



Division of Developmental Disabilities  
Bureau of Clinical Services

## Section 11

# Appendix F

# Suggested Documentation

## Attendance Sheet for Initial Medication Administration Class Evaluation for Authorized Direct Care Staff Documentation Check List

RN PRESENTER'S GUIDE  
for

Training Program  
for  
Authorized Non-licensed Direct Care Staff



Annual/As Necessary Re-Evaluation/Authorization  
(for Medication Administration) of Direct Care Staff

**(Note: This form can be used for those unlicensed staff who did not successfully complete the initial Competency Based Training Assessment (CBTA) for Authorization or for an annual or as necessary Re-evaluation.)**

1. Most Recent Evaluation Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Present Evaluation Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

2. Reason for Evaluation/Re-Evaluation

- a.  Annual Re-Evaluation
- b.  Staff member unable to successfully complete initial CBTA successfully
- c.  Staff member had his/her Medication Administration Authorization revoked

3. Evaluation Method Description: (i.e. written test, one-on-one discussion, demonstration/return-demonstration, review/repeat of OJT demonstration etc. Use reverse side of sheet for more explanation as necessary.)

4. By signing this document, I am stating that I have participated in an evaluation for medication administration authorization on the date above to demonstrate my competence to administer medications to those individuals for whom I have been authorized by training from a state approved nurse-trainer.

\_\_\_\_\_  
(staff signature)

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
(Date)

5. Approval/Disapproval of authorization

a.  The staff, \_\_\_\_\_ on the evaluation stated above **HAS** demonstrated  
(Name of staff being evaluated)

competence in the safe administration of medications to selected individuals. She/he will retain her/his authorization to administer medication.

b.  The staff, \_\_\_\_\_ on the evaluation stated above **HAS NOT** demonstrated  
(Name of staff being evaluated)

competence in the safe administration of medications to selected individuals. She/he IS NOT authorized to administer medications. Retraining is scheduled for \_\_\_\_/\_\_\_\_/20\_\_\_\_.at \_\_\_\_  
(date and time of retraining)

6. Reason for de-authorization of the above named staff (Describe deficiencies. Use reverse side of sheet if necessary.)

Nurse-Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_\_

## MEDICATION ADMINISTRATION DOCUMENTATION

	Rule 116 #	Nurse-Trainer Documentation for Medication Administration Training
( )	.30 b) 1)	1. <u>Copy</u> of current <b>Illinois RN license</b> wallet card.
( )	.30 b) 2)	2. <u>Documentation</u> showing prospective <b>RN experience</b> that demonstrates 2 years of clinical experience within the last 5 years and any RN experience with individuals with developmental disabilities.
( )	.30 b) 3)	3. <u>Copy</u> of <b>Certificate</b> from the Division of Development Disabilities, Clinical Services indicating successful completion of the DHS <b>Nurse-Trainer Training Program</b> .
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	Rule 116 #	STAFF DOCUMENTATION FOR MEDICATION ADMINISTRATION TRAINING
( )	.40 c) 1)	1. <u>Copy</u> of a document providing <b>birth date</b> (driver's license, birth certificate, etc.
( )	.40 c) 2)	2. <u>Copy</u> of <b>High School Diploma</b> or <b>GED</b> certificate.
( )	.40 c) 3)	3. <u>Copy</u> of Test of Adult Basic Education ( <b>TABE</b> ), Level D or equivalent test with: <ol style="list-style-type: none"> <li>a. staff name.</li> <li>b. date of test.</li> <li>c. grading that indicates a passing grade for an 8<sup>th</sup> grade reading level.</li> </ol>
( )	.40 c) 4)	4. <u>Documentation</u> (that includes the number of didactic class hours given, CBTA/ OJT completed and tests, with dates and staff names, given that show a passing grade [wrong answers]) that indicates the completion of the <b>Direct Support Persons Core Training Program</b> or a DHS approved equivalent Developmental Disabilities Aide Training Program. This includes: <ol style="list-style-type: none"> <li>( ) a. <u>Copy</u> of current <b>CPR</b> card.</li> <li>( ) b. <u>Copy</u> of current <b>FIRST AID</b> card.</li> <li>( ) c. <u>Copy</u> section of <b>DSP training sign-off sheet</b> indicating completion of classroom portion of Abuse and Neglect Module including:               <ol style="list-style-type: none"> <li>( ) i. staff name</li> <li>( ) ii. date of completion with signature of DSP trainer.</li> </ol> </li> </ol>
( )	.40 c) 5)	5. Copy of 8 hour classroom section of Staff Medication Administration Training <b>Attendance Sheet/Class Roster</b> with: <ol style="list-style-type: none"> <li>( ) a. the total number of didactic class hours given for the classroom requirement for authorization (8 hours)</li> <li>( ) b. training date(s)</li> <li>( ) c. sign in and sign out by staff being trained.</li> <li>( ) d. dated signature of RN Nurse-Trainer(s)</li> <li>( ) e. an indication that this is the original class.</li> </ol>

Rule 116 # STAFF DOCUMENTATION FOR MEDICATION ADMINISTRATION TRAINING

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- ( ) .40 c) 7) 6. Original of **written** comprehensive **examination** (NOT just the answer sheet) contained in the DHS approved and provided "Medication Administration Training Program RN Nurse-Trainer Presenter's Guide". It must show:
- ( ) a. at least an 80% passing grade (incorrect answers and final score indicated
  - ( ) b. the name of staff member completing the test.
  - ( ) c. testing date.
  - ( ) d. labeled as the original authorizing test.
  - ( ) e. a dated RN Nurse-Trainer signature of the Trainer(s) teaching the class.
- ( ) .40 c) 8) 7. Original of the **Competency Based Training Assessment** (CBTA) contained in the DHS approved and provided "Medication Administration Training Program RN Nurse-Trainer Presenter's Guide". It must show:
- ( ) a. a 100% correct capability in completing the CBTA task list for every individual to whom the staff will administer medications by "+" in all the appropriate boxes.
  - ( ) b. the name of the staff member completing the CBTA.
  - ( ) c. CBTA completion date.
  - ( ) d. labeled as the original authorizing CBTA.
  - ( ) e. names of the individuals to whom the staff will administer medications.
  - ( ) f. a dated RN Nurse-Trainer signature of the Trainer(s) teaching the class.
- ( ) .40 e) 8. Original of **annual re-evaluation** of staff authorized to administer medication documentation.
- ( ) a. a dated RN Nurse-Trainer signature must accompany EACH annual re-evaluation to indicate continued authorization.
  - ( ) b. If a written test is also used, the completed test must:
    - ( ) i. be marked to show at least an 80% passing grade (incorrect answers indicated).
    - ( ) ii. have the name of the staff member completing the re-test.
    - ( ) iii. the re-testing date.
    - ( ) iv. indication it is an annual re-evaluation test.
    - ( ) v. a dated RN Nurse-Trainer signature of the Trainer(s).
- ( ) .40 h) 9. If **revocation** of authorization to administer medications has occurred, the original documentation indicating this must be available. It must have:
- ( ) a. the name of the staff person who lost their authorization.
  - ( ) b. the date of the loss.
  - ( ) c. a succinct description of the reason for loss.
  - ( ) d. re-training content (succinct description) with date, date staff member is being re-trained, dated RN Nurse-Trainer signature, and an indication of re-authorization or failure. If the staff person cannot be re-authorized, the reason must be briefly described.
- ( ) .40 c) 6) & i) 10. Documentation of any **re-training** or **training** for a new individual to be served, new medication, or change in medication must be on file and contain:
- ( ) a. the name of the staff person being re-trained.
  - ( ) b. the re-training date.
  - ( ) c. if it is retraining, labeled indicating that it is re-training.
  - ( ) d. the reason for re-training.
  - ( ) e. a succinct description of the re-training/training content.
  - ( ) f. a dated RN Nurse-Trainer signature of the Trainer(s) teaching the class.