may delegate nursing care, LPNs cannot. RNs may identify nursing diagnoses (problems) and initiate a nursing plan of care. LPNs may assist the RN,

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collect assessment data and contribute to the plan of care. LPNs cannot perform these functions independently. LPNs must to be supervised by an RN. An LPN's involvement in training and carrying out nursing plans of care for clients must be determined by the RN. LPNs cannot be Nurse-Trainers.

#### **Q:** Why is there such an emphasis on medication error reporting?

- A: Previously there was no accountability for medication errors in community-based settings. The Rule is designed to ensure the safety of all the individuals in the community-based programs.
- **Q:** *Do the direct care staff have to call the nurse for each PRN?*
- A: PRN's should be written in conjunction with the physician so that no <u>professional</u> judgment or assessment is needed by non-professional staff. When an individual is able to communicate his/her need for the PRN in some fashion, and if the PRN has a prototol, authorized staff may administer it. ICFDDs have additional requirements for PRN use. (Refer to Rule 350.)
- **Q:** Do controlled drugs need to be counted on every shift?
- A: Yes, there must be an accounting for these drugs by the direct care staff. This should be reviewed on a monthly basis by the RN trainer.
- **Q:** *Is a missing initial really considered a medication error that has to be reported?*
- A: Yes, it is a medication documentation error and must be reported.
- **Q:** Why can't the staff be called med techs or be certified?
- A: The medication administration program in Illinois allows for RN delegation and supervision of nonlicensed staff. Certification of med techs is a different type of program. It is a program where nonlicensed staff may function more independently.
- **Q:** What is the correct title for staff who have completed the medication training?
- A: They are called authorized direct care staff.
- **Q:** What is the correlation between Rule 116 and Rule 115?
- A: They are two different rules. There is nothing in the Medication Administration Rule 116 that

conflicts with the CILA Rule 115. Rule 116 supports self-medication programs and achieving optimal independence, but in a safe manner. The CILA Rule 115 covers other aspects of the program.

- **Q:** Do we have to have a backup RN if we have our own RN?
- A: An RN must be <u>on duty</u> or <u>on call</u> at all times if authorized staff are administering medications. If this is not possible, another trained Nurse-Trainer may assist.
- **Q:** *How does Rule 116 apply to the foster care model homes?*
- A: The rule applies to residential settings of 16 or fewer individuals with developmental disabilities, and it must be funded or licensed by DHS or IDPH. If these criteria pertain to your program, Rule 116 does apply. The agency has a choice of having licensed nurses administer medications or hiring and training a registered nurse to teach staff to administer medications. If your program does not fall into all of these categories, then Rule 116 does not apply. Your policies must still follow all other laws pertaining to medication administration.
- **Q:** Do DSPs need to be retrained if the RN leaves employment?
- A: The new RN can apply for conditional approval from DHS to provide ongoing monitoring and oversight for previously trained staff for a period of 90 days. The new RN may not train or authorize any new staff until attending the DHS Nurse Trainer course. The staff does not need to have additional training, but it is up to the RN to ensure that previously trained staff continue to perform the task of medication administration in a safe and legal manner.
- **Q:** Can unauthorized staff supervise individuals who have their meds locked in their rooms?
- A: The only staff that should be supervising medication administration are staff who have been trained and authorized by the RN Nurse Trainer. Individuals, who have been determined by the DHS Self-Medication Screening and Assessment to be independent and who have an order by their physician saying that they may independently take their medications, do not need anyone supervising their daily medications. They do not need to have a Medication Administration Record. However, the agency <u>must</u> have some sort of quality assurance system in place to make sure that self administering individuals continue to safely self administer medications.
- **Q:** Why must staff be trained for giving meds when most people have been giving meds (or overseeing residents) for years and have annually had inservices on the subject.

- A: Medication administration has previously been the responsibility of licensed nurses only. When individuals were discharged from state institutions and moved to community settings, it was thought that individuals would be "self-medicating" and that staff would only be offering supportive assistance. Agencies have the option of hiring licensed nurses to administer medications.
- **Q:** If I have a new employee who completed Medication Administration training at another agency, would she have to take another TABE ? Would we be reimbursed for the test and training?
- A: A new employee is not required to retake the 8 hour Medication Administration class if you can obtain proof of attendance at that training. They are also not required to repeat the TABE if you have proof of successfully completing the above training. However, reimbursement for completing all of the Medication Administration training may be obtained by a new organization training a new employee, regardless of the employee's history elsewhere.
- **Q:** What if we can't get parents/family/guardians to comply with medication administration procedures?
- A: Parents/family/guardians must be instructed in the process of medication administration for use during home visits. What they choose to do with the information is up to them. I suggest that your agency do its best to have them comply. You should document any lack of compliance and seek liability consultation as you see fit. Use your pharmacy and nurse to assist as much as possible.
- **Q:** Can the Med Admin Training be outsourced to another qualified Nurse-Trainer?
- A: The 8-hour classroom training may be taught by any Nurse Trainer on file with the DHS as an approved Nurse Trainer. The RN Nurse Trainer must use the Department's curriculum provided in the Nurse Trainer class. The Nurse Trainer(s) who completes the CBTA and OJT activities with staff at an agency/home must also perform an assessment of each client's physical, mental status and medical history. The Nurse Trainer must perform an evaluation of the medication order(s) and medication(s) prescribed for all clients affected. Additionally, authorized non-licensed staff will require ongoing RN supervision and training on new medications and /or changes in medication orders. Therefore, agencies are not limited in hiring DHS-approved Nurse Trainers, as long as the required components of Rule 116 are being met.
- **Q:** Can someone else do the phone report if the nurse trainer is off? Can the nurse send in the written report when s/he is back on duty?

A: No. You can either contract with a neighboring agency to share nurse-trainer on-call time, hire a

nurse that is willing to work as an on-call person for med admin on a PRN basis, or have two nurses on staff and they can trade on-call duties.

- **Q:** *I* can't find an appropriate nursing assessment.
- A: There is an assessment that is given out during Med Admin classes. You may also ask other DD nurses.
- **Q:** *Does the training need to be specific to each medication for each resident?*
- A: Yes. The authorized DSP must know how each medication will, or could, act/react on each individual based on that individual's specific diagnoses or conditions. The medication administration training program was designed to be resident-specific.
- **Q:** Can non-licensed staff give GI tube feedings, enemas, douches, etc.?
- A: Treatments, such as GI tube feedings, non-medicated enemas, and suctioning, are not restricted by Illinois law. However, that does not mean they can be automatically delegated to non-licensed staff. It is up to the Nurse Trainer to train capable staff, based on a nurse's professional judgment. Any delegation of care is determined by the professional nurse, with consideration for factors, such as the level of supervision that the RN will be able to provide.

DHS clinical staff recommend that within individual DD settings some internal guidelines should be in place for delegation of nursing care and treatments. The nurse should assess the individual and the potential nursing care needs, have a written plan of care, identify the skill level required to carry out the treatments, determine if direct care staff have the knowledge and skill level required and/or can be competently trained in these skills. Then the Nurse Trainer must develop, implement and evaluate the training of non-licensed staff to carry out the nursing treatments. This should be well documented.

- **Q:** How many hours are required for OJTs?
- A: The number of hours will vary. The Department's recommendation of 16 hours was based on a 16 bed home...one hour per client. The actual number of hours is determined by the RN Nurse-Trainer.