

Introduction

I. MEDICATION ADMINISTRATION TRAINING PROGRAM

The Medication Administration Training Program has been developed in accordance with State of Connecticut General Statutes 370 Section 20-14h – j, and DCF regulation 17a-6(g)-12-16, to provide training for medically-unlicensed persons to safely administer medications to children in DCF operated and licensed child care facilities and extended day treatment programs.

- A. The Medication Administration Handbook was developed from current statutes and regulations to delineate sound practices and procedures related to the administration of medication.
 - 1. It is written as a resource for DCF operated and licensed childcare facilities and extended day treatment programs.
 - 2. This handbook defines a standard of practice applicable to all facilities described above and must be available to staff at all times.
 - 3. The Department acknowledges its responsibility to update this handbook as required.

- B. Medication Administration Training Program responsibilities:
 - 1. Training unlicensed individuals to administer medication
 - 2. Developing and updating training curricula
 - 3. Establishing and facilitating state-wide training schedules for courses in the administration of medication
 - 4. Developing and maintaining a state-wide data base of certified staff.
 - 5. Acting as liaison for ancillary programmatic and administrative issues.
 - 6. Providing documentation of completion of the program.
 - 7. Providing consultation regarding medication issues.

**State of Connecticut
and
Department of Children and Families
Statutes and Regulations
Regarding
Medication Administration**



**MEDICATION ADMINISTRATION REGULATIONS
STATE OF CONNECTICUT GENERAL STATUTES**

The following excerpt is the Connecticut Statute that permits the training of non-medically licensed people to administer medication.

Chapter 370– Section 20-14i Administration of medication by trained persons

*Any provisions to the contrary notwithstanding, chapter 378 shall not prohibit the administration of medication to persons attending day programs, or residing in residential facilities, under the jurisdiction of the Departments of Children and Families, Correction, Mental Retardation and Mental Health, or being detained in juvenile detention centers, **when such medication is administered by trained persons, pursuant to the written order of a physician licensed under this chapter, a dentist licensed under chapter 379, an advanced practice registered nurse licensed under this chapter, a physician assistant licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, authorized to prescribe medication.***

Discussion: Chapter 370, section 20-14i establishes the use of trained, non-medically licensed personnel to administer medications to children residing in DCF licensed facilities. These trained personnel may only administer medications when following a physician's, dentist's, APRN or nurse practitioner's or physician assistant's written prescription or order. *No medication may be administered to any child without an appropriate order.*

Department of Children and Families agency regulations further define required components of the training and personnel appropriate for training.

Department of Children and Families

Agency Regulations

ADMINISTRATION OF MEDICATION IN DAY PROGRAMS AND RESIDENTIAL FACILITIES BY TRAINED PERSONS

Section 17a-6(g)-12. Scope of regulations

These regulations apply to the administration of medications by trained persons in certain day programs and residential facilities as defined in Section 13 of these regulations. For the purpose of these regulations, it is understood that medicinal preparations being administered have been properly dispensed as prescribed by law.

(Effective February 1, 1994)

Section 17a-6(g)-13. Definitions

(a) "Administration of medication" means the direct application of a medication by means other than injection to the body of a person and/or the giving of such medication to a person.

(b) "Commissioner" means the Commissioner of Department of Children and Families.

(c) "Day programs and residential facilities" means:

(1) Children's Homes or Similar Institutions, Residential Treatment Facilities, Group Homes, and Temporary Shelters licensed by the Department under Section 17a-145 of the Connecticut General Statutes and funded by the Department.

(2) Department administered day programs and residential facilities with limited availability of nursing staff designated by the Commissioner to utilize trained persons to administer medications.

(d) "Department" means Department of Children and Families.

(e) "Medication" means drugs (excluding injectable preparations) as defined in Chapter 418 of the Connecticut General Statutes.

(f) "Unlicensed personnel" means any person who has successfully completed a training program approved by the department pursuant to Section 17a-6(g)-14 of these regulations and who has been issued a certificate authorizing him to administer medication to persons.

(g) "Licensed medical personnel" means a physician licensed under Chapter 370 of the General Statutes, a dentist licensed under Chapter 379 of the General Statutes, a registered nurse licensed under Chapter 378 of the General Statutes, a licensed practical nurse licensed

under Chapter 378 of the General Statutes practicing under the direction of a registered nurse and a pharmacist licensed under Chapter 382 of the General Statutes.

(Effective February 1, 1994)

Section 17a-6(g)-14. Designation of Trained persons

- (a) Unlicensed personnel in day programs and residential facilities who will be administering medication shall successfully complete a training program which shall be provided by the Department.
- (b) Day programs and residential facilities shall designate the persons to be trained and submit a listing of such persons to the Department.
- (c) Persons to be trained must be high school graduates and/or be otherwise qualified to participate in the training program as recommended by the director of the day program or residential facility and approved by the Department.

Section 17a-6(g)-15. Administration of Medication Training Program

- (a) The Department will provide a training program for unlicensed persons designated by day programs and residential facilities.
- (b) The Department will designate licensed medical personnel or contract with appropriate education agencies to conduct the training program.
- (c) The training program may be conducted at a central location or various locations throughout the state.
- (d) The location and frequency of the programs will be determined by the Department based on the needs of the day programs and residential facilities and the number and residences of the persons to be trained.
- (e) The courses/curriculum content shall include but not be limited to:

PHASE I - ADMINISTRATION OF PRESCRIBED MEDICATION:

General background on drug control laws

Desired effects, side-effects, adverse reactions and interactions of medications

Assessment of adverse reactions and course of action if an adverse reaction occurs

Error in administration of medication and course of action

Drug classification, types, dosage, and measurement

Safe storage and control of medications

Procedure for administration: right person, right medication, right dosage, right method, right time

Physical and psychological contraindications of administration of medication

Documentation: recording of administration and of unusual signs

Supervision and consultation provided by licensed medical staff and pharmacist

Resources for further information

PHASE II - PRACTICUM

(f) The Department will maintain a current listing of those persons who have successfully completed the training program and have been authorized to administer medications. The listing will also identify the program or facility in which such persons are employed.

(g) Each person who successfully completes the training program shall be provided with documentation of completion of the program. The original documentation shall be provided to the person and copy maintained by the Department. In addition, the Department will provide a copy to the day program or residential facility.

Section 17a-6(g)-16. Utilization of Trained Persons to Administer Medication

(a) Day programs and residential facilities utilizing trained persons to administer medications shall maintain a current listing of such persons as well as a copy of each person's authorization to administer medications.

(b) Day programs and residential facilities shall establish and maintain written policies (in accordance with Department Licensing Regulations 17a-145-75) including but not limited to:

- (1) Instructions defining the role and responsibilities of trained persons
- (2) Assuring adequate supervision of or consultation with trained persons by licensed medical staff
- (3) Assuring adequate back-up by licensed medical persons
- (4) Specifying procedures for storage, access, administration and recording medication
- (5) Providing that all medications be administered in accordance with instructions of a licensed physician or dentist
- (6) Specifying procedures regarding errors and adverse reaction in administration of medication

(c) Day programs and residential facilities shall provide continuing education on Administration of Medication to Trained Person Staff Members.

(d) Medications to be administered by trained persons shall be ordered and administered in pre-packaged unit doses if available from the pharmacy supplying medications to the day program or residential facility.

Section 17a-145-75. Health and medical treatment. Administration of first aid. Prescription medication. Administration of medicine or treatment. Written records. Storage of drugs, medicines, and instruments. Sick room, telephone.

(a) The facility shall provide for the health and medical treatment needs of children by having a written plan which specifies the arrangements for the provision of preventive, routine, elective and emergency medical care. The facility shall provide or arrange for qualified medical care for its residents, including medical emergency treatment, on a 24-hour, 7-day-a-week basis.

(b) There shall be written policies and procedures, reviewed by a physician at least quarterly, for the administration of first-aid; care of residents with minor illnesses, injuries or special conditions; and for the administration or use by residents of patent medicines.

(c) The facility shall only permit prescription medication to be administered to a child upon the written order of a licensed physician who has examined the child in an appropriate manner for the condition and its treatment. Orders for prescription medication should be reviewed at intervals appropriate for that child and his/her treatment, as specified in writing by a physician, and at least quarterly.

(d) The facility shall permit only staff who have been fully instructed in the proper administration, expected and untoward effects, and contraindications to continue administration of a prescribed medicine or treatment to administer that medicine or treatment. The facility shall have a written policy specifying the criteria used for designating staff to administer medication and a written plan for training staff. The facility shall maintain a current, written roster of staff designated to administer medication. There shall be periodic reviews and updating of staff's knowledge about medication and other treatments and their administration.

(e) A written record shall be kept of the administration of all prescriptive and non-prescriptive medicine to a resident, identifying the medicine and dosage, time of administration and the person who administered the medicine.

(f) All drugs, medicines and medical instruments shall be kept in a locked cabinet accessible only to designated staff members. A resident may keep and administer prescribed medicines himself only with the written approval of a physician and the agreement of designated staff that this practice would not be a risk for other children in residence.

(g) The facility shall ensure that residents, in the event of sickness have an area which is comfortable, safe and allows appropriate privacy.

(h) A telephone with posted emergency medical and poison information numbers shall be available in all health care areas.

DEFINITION OF RESPONSIBILITIES AND ROLES

A. DCF Responsibilities

1. Develop curriculum as outlined in regulation.
2. Provide the training program.
3. Designate licensed medical personnel to conduct the training.
4. Determine the location and frequency of training programs.
5. Maintain a listing of persons successfully completing the training.
6. Issue and maintain documentation of successful program completion.
7. Monitor medication administration errors.

B. Facility Responsibilities

1. Designate and recommend appropriate persons to be trained based on eligibility requirements.
2. Maintain a current listing of trained persons and a copy of their certification.
3. Provide continuing education to trained staff on medication administration.
4. Order medications in unit doses if available.
5. Provide and maintain proper, safe storage for all medications according to current drug control and pharmacy regulations.
6. Establish and maintain written policies on:
 - a) the role and responsibilities of trained persons
 - b) the provision of adequate supervision of or consultation with trained persons by licensed medical staff (RN, APRN, MD, PA)
 - c) storage, access, administration and documentation of medication
 - d) requiring a written prescription/order from a licensed practitioner* for all medication administered in the facility
 - e) procedures to follow in the event of medication errors or adverse reactions
 - f) the provision of adequate back-up by licensed medical personnel.
 - g) Chain of command
 - h) Reporting medication errors to DCF

ROLE DESCRIPTIONS

***Licensed Practitioner refers to a group of individuals licensed by the State of CT to prescribe and dispense medication (i.e., physician, dentist – see statute references of licensed practitioner/prescriber)**

A. Licensed Practitioner

Licensed Practitioners are licensed by the State of Connecticut to prescribe and dispense medications. These include: physicians, dentists, optometrists, physician assistants (PA), APRNs (advanced practice registered nurses), podiatrists, nurse midwives. Licensed Practitioners may provide consultation concerning medication they have prescribed.

B. Pharmacist

1. Pharmacists may dispense* medication according to a licensed practitioner's order.

***Dispensing medication is the act of processing a medication for administration, by placing medication into a container and labeling that container for administration by another person**

C. Registered Nurses (RN)

1. Registered nurses may administer medication, supervise LPNs and certified staff in medication administration, teach the medication administration courses after completing a training program, and conduct post-course internship supervision.
2. RNs review orders for any new medication, change in medication orders or treatment orders.
3. RNs will prepare monthly supervision reports on the medication administration system, review quarterly medication policy and procedures and review quarterly any continuing education offered with regard to medications. A copy of the monthly supervision report is to be forwarded to the DCF medication administration program.
4. RNs may accept orders from licensed practitioners verbally or via the telephone.
5. RNs will maintain documentation of quarterly reviews of policies and procedures and of quarterly reviews of continuing education offered to medication certified staff.
6. Registered nurses may not dispense* medication.

D. Licensed Practical Nurse (LPN)

1. Licensed Practical Nurses must be supervised by a Registered Nurse or Advanced Practice Registered Nurse (Nurse Practitioner) as per State of Connecticut requirements.
2. LPNs may administer medications appropriately ordered by a licensed practitioner and dispensed by a pharmacy or licensed practitioner, teach the medication administration courses after completing a training program, and conduct post-course internship supervision.
3. LPNs may prepare monthly supervision reports on the medication administration system, review quarterly medication policy and procedures and review quarterly any continuing education offered with regard to medications. A copy of the monthly supervision report is to be forwarded to the DCF medication administration program.
4. LPNs will maintain documentation of quarterly reviews of policies and procedures and of quarterly reviews of continuing education offered to medication certified staff.
5. LPNs may not dispense* medication.
6. LPN's must consult with the RN supervisor to review orders for any new medication, change in medication orders or treatment orders.

E. DCF Medication Certified Staff

1. DCF Certified Staff may administer medication according to a licensed practitioner's prescription/order by comparing the five rights (the right person, drug, dose, route and time of administration) using the rule of three (comparing the practitioner's order, the pharmacy label and the MAR) before administering any medication.
2. DCF certified staff medication administration skills are to be supervised by a licensed medical staff person (LPN, RN, APRN, MD, PA).
3. DCF Certified Staff **may not dispense* medication.**

Nursing Supervision of Medication Administration Program

DCF Regulation, Section 17a-6(g)-16

Day programs and residential facilities shall establish and maintain written policies including but not limited to:

(1) Instructions defining the role and responsibilities of trained persons

(2) Assuring adequate supervision of or consultation with trained persons by licensed medical staff

- Regulations require monthly supervision of facility's medication administration program by a licensed medical person, preferably a registered nurse.
- The supervising nurse or licensed medical person shall immediately report to the facility director and the DCF medical director any significant deficiencies in a facility's medication administration program or in an individual's competency to administer medications.
- Each month the licensed medical person will:
 - Check that all prescriptions/orders are current, correctly transcribed on the medication record and match the pharmacy labels.
 - Review medication errors and adverse reactions, identify trends or recurrent problems.
 - Ensure the proper storage of medications.
 - Supervise and consult with facility staff regarding medication administration.
 - Provide internship supervision following a Basic Certification course and DMR Transfer Course, and annually thereafter to ensure that certified staff are safely administering medication.
 - Maintain documentation of all medication program supervision, post course internships and annual supervision of medication certified staff. This documentation must be available for review by the Department upon request.
 - Sample forms for documentation of these monthly supervision reviews are in the Forms section of this handbook.

- Quarterly, the licensed medical person will document a review of the facility's medication policies and a review of the continuing education offered related to medication administration.
 - Sample forms for documentation of these reviews are in the Forms section of this handbook.
 - Documentation of these reviews are to be kept at the facility and made available to the DCF Medical or Licensing division upon request.

DCF Medication Administration Certification Training



DCF Medication Certification Training Options

DCF offers three courses in medication administration: Basic certification training, Recertification training and a State of Connecticut Department of Mental Retardation medication certification transfer course. All courses require that students pass a written, objective exam with at least a score of 85%. Failure of any three exams sequentially results in ineligibility for DCF medication certification. Certification is valid for 2 years, expiring on the last day of the month of certification. The following describes each course in detail:

Basic Certification Course

The basic course is designed to initially prepare unlicensed staff in the safe administration of medication to children in DCF licensed facilities. Also, previously certified staff who have failed their recertification or transfer exam one time or have allowed their certification to lapse will be required to complete the entire basic certification process before regaining their certification to administer medications.

Eligibility:

- a) Students must be employed by a DCF licensed or operated child care facility or extended day treatment center.
- b) Students must be recommended by their facility director or designee.
- c) Students must have a high school diploma or equivalent; in the absence of a diploma or equivalent, the director of the employing facility must recommend and approve the person's eligibility.
- d) The goal of the training is to maintain a safe environment for children particularly in the administration of medications. Facility directors and students must understand that the course is fast-paced and technical. Students must be capable of reading and understanding new, complex information and be able to perform mathematical functions.

Course Components:

- a) Precourse workbook – sent to students two weeks before the start of class. Students are expected to read this material and complete the practice test before the first day of class.
- b) Class time – Approximately 24 hours of class work conducted by an endorsed instructor of the course or DCF nurse instructor. Students are expected to attend all classes. No more than four hours of class time may be missed to remain eligible to take the written exam.
- c) Written Exam –multiple choice, true/false, matching and fill in the blank questions. A score of 85% or better must be attained. Students who fail the exam may retake the exam within 90 days. Those who fail a second time must retake the entire basic course before testing for a third and final time. Those who fail three exams are no longer considered to be eligible for DCF medication administration certification.
- d) Laboratory Practicum – Simulated medication administration demonstration. Only those students who passed their written exams may complete their laboratory practicum. The Lab will be performed one on one with the instructing nurse. The lab must be completed within 30 days of passing the written exam.
- e) Internship – upon successful completion of the course, exam and lab, students must complete an internship period that shall include:
 - A thorough orientation to facility medication policy and procedure.
 - A demonstration of medication administration skills with nursing supervision
 - Observation of experienced certified staff during two complete medication passes
 - Demonstration of their medication administration skills during an actual med pass with their facility nurse or experienced certified staff person.
 - *The internship must be completed within 90 days of passing the lab.*
 - A sample internship checklist can be found in the *Forms* section of this handbook.
- f) Issuing of certificate – a certificate will be issued upon receipt by the DCF medication program of signed documentation of successful completion of the facility internship.
 - Newly certified staff may not administer medication until the facility receives the individual's certificate from the DCF medication administration program.
 - The facility is to give the original certificate to the individual staff person and retain a copy for facility records.

Internship Learning Objectives

Medication Certification candidates will:

1. verbalize understanding of basic principles of safe medication administration practices according to DCF Guidelines.
2. demonstrate knowledge of their facility's medication administration systems and location of all necessary equipment.
3. demonstrate knowledge of facility specific medication administration policy and procedure.
4. know the definition of "*dispensing*" and who is legally able to dispense medications
5. demonstrate understanding and follow proper procedure – *per CT State Regulations*- for handling of medication for a Home Visit.
6. demonstrate ability to document on Medication Administration Record (facility specific) including, but not limited to: transcription of orders, documentation of medication received, refused, missed and/or given on therapeutic visit, and all necessary documentation for PRN medication administration.
7. demonstrate proper and safe techniques for administering medication according to the DCF Medication Administration Guidelines.
8. demonstrate knowledge of when and how to contact Chain of Command.
9. demonstrate proper procedure(s) to follow in the event of a medication related emergency at their facility
10. describe proper procedure to follow in the event of a medication error or incident.

Minimum Criteria

1. Orientation to facility policy and procedure for medication administration.
2. Shadowing of an experienced medication certified staff person during actual medication administration. **Minimum of 2 complete medication passes.**
3. Demonstration of administration skills with a licensed nurse – **Checklist B**
4. Supervised medication passes under the direct supervision of nurse or experienced med certified staff. **Minimum of 2 complete medication passes.**

Awarding of Certificate

Completed Internship Verification Form signed by candidate, facility nurse and facility director and sent to DCF Medication Administration Program

Recertification Course

Eligibility: Current medication certified staff who are employed at a DCF licensed child caring facility may recertify. The recertification exam must be completed by the certificate's expiration date. Staff may recertify any time before the expiration date. Staff who allow their certifications to lapse may not administer medications and must take the entire basic course and internship to regain their certification. Exceptions will not be made.

Course Components:

- a. Recertification Study Guide – sent to registered staff two weeks prior to the review class and exam. Staff are strongly encouraged to read this guide and complete the practice test.
- b. Optional Review class –review of objectives as outlined in the study guide. This review is brief and may be offered the same day as the mandatory written exam. Students should not expect an in depth discussion of all the material, but bring to class any questions they have after preparing with the study guide.
- c. Written Exam – Multiple Choice, True/False, Matching and Fill in the Blank. Questions are derived from the objectives described in the study guide. A score of 85% must be obtained to pass and be recertified in medication administration. Students who fail this exam must successfully complete the entire basic course to regain certification.
- d. Issuing certificate The facility is to give the original certificate to the individual staff person and retain a copy for facility records

DMR-Transfer Course

The DMR transfer course recognizes the learning and skill of those who have successfully completed all components of the DMR medication course. The transfer course emphasizes safe medication practices in administering to children as well as the DCF regulations and policy.

Eligibility:

- a) Validation of current medication certification from the Department of Mental Retardation. A copy of the valid certificate issued must be presented to DCF before the start of the transfer course.
- b) Students **must be employed by a DCF licensed or operated child care facility or extended day facility.**
- c) Students must have a high school diploma or equivalent; in the absence of a diploma or equivalent, the director of the employing facility must recommend and approve the person's eligibility
- d) Students must be recommended by their DCF licensed or operated facility's director.

Course Components:

- a) Study Guide All registered students will receive a study guide 2 weeks in advance of the first day of class. The students are expected to read the guide and complete the practice test at the end of the guide before the first day of class.
- b) Class – generally classes will be conducted over two days. The first day will be a thorough discussion of the material in the study guide. Focus is on the specialty of administering medications to children of all ages and DCF regulation and policy regarding safe medication administration. The second day consists of a review and an objective written exam. *Students who are absent for any class time will not be permitted to take the exam.*
- c) Written exam – Multiple choice, True/False, Matching and Fill in the Blank. Candidate must score an 85% or better to pass. Those who fail must take the entire Basic Course.

- d) Internship – upon successful completion of the course and exam, students must complete an internship period which shall include:
- A thorough orientation to facility medication policy and procedure.
 - Observation of experienced certified staff during medication passes
 - A demonstration of medication administration skills with nursing supervision
 - Demonstration of their medication administration skills during an actual med pass with their facility nurse or experienced certified staff person.
 - The internship must be completed within 90 days of passing the exam.
- e) Issuing of Certificate – a certificate will be issued by DCF upon receipt of the Internship Verification Form. (see *Forms* section)
- f) Newly certified staff may not administer medication *independently* until the facility receives the individual's certificate from the DCF medication administration program.
- g) The facility is to give the original certificate to the individual staff person and retain a copy for facility records.

REGISTRATION PROCEDURE

- A. Throughout the year, the DCF Medication Administration Program will mail a schedule of upcoming classes to all DCF licensed or operated child-caring facilities. Directors, nurses and prospective students should review this schedule in anticipation of facility training needs.
- B. Each student wishing to attend any Medication Course must complete and submit to the Medication Administration Program a registration form.
- C. The director of the facility must recommend each person registering for a medication course. The director indicates this recommendation by signing the appropriate area of the registration form.
- D. Registration forms may be mailed, faxed or emailed to DCF. Mailing address and fax number are on the registration form.
- E. Registration closes two weeks before the first date of each class. A confirmation letter will be sent to the facility directors identifying the employees who have been accepted into each class.
- F. Classes frequently reach maximum size quickly. Any individual unable to attend a course for which he or she is registered must notify the Medication Administration Training Program as soon as possible so that someone on the class waiting list can be offered the spot in class.
- G. Priority will be given to programs that do not have full time nursing coverage.
- H. With the exception of recertification courses, a maximum of two employees per facility may register for a course. Exceptions will be made if space permits.
- I. Students registering for the DMR Transfer course must submit a copy of their DMR certificate at the time of registration.

TRAINING RESOURCES

The following instructors may teach the Medication Administration Course:

1. DCF Nurse Clinical Instructors
2. Endorsed Instructors

Licensed nurses, pharmacists, or physicians who have completed the Endorsed Instructor Training Program and/or have been approved by DCF may teach any of the certification courses at their employing facility or a contracted DCF licensed facility. Endorsed Instructor training is offered periodically through the year by the DCF Nurse Clinical Instructors.

Facility Implementation Guidelines



MEDICATION ADMINISTRATION PROCEDURE

DCF Medication Administration Certified staff are expected to follow a standard procedure every time medications are administered which ensures the safety of children. Crucial to safe administration is the consistent and careful checking of the **five rights** (right person, medication, dose, route and time of administration) **three times before each and every time that a medication is administered**. The following is the procedure that is taught to all certification students in DCF Medication Administration training:

1. Approach the task in a calm manner and allow no distractions
2. Wash hands before and after medication administration.
3. Assemble the necessary equipment. Unlock the medication storage area.
4. Compare the **licensed practitioner's prescription/order with the medication administration record** ensuring that the five rights match on both.
5. Compare the **licensed practitioner's order with the pharmacy label** on the medication container, ensuring that the five rights match on both.
6. Compare the **pharmacy label and medication administration record** ensuring that the five rights match on both.
7. Pour the right dose of medication.
8. Identify the correct person. You may explain the desired effect and any common side effects to the client. **(Prior to administering any medication, know the desired effect, common side effects of the medication, the child's allergies, and other medication that the child is receiving.)**
9. Administer the medication properly. Utilize the proper technique.
10. For oral medications, perform a mouth check. Ensure that the medication has been swallowed.

11. Document appropriately on the medication administration record.

12. Return the medication to the locked area and clean up

No variation on the medication administration procedure which compromises children's safety or does not allow for complete checking of the five rights on the practitioner's order, the MAR/Kardex and labeled medication will be permitted.

Medication Storage and Control

Section 17a-145-75 of DCF child caring regulations state:

Medications must be stored so they are inaccessible to children and youths. Only medication certified and medically licensed staff may have access to the medication.

Medications must be stored in the original container (i.e. bottle, blister pack) received from the pharmacy or licensed practitioner.

Storage Requirements for Non-controlled Medications (refer to glossary for definition)

All non-controlled medication must be stored in an area/container that is:

- locked and immobile
- *accessible only to med certified or medical staff*
- contains only medication and appropriate medical supplies.
- free of clutter and kept clean.
- free of extremes in temperature.

A medication certified or medical staff person must carry the keys to the medication locks.

Only in the absence of medication certified or medical staff may the keys be stored in a locked container that is accessible only to medication certified/medical staff.

Storage of Controlled Medications (refer to glossary for definition)

State of Connecticut Drug Control Laws - Sec. 21a-262-1—21a-262-10: a) *“controlled substances in small amount not exceeding the quantity necessary for efficient operation...shall be stored in a locked substantially constructed nonportable and immobile metal cabinet or metal container within another separate locked enclosure. Keys shall not be the same for the each of these locks and such keys shall be kept on two separated key rings or holders. Not more than one set of keys for the controlled cabinets shall be available to non-supervisory personnel.”*

- Controlled meds must be in a locked, immobile container inside another locked immobile container that contains only controlled medications.
- The keys for the two locks must be on separate key rings and a med certified or medical staff person must carry both.

- *Only in the absence of a medication certified or medical staff may the keys be stored in a locked container that is accessible only to medication certified or medical staff.*
- As a safety precaution, there should be a limited number of control drug keys.
- Facilities should develop a policy and procedure in how to identify controlled medications including a list of commonly prescribed controlled drugs.

Please refer to the documentation section for information about inventory/counting the control medications

Storage of Refrigerated Medications

1. The refrigerator must be accessible to medication certified or medical staff only.
 - If the refrigerator is in a locked room that only certified/medical staff have access to the refrigerator does not require its own lock.
 - If the refrigerator is in an area to which all staff have access then it must have its own lock for which only certified or medical staff have a key.
 - If refrigerator medications are stored in multi-use refrigerator, the medications must be stored within a locked container permanently attached to the refrigerator. Only medication certified staff or medical staff should have the key for this container.
2. The temperature of the refrigerator is to be 36 – 46 degrees F. When refrigerated medications are being stored, the temperature of the refrigerator must be recorded on a daily basis.

Storage of Internal and External (topical) medications

1. Internal medications must be kept separate from External medications.
 - This may be accomplished by maintaining a separate shelf or drawer for external medications or by placing external meds into a container such as a bin or basket exclusively.

Storage of Emergency Medications – Epi-pens and Asthma rescue inhaled medications

1. Emergency medications must be stored in a secure location where all staff who have been trained in the correct technique and indication for use may have easy access.
2. These medications must not be accessible to children. (Please refer to the information about medication self-administer/self-carry.)

Inhalers and Epi-pen Auto Injectors

Facilities are to develop policy and procedure that allow for immediate availability of emergency medications, specifically asthma emergency medications and Epi-pens used to treat serious allergic reactions.

1. All facility staff, regardless of their medication certification status, must be trained on the administration of epinephrine (epi-pen auto injectors) and inhalers in the event of an emergency.
2. A licensed medical professional must provide the training and assess the competency of individuals to administer emergency medications.
3. Documentation of staff who have been successfully trained and deemed competent to administer epi-pens and emergency inhalers shall be maintained.
4. Facilities need to ensure an adequate number of trained staff to provide emergency treatment with epi-pens and/or inhalers on all shifts.
5. Whenever appropriate, children should be taught to properly self-administer these emergency medications. The prescribing practitioner may write orders to allow appropriate and responsible children to “self-administer” and “self-carry” these medications. The safety of the individual child and the rest of the children must be considered. See “self-administration” pg. 40.
6. Emergency inhalers and epi-pens must be stored in a secure location which is easily and quickly accessible by staff but inaccessible to children.
7. Facilities need to have an annual plan for epi-pen and emergency inhaler training.

Documentation

Documentation required for medication administration includes a practitioner's order, a medication administration record and the properly dispensed and labeled medication.

1. A licensed practitioner's written order or prescription which includes the child's name, the name of the medication, the dose to be administered, the times to be administered and the route or method of administration.
 - The order must be signed and dated.
 - Medication orders must have been written within the last 90 days, 3 months or quarter to be valid.
 - The original or a copy or fax of the prescription/order must be accessible to staff whenever medications are administered. It is recommended that a copy be kept with the Medication Administration Record.

Acceptable forms of a licensed practitioners order:

- Signed licensed practitioners prescription – copy or fax is acceptable
 - Copy of the original signed prescription from the pharmacy where the prescription was filled
 - Signed prescription/order on a medical form
 - Signed inter-agency referral form (W10)
 - Pharmacists copy of the licensed practitioners telephone order
-
- Verbal or telephone prescription/orders can only be accepted by a pharmacist or a nurse. Facility policy must identify the time-frame during which licensed practitioners must co-sign any verbal or telephone order (usually one month).
 - A copy of a practitioner's telephone order written by the dispensing pharmacist may be used in lieu of an actual practitioner's order. The telephone order must include the 5 rights, the pharmacist's name or initials, the date of the order and the name of the prescribing practitioner.

- For PRN or as needed medications, orders must include the indication for use and the interval of time that must occur between doses. (Please refer to the section on PRN meds)
2. Individual medication administration records
 - Facilities may utilize the DCF designed MAR (See appendix for samples), and adaptation of the DCF MAR or a Kardex form.
 - The MAR or KARDEX documentation must include the child's name, the drug name and dose, time and route of administration which matches the practitioner's order.
 - PRN medications must include the time interval between doses.
 - Staff may make additional comments on the MAR or KARDEX for clarification purposes.
 3. Properly dispensed and clearly labeled medication that notes the child's name, drug name and dose, time and route of administration.
 - Medication must be labeled by the dispensing pharmacy or licensed practitioner.
 - Medication certified staff may not dispense medications or label medications.
 - Refer to the "Change of Directions" information in the event of a change in direction.
 4. Allergies to medications, food or environment must be documented.

General rules of documentation

In all documentation the following rules are to be followed:

1. Documentation must be legible
2. Ink must be used
3. Correct indication of errors in documentation
 - a) If an error occurs in documentation, draw one line, in ink, through the error and place initials and the date after or above the error
 - b) Do not use whiteout; do not attempt to obliterate mistakes
4. Compliance with confidentiality guidelines: the full name of a client should not be referenced in any other client's file.

5. Entries in a logbook should follow one another in chronological order.
6. Using only facility approved abbreviations.
7. Ensure clarity:
 - a) Avoid vague terms, subjective judgments when documenting
 - b) Proper names and titles should be used in all documentation.
 - c) The time and date should be noted in all documents.

Inventory of Controlled Medications (Control Med Count)

Sec. 21a-262-10 (b) *“At the beginning of each work period or shift, a (staff person) must be assigned responsibility for the security of ...controlled substance stock. Such responsibility shall be assumed by each said (med certified staff person) who shall prepare a signed inventory indicating each kind and quantity of ...controlled substance...This responsibility shall not be transferred to another person during the course of the ...shift unless another inventory transferring responsibility is first prepared.”*

Discussion:

Facilities should develop a policy and procedure in how to identify controlled medications including a list of commonly prescribed controlled drugs.

1. All controlled drugs must be inventoried or counted at every change of shift or whenever the responsibility for the medication is transferred from one staff person to another. The staff person leaving and the staff person assuming responsibility should do the count together.
 2. The control drug key is to be carried by the medication certified staff person responsible for the drugs.
 3. Each time a dose of a controlled drug is administered the count must reflect the change in the number of the remaining medication.
- A. For the count record, facilities may utilize the “Record of Use” sheet the pharmacy provides or may devise their own.

B. In the event that a discrepancy in the count of controlled medications occurs the following shall occur:

The staff person involved must contact his/her chain of command.

- An incident report must be completed.
- Facility specific policy and procedure is to be followed.
- A copy of the incident report is to be sent to:

Drug Control Division of Consumer Protection
165 Capital Avenue, Hartford, CT 06106
860-713-6065

and

DCF Medication Administration Program
505 Hudson Street, Hartford, CT 06106
Fax: (860) 566-8022

Destruction of Medications

Facilities must have a policy describing the procedure which reflect the following guideline for the destruction of expired and/or unused medications:

Non-Controlled:

- a. Non-controlled medications may be flushed into the sewer or septic system in the presence of two medication certified staff people.
- b. Documentation must be made and kept of all medications destroyed and is to include:
 - Child's name
 - Pharmacy
 - Date prescribed or dispensed
 - Prescriber's name
 - Name and dose of medication
 - Amount destroyed
 - The prescription number
 - Signatures of the two medication certified staff who destroyed the medications and the date of the destruction.

Controlled Medications:

- a) Drug Control Division of Consumer Protection must be called if controlled medications need to be destroyed. Phone number: (860) 713-6065.
- b) The control drug agent will ask for the name, dose and amount of controlled drugs for destruction.
- c) Arrangements will be made for a drug control agent to visit the facility to destroy the controlled drugs *OR*

The control drug agent will provide instructions for the destruction of the medications.

****If the agent directs medication staff or nurses to destroy control medications, the name and phone number of the agent who gave such direction must be obtained as well as information about required documentation to be forwarded to Drug Control Division of Consumer Protection.****

Under no circumstances shall medication certified staff destroy controlled medications without explicit direction from Drug Control Division.

- d) Documentation of destroyed controlled medications shall include the same information as for any destroyed medication. (refer to “b” of destroying non-controlled medications, above)

Other Medications

Contact the dispensing pharmacy for guidelines for destroying inhalers, aerosols and topical medications.

Vaccines should not be destroyed or disposed at the facility. Contact the dispensing pharmacy or health department for direction.

Medications at the Time of Admission

General Guidelines: At the time of a child's admission to any DCF licensed or operated group home, shelter, safe home or residential facility, a written order or prescription for any medication currently prescribed must be provided to the facility staff. The child's social worker has the responsibility to obtain the prescription or order for the admitting facility. Acceptable prescriptions/orders may be copies or faxes and may be available from the discharging facility, the dispensing pharmacy or the prescribing practitioner.

A. When a child is placed from one DCF licensed facility to another:

1. The social worker will obtain copies of all prescriptions/orders as well as all current medication from the discharging facility medication staff or nurse.
(Refer to Documentation Section for definitions of prescriptions/orders and acceptable forms.)
2. A "Transfer of Medication" form may be completed by the original facility documenting the name and amount of medication to be transferred to the new facility.
 - See *Forms Section* for a Transfer of Medication form
 - The discharging staff and the social worker should sign the form before leaving the facility with the medications.
 - A copy of the signed transfer form should accompany the medications to the new facility.
 - The admitting staff at the new facility should verify the information on the transfer form, then sign it and file according to facility procedure.
3. The admitting facility may accept all medications directly transferred from the previous facility that are accompanied by a current prescription or order unless the medications show evidence of tampering.

B. When a child is admitted into a DCF licensed facility from home or foster home:

1. The social worker has the responsibility to obtain copies of all prescriptions/orders for all medications the child is currently prescribed.
2. These prescriptions may be available from the dispensing pharmacy that can make a copy of the original prescription from their files, or orders may be obtained from the prescribing physician. Photocopies and faxes of orders/prescriptions are acceptable.

3. The social worker may bring to the admitting facility any bottles or containers of medications from the home or foster home.
 - The admitting facility may use these medications after getting permission from a licensed practitioner or pharmacist who can confirm the contents of the medication containers.
4. If the social worker obtains a new written prescription/order from the practitioner, the admitting facility should inform the social worker to *NOT TO FILL THE PRESCRIPTION*. The social worker should simply bring the prescription/order paperwork so the facility can get the order filled at their affiliated pharmacy.

Emergency or After-Hours Admissions

In the event of an emergency or an after-hours admission, the social worker has the responsibility to attempt to obtain and provide to the admitting facility licensed practitioner's orders for any medication the child is currently prescribed.

If orders are unavailable at the time of admission, the social worker and/or the admitting staff should call the DCF Hotline to report the situation. The DCF Hotline may then page the on-call physician who is available to help the facility staff and social worker explore options in obtaining orders for the child's medications. *The on-call physician will offer direction, but should not be expected to provide orders for the child.*

DCF Hotline – 1-800-842-2288

Pre-pouring Medications

Prepouring (preparing medications in advance of the time of administration) is not encouraged. Dangerous medication errors are more likely to occur when practitioner's orders and medications cannot be verified immediately before administration to a child. If medications must be prepared in advance of the actual administration time, the following precautions must be carefully followed. Also, facilities that regularly prepour their medications must have in place clear procedures to follow to ensure safety and must thoroughly train new medication staff.

1. The same staff member who will administer the medication must prepare the medication.

It is not acceptable under any circumstance to administer medication prepared/pre-poured by another staff member.

2. Medication must be administered within the same shift that it was prepared/pre-poured.
3. The medication that is prepared in advance must be clearly labeled with:
 - child's name
 - name of the medication
 - dose
 - time and route of administration.
4. The "Rule of Three" using the 5 Rights must be followed when the medications are prepared.
5. The pre-poured medications must be locked and safeguarded until they are administered.
6. The person who prepared and administered the medication must also document as soon as possible that the medication was given *after* administering the medication.
7. Under no circumstances shall a staff person sign off on administering a medication before it has been given to a child.

Providing Medication During Facility Sponsored Outings

At times it will be necessary for staff to administer medications to children while out of the facility. Facilities should develop a policy and procedure for this situation. The following are recommendations to be included in such a procedure:

1. Efforts should be made to reduce or eliminate the need to administer medications while out of the facility. Administering medications is an inconvenient and potentially hazardous task to safely accomplish away from the facility.
2. If at all possible, medications should be administered before leaving the facility or after returning. Medications may be administered one hour before until one hour after the scheduled medication time. The facility chain of command should be contacted for guidance on adjusting medication times to meet the needs of the child.
3. The prescriber may allow certain medications to be held (not given) on the day of an out-of-facility event. Medication certified staff should contact the facility's chain of command to determine if this would be an option.
 - All telephone contacts and verbal directions must be documented.
4. The medication certified staff who will be administering medications to children on the outing must be the person who packages the medication for the trip and must be the person who will document upon return that the medications were administered.
5. Medications must be packed so that the child's name, the medication name and dose, and route and time of administration are clearly labeled.
6. Medications brought on the outing must be safely stored throughout the trip. Options may include:
 - Locked container kept in the locked vehicle. Be aware of extreme temperatures which may damage the medications
 - Medication certified staff securely carries the medication at all times during the outing.

LOA or Visit Medications

Facilities must develop a policy and procedure for providing medications to children who are leaving for short visits home or elsewhere. The following are guidelines for the development of such procedure:

1. A licensed practitioner or pharmacist must properly dispense medications for visits.
Under no circumstances shall medication certified staff or facility RNs or LPNs dispense* visit medications.
2. The facility supply/blister pack may not be sent home with the child except for the following:
 - Topical medication
 - Inhalers
 - Time limited antibiotics
 - Birth control pills
 - Epi-pens

If the facility supply of one of these medications is sent home, it is imperative that the child and/or responsible adult understand that these must be returned with the child to the facility.

3. Methods for obtaining medications for visits include:
 - Pharmacy dispenses LOA medications from either the facility stock or as “extra medications”. Pre-authorization from the insurance company may be necessary to ensure payment for these medications.
 - The pharmacy *may* be able to divide the medication into two packages – One for the facility and one for the home visit.
 - Licensed practitioner dispenses medications from the child’s facility supply into smaller containers for transport.
 - Licensed practitioner writes an order for a limited supply of medication to be dispensed at the child’s local pharmacy.

Advanced planning and a working relationship with the facility pharmacy are important components of any procedure developed by the facility in regard to LOA/Visit medications.

***Definition of *Dispense*: To place a medication into a container and label that container for someone else to administer. The practice of dispensing medications is closely regulated by law and is limited to specific licensed practitioners and pharmacists.**

Emergency Medications Bronchodilator Inhalers, Nebulizer Treatments and Epi-pen Auto Injectors

Facilities are to develop policy and procedure that allows for immediate availability for emergency medications, specifically asthma emergency medications and Epi-pens.

1. All facility staff, regardless of whether they are medication certified, may be trained to administer epinephrine (Epi-pen auto injectors) and inhalers in the event of an emergency.
2. A licensed medical professional must provide the training.
3. Documentation of staff who have been trained is to be maintained.
4. Whenever possible, children should be taught to properly self-administer these emergency medications. The prescribing practitioner may write orders to allow appropriate and responsible children to “self-administer” and “self-carry” these medications. The safety of the individual child and the rest of the children must be considered.
5. Emergency inhalers and nebulizer medications and Epi-pens must be stored in a secure location which is easily and quickly accessible by staff but inaccessible by children.

PRN Psychotropic Medication

Under no circumstance shall medication certified staff make an assessment of a child's behavior or administer a PRN psychotropic medication without direct consultation with a medically licensed professional.

Only a licensed medical professional can make an assessment of the need for PRN psychotropic medication. For a child with a written order for a PRN psychotropic medication, certified staff must make direct contact via telephone or in person with a licensed medical professional before the medication can be administered.

If a facility wishes to include PRN psychotropic medications in children's plans of care, the facility has the responsibility to develop a comprehensive policy and procedure which describes the training, the meds and their desired and possible side effects, and how staff is to contact the appropriate medical professional.

Self-Administration of Medications

At times it may be appropriate for a child to self-administer medications. Children preparing for independent living or those with jobs in the community may be candidates for self-administration. Facilities that allow children to self-administer must have a written policy and procedure regarding self-administration.

1. There must be a specific written licensed practitioner's prescription/order for a child to "self administer" and/or "self carry" medication.
2. All doses of medication that are self-administered must be documented daily.
3. The safety of all the children in a facility must be ensured therefore, medication must be kept inaccessible to other clients. Self-administration must be suspended at any time safety is compromised.
4. Topical medications containing liquid alcohol are not generally appropriate for self-administration and should be stored in a locked area accessible to staff only.
5. Each agency is responsible for developing written policies regarding the self-administration of medications with a priority on child safety.
6. Facilities may develop an educational program in conjunction with a licensed practitioner to provide the children with information about their medication including:
 - reason for taking medication, side effects to report,
 - proper administration technique with child giving return demonstration
 - who to contact with questions or concerns, how to access more medication when it is time for a prescription renewal.
- All education provided must be documented.

Over the Counter Medication

- A. An individualized licensed practitioner's prescription/order is necessary to administer any over the counter (OTC) medication.
- B. This order must include the child's name, the drug name and dose, route and time of administration.
- C. OTC medications may be ordered via individual "Standing Orders". Refer to *Standing Orders* section for further details.
- D. An individual MAR must be prepared before administering an OTC medication. Every dose administered must be documented.
- E. Orders for OTC medications must renewed every 90 days, 3 months or quarterly.
- F. Contraindications of OTC medications when given with prescription medications shall be individually considered.

Over The Counter Topical Medications

1. The facility must have a policy established which is approved by a licensed practitioner for the use of OTC topical medications without individual prescription/orders.
2. Some examples of topical OTC medication include:
 - sunscreen
 - insect repellent
 - calamine lotion
 - antiseptic solutions
 - medicated powders
 - antibiotic ointments
3. Facility policy and procedure may allow properly instructed, non-medication certified staff to administer OTC topical medications.
4. The facility should develop a method of documenting doses of OTC topical medications.
5. With a licensed practitioner's order, children may keep and self administer OTC topical medication.
 - Products containing liquid alcohol may be not self-administered or stored at bedside.
 - Facility staff will verbally check with the client to ensure that the medication was applied.
 - Documentation may be made by the staff in the medication administration record.

BIRTH CONTROL PILLS

- A. Birth control pills may only be administered by licensed or certified staff according to a licensed practitioner's prescription/order.
- B. Birth control pills must be kept in a locked, secure location accessible to certified staff only.
- C. Licensed prescribers may write self-administer orders for girls prescribed oral contraceptives.
- D. Staff must ensure that girls who are prescribed birth control pills are given their pills to take with them for home visits or other long-term out of facility visits.
- E. Practitioner orders should include written directions in the event of dose omission.
 - The girl should be counseled about the importance of taking the pills as directed and what to do if she forgets to take a pill.
- F. Girls who receive their birth control counseling and medication from family planning agencies should be instructed/assisted in requesting written orders.
 - Whenever possible, staff should accompany girls to their gynecology appointments.

“Change of Direction” Labels

When a licensed practitioner makes a change in a child’s medication’s dosage or frequency of administration, attempts should be made to obtain a new, properly labeled supply of medication from the pharmacy. When it is not possible to obtain a new supply of medication, the label on the container will no longer match the licensed practitioner’s order exactly. In this case, a “Change of Direction” label may be placed over the pharmacy label. Certified staff must still compare the new prescription/order with the new medication administration record and the pharmacy label three times before administering the medication.

1. The old order must be discontinued.
2. A new MAR must be written to reflect the new order. Indication that a new order is to be used should be made on the old MAR to direct staff to the new MAR and order.
3. The MAR should include documentation on the change in dose or frequency of administration.
4. A “Change in directions” sticker (available from the pharmacist) is to be applied on the pharmacy label. The sticker should cover the previous directions. The sticker must not cover the child’s name, the medication name and the concentration of the medication.
5. To perform the Rule of Three, medication certified staff will follow this variation of the medication administration procedure:
 - Compare the new practitioner’s order with the new MAR and check that the FIVE RIGHTS all match.
 - Compare the practitioner’s order with the pharmacy label
 - Check that the child’s name and medication name match on both.
 - Check that the concentration of the medication will allow for the correct dose to be poured.
 - Compare the MAR with the pharmacy label.
 - Check that the child’s name and medication name match.
 - Check that concentration of the medication noted on the pharmacy label will allow for the correct dose to be poured as written on the MAR.

Change of Direction Illustration

New practitioner's order:

Patient's Name: Charlie Brown, age 12

Sept. 30, 2005 Increase Zoloft to 20mg po every morning.

Lucy VanPelt, MD

Applying Change in Direction Sticker to Pharmacy Label

Charlie Brown

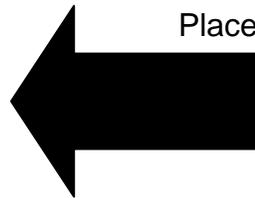
Sunshine Pharmacy

ZOLOFT (sertraline)

Give 10mg (one tablet) by mouth

every morning

Concentration: 10mg/tablet



Place "Change of Direction" sticker
highlighted sections.

New Employees with Current DCF Medication Certification

If a newly hired employee presents a DCF Medication Administration certificate, the facility should take steps to verify the status of that certificate. The facility should also provide thorough orientation and evaluation of skills.

The facility director, nurse or designee should:

- Contact the Medication Administration Program to verify the status of the certificate. Written confirmation of the employee's certification status is available from the DCF Medication Program.
- Orient the new employee to the facility medication policy and procedures.
 - Allow for shadowing a senior medication certified staff to directly observe a medication pass.
- Assess and record the employee's administration skills by direct nursing supervision
- A record of this orientation and nursing supervision shall be kept at the facility.

Disciplinary Action for Performance Issues in Medication Administration

Facilities must adopt written policies and procedures including disciplinary actions in the event that a certified staff's medication administration performance puts children and youth at risk.

- Medication certified staff should be informed during orientation of the facility policy and procedure in regard to disciplinary actions in the event of medication incidents
- The safety and well being of the children and youth must always be the first consideration in determining corrective action.
- **The facility nurse and or director may suspend an individual's medication certificate whenever there is a concern over the safety and welfare of the children.**
 - Any suspension must be reported promptly to Medication Administration Program.
 - Revocation of an individual's certificate may be ordered by the Commissioner of DCF and/or his or her designee.

Medication Errors

Facilities must adopt a written policy and procedure outlining steps to take in the event of a medication error. Policy should include the following:

- Procedure to follow to evaluate the well-being of the child(ren) involved. This may include contacting the physician, nurse, poison control or 911.
- Emergency contact phone numbers should be readily available to staff.
- Procedure to contact the chain of command to report the error.
 - Telephone numbers of chain of command should be readily available to staff.

Procedure in documenting the error.

- By the end of the shift on which the error occurred or was discovered the staff involved must complete an incident report or medication error report. The staff person must also write in the child's record an objective description of the event including the child's condition and any treatment.
- The report should identify the child(ren) and staff involved, steps taken to evaluate the child's well-being, any medical intervention, chain of command personnel contacted, recommendations made in response to the error and information about resolution as available.
- Addendums to this report should be made as warranted to provide a complete record of the event and its outcome.
- Incident reports are to be kept in a quality assurance file, not in the child's personal or medical record.

If a child receives medical attention as a result of a medication error:

1. Call the Medication Administration Program (860) 550-6537 or 550-6334
2. Fax a copy of the incident report to the DCF Medication Program/Medical Director within one business day.

Fax: (860) 566-8022

3. Contact the child's social worker, legal guardian. If after-hours, call the DCF Hotline 1-800-842-2288.
4. If appropriate, the child's parents should be contacted.
5. A thorough review of the event must be made and the facility's corrective action plan is to be forwarded to the DCF Medication Administration Program within one week of the incident.
6. Facility director or nurse may immediately suspend the medication certification of staff people involved pending final evaluation and resolution of the event in question.

**DCF Medication Program must be informed of any suspensions.

7. Considerations in determining corrective action:
 - Impact upon child safety
 - Facility policies
 - Review of the individual's record related to medication administration
 - Extenuating circumstances

Examples of Medication Errors

Although it is impossible to list every type of error that may occur, errors generally fall into a number of broad categories. Every medication error must be documented on an incident report form and in the child's record.

Errors may occur when ordering the medication

- a. not ordering all medications from the pharmacy
- b. pharmacy delivering wrong medication, or errors on the pharmacy label

Errors may be made in documentation

- a. not initialing the medication record after administering a dose
- b. transcribing the medication order onto the medication record incorrectly
- c. inaccurate controlled drug inventory

Errors may be made in administering the medication

- a. administering the wrong medication to a child
- b. administering the wrong dose, or missing a dose
- c. administering medication to the wrong child
- d. medication administered at the wrong time, or by the wrong route

Errors may be made in medication storage and control

- a. leaving medication area unlocked
- b. improperly storing medication
- c. failing to safeguard the medication keys
- d. failing to keep controlled medication keys on separate rings
- e. illegal dispensing of medications.

Utilizing Prescription Drug Samples

At times, a child may receive sample packages of medication from his or her licensed practitioner. In order to be able to utilize these drug samples, the following procedure should be used:

1. A written licensed practitioner's order or prescription must accompany any medication including samples.
2. Individual packages of medication must be labeled with the following:
 - a. Drug name
 - b. Concentration of medication
3. An "outer package" (envelope, pill bottle) must be labeled by the prescribing practitioner with the following information that corresponds with the practitioner's written order:
 - a. Child's name
 - b. Drug name
 - c. Dose to be administered (including number of pills, etc. to administer)
 - d. Time of administration
 - e. Route of administration
 - f. Signature of the prescribing practitioner.
4. The sample packs of medication may then be placed in the envelope or pill bottle.
5. When the medication is to be administered, the envelope/bottle's label should be compared to the order and MAR, then the name of the drug and concentration on the individual packages are to be compared to the order and MAR before administering.

STANDING ORDERS

“Standing orders” are a routine set of instructions that may include “over the counter” (OTC) medications ordered on an “as-needed-basis” for common complaints, i.e., headaches, or cold symptoms.

1. Standing orders must be client specific and individualized. A licensed practitioner must evaluate every client to determine appropriate medications, doses and indications to include on that child’s standing orders.
 - a) Dosages should be calculated and ordered on the basis of a client’s age and weight.
 - b) If the practitioner determines that a certain medication on the facility standing orders is not appropriate for a particular child, for example due to an allergy or possible drug interaction, that medication must be removed from that child’s individual standing orders.
2. Standing orders must include clear indications, dose and frequency of administration information.
3. Standing orders must include direction as to when to contact the practitioner for further evaluation of symptoms. For example, “Contact physician if fever remains above 101 F for more that 24 hours or after 4 doses of Tylenol”.
4. Great care must be taken if the facility stocks more than one version or concentration of a medication. Staff must know which version to use to safely administer the correct dose. For example, Tylenol (acetaminophen) is available a several different forms and strengths. Orders for Tylenol must be very specific to prevent dangerous overdosing.
5. All Standing Orders must be reviewed and signed by a licensed practitioner every 90 days, quarterly or 3 months.
6. Allergies shall be listed on all individualized OTC standing orders.
7. If the child has no known allergies, this shall be indicated.

Sample Standing Orders

Child's Name: _____ **Date of Birth:** _____

Weight: _____ **Allergies:** _____

Medication	Indication	Dose	Frequency
Acetaminophen (Tylenol)	Mild to moderate pain Headache Fever over 101 F	Give 650mg (two 325mg tablets) by mouth.	Give every 4 hours as needed; do not exceed 4 doses in 24 hours. If pain or fever persists for more than 24 hours, contact physician.
Ibuprofen (Motrin)	Mild to moderate pain Muscle pain/sprains Menstrual cramps	Give 400 mg (two 200mg tablets) by mouth	Give every six hours as needed; do not exceed three doses in 24 hours If pain persists for more than 2 days, contact physician.
Robitussin cough syrup	Cough	Give two teaspoons by mouth	Give every 4 hours as needed; contact physician if cough persists more than 3 days or is accompanied by a fever over 101 F

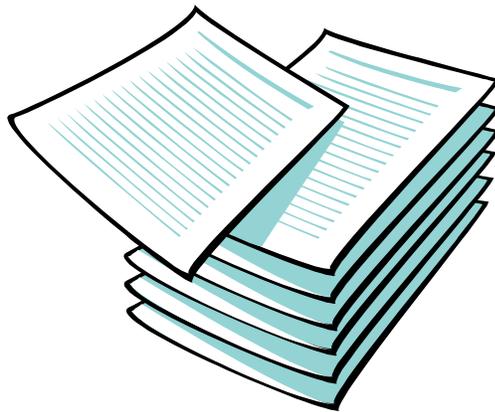
Licensed Practitioner's Signature

Date

Standing orders must be renewed every 3 months, 90 days or quarterly.

FORMS

The following are sample forms for documentation of facility medication administration programs.



Department of Children and Families
Medication Certification
Course and Exam Registration Form

Non DCF Employees

NAME: _____ FACILITY: _____ PHONE: _____

PLEASE CHECK APPROPRIATE BOX(ES) AND PROVIDE COMPLETE INFORMATION

*Mail, fax or email to the Medication Administration Program **at least 2 weeks before class or exam date.** 505 Hudson Street Hartford CT 06106 fax: (860) 566-8022*

BASIC CERTIFICATION – DCF Course and Exam Date: _____ Location: _____

BASIC CERTIFICATION – Endorsed Instructor Course Date: _____
Indicate below your choice of exam date from DCF schedule

RECERTIFICATION - DCF Course and Exam Date: _____ Location: _____

CERTIFICATION EXPIRATION DATE: _____

RECERTIFICATION – Endorsed Instructor Course Date: _____
Indicate below your choice of exam date from DCF schedule

CERTIFICATION EXPIRATION DATE: _____

DMR TRANSFER – DCF Course and Exam Date: _____ Location: _____

COPY OF CURRENT DMR CERTIFICATE MUST BE ATTACHED

DMR TRANSFER – Endorsed Instructor Course Date: _____
Indicate below your choice of exam date from DCF schedule

COPY OF CURRENT DMR CERTIFICATE MUST BE ATTACHED

EXAM REGISTRATION PHOTO ID MUST BE PRESENTED FOR ENTRANCE TO EXAM

TYPE OF EXAM:

ENDORSED INSTRUCTOR BASIC

ENDORSED INSTRUCTOR RECERT

ENDORSED INSTRUCTOR DMR

BASIC RETEST

SELECTED EXAM DATE: _____ LOCATION: _____

REFER TO THE CURRENT DCF CLASS/EXAM SCHEDULE

RECOMMENDATION OF DIRECTOR OR DESIGNEE:

I have carefully considered the applicant's work history, educational preparation and record of any criminal conviction and/or substance abuse. It is my opinion that the applicant is suitable and has my recommendation for participation in the medication administration training program.

Signature of Director or designee: _____ Date: _____

Printed Name of Director or designee: _____

Department of Children and Families
Medication Certification
Course and Exam Registration Form

DCF Employees

NAME: _____ FACILITY: _____ PHONE: _____

PLEASE CHECK APPROPRIATE BOX(ES) AND PROVIDE COMPLETE INFORMATION

Mail, fax or email to the Medication Administration Program at least 2 weeks before class or exam date. 505 Hudson Street Hartford CT 06106 fax: (860) 566-8022

BASIC CERTIFICATION – DCF Course and Exam Date: _____ Location: _____

BASIC CERTIFICATION – Endorsed Instructor Course Date: _____
Indicate below your choice of exam date from DCF schedule

RECERTIFICATION - DCF Course and Exam Date: _____ Location: _____

CERTIFICATION EXPIRATION DATE: _____

RECERTIFICATION – Endorsed Instructor Course Date: _____
Indicate below your choice of exam date from DCF schedule

CERTIFICATION EXPIRATION DATE: _____

DMR TRANSFER – DCF Course and Exam Date: _____ Location: _____

COPY OF CURRENT DMR CERTIFICATE MUST BE ATTACHED

DMR TRANSFER – Endorsed Instructor Course Date: _____
Indicate below your choice of exam date from DCF schedule

COPY OF CURRENT DMR CERTIFICATE MUST BE ATTACHED

EXAM REGISTRATION PHOTO ID MUST BE PRESENTED FOR ENTRANCE TO EXAM

TYPE OF EXAM:

ENDORSED INSTRUCTOR BASIC

ENDORSED INSTRUCTOR RECERT

ENDORSED INSTRUCTOR DMR

BASIC RETEST

SELECTED EXAM DATE: _____ LOCATION: _____

REFER TO THE CURRENT DCF CLASS/EXAM SCHEDULE

RECOMMENDATION OF DIRECTOR OR DESIGNEE:

It is my opinion that the applicant is suitable and has my recommendation for participation in the medication administration training program.

Signature of Director or designee: _____ Date: _____

Printed Name of Director or designee: _____

**Department of Children and Families
Medication Administration Program
Medication Certification Internship Skills Checklist**

SAMPLE

Objective 1

Medication Certification candidates will verbalize/demonstrate understanding of basic principles of safe medication administration practices according to DCF guidelines.

	Candidate has demonstrated:	Date Completed	Nurse Initials	Candidates initials
	<ul style="list-style-type: none"> • knowledge of 5 rights 			
	<ul style="list-style-type: none"> • knowledge of 3 documents necessary for medication administration 			
	<ul style="list-style-type: none"> • procedure for checking "5 Rights" and "Rule of 3" 			

Objective 2

Medication Certification candidates will demonstrate knowledge of their facility's medication administration systems and location of all necessary equipment.

	Candidate has demonstrated knowledge of:	Date Completed	Nurse Initials	Candidates Initial
	<ul style="list-style-type: none"> • patient medication storage 			
	<ul style="list-style-type: none"> • internal and external medication 			
	<ul style="list-style-type: none"> • policy and procedure for proper key storage/control 			
	<ul style="list-style-type: none"> • storage of controlled and non-controlled medication 			
	<ul style="list-style-type: none"> • inventory of controlled medication 			
	<ul style="list-style-type: none"> • location of MAR/Kardex and practitioner's orders 			
	<ul style="list-style-type: none"> • location of emergency medications 			

Objective 3

Medication certification candidates will demonstrate knowledge of program specific medication procedure (If applicable). (May be expanded to meet the facilities specific needs)

Objective 4

Medication certified candidates will demonstrate understanding of term dispensing and follow proper procedure – per CT state regulations- for handling medication for Home Visit

	Candidate has demonstrated understanding of the facilities specific medication procedure that is within the DCF Medication Administration Guidelines including:	Date Completed	Nurse Initials	Candidates initials
	<ul style="list-style-type: none"> • Utilizing standing orders 			
	<ul style="list-style-type: none"> • Obtaining medications from the pharmacy 			
	<ul style="list-style-type: none"> • understanding of term "dispensing" 			
	<ul style="list-style-type: none"> • safe handling of medication for: <ol style="list-style-type: none"> 1. admission 2. discharge 3. home visit 	*	*	*

Objective 4

Medication certification candidates will demonstrate ability to document on Medication Administration Record including, (but not limited to), transcription of orders, documentation of medication received, refused, missed and/or given on therapeutic visit, and all necessary documentation for PRN medication.

	Candidate has demonstrated:	Date completed	Nurse initials	Candidates initials
	<ul style="list-style-type: none"> • ability to properly transcribe a doctor's order. 			
	<ul style="list-style-type: none"> • ability to document when a medication has been: <ul style="list-style-type: none"> ○ administered 			
	<ul style="list-style-type: none"> ○ refused/held 			
	<ul style="list-style-type: none"> ○ administered while on pass 			
	<ul style="list-style-type: none"> • ability to determine when a PRN medication was last given and when it can be given again. 			
	<ul style="list-style-type: none"> • ability to document when a PRN has been given including the outcome. 			
	<ul style="list-style-type: none"> • 			

Objective 5

Medication certification candidates will demonstrate proper and safe techniques for administering medication according to the DCF Medication Guidelines

		Date completed	Nurse initials	Candidates initials
	Candidate has observed at least 2 complete medication passes with certified staff and/or medication nurse.			
	Candidate has demonstrated ability to safely administer medications under the direct supervision of a licensed nurse according to the DCF Medication Guidelines. <u>Checklist B</u>			
	Candidate has demonstrated understanding of proper procedure for administration of PRN medication including use of PRN Psychotropic Medication			
	Candidate has administered at least 2 medication passes under the direct supervision of an experienced medication certified staff or registered nurse			

Objective 6

Medication certification candidates will demonstrate knowledge of when and how to contact chain of command.

Objective 7

Medication certification candidates will demonstrate proper procedure(s) to follow in the event of an incident and/or emergency situation.

Objective 8

Medication certification candidate will describe procedure to follow in the event of a medication error .

		Date completed	Nurse Initials	Candidate initials
	Candidate can locate Chain of Command information			
	Candidate can demonstrate procedure (s) for contacting chain of command in the event of an incident and/or emergency situation			
	Candidate can describe policy and procedure to be followed in event of a medication error or incident			

Completion of Medication Administration Certification Internship
Internship Verification Form

Name: _____ Facility: _____

The above candidate has successfully completed all components of the medication certification internship at this DCF licensed/operated facility. This internship has included the following:

- Orientation to facility policy and procedure for medication administration.
- Shadowing of an experienced medication certified staff person during actual medication passes. – Minimum of 2 complete medication passes.
- Demonstration of administration skills with a licensed nurse. Checklist B
- Supervised medication administration. - Minimum of 2 medication passes.

A certificate will be issued by the Department of Children and Families upon receipt of this signed and dated form.

- ❖ **CANDIDATE MAY NOT ADMINISTER MEDICATION *INDEPENDENTLY* UNTIL EMPLOYING FACILITY HAS RECEIVED CERTIFICATE.**
- ❖ **CERTIFIED STAFF SHALL NOT DISPENSE MEDICATION UNDER ANY CIRCUMSTANCES.**

Mail form to: DCF Medication Administration Program

505 Hudson Street

Hartford, CT 06106

OR

Fax form to: (860) 566-8022

Candidate's signature: _____ Date: _____

Nurse's signature: _____ Date: _____

Facility Director's signature: _____ Date: _____

Department of Children and Families
Monthly Medication Administration Program Nursing Supervision and Review

Facility _____ Program Name _____
Date of Review _____ Month Covering _____

Medication Certified Staff

Is the list of certified staff up to date and posted? Y / N
Is it adequate to meet the facility needs? Y / N

If “no”, what is the corrective action plan?

Are the medication keys carried by the med certified staff at all times? Y / N

Medication Administration Records

Are prescriptions current and reviewed per policy by licensed practitioner? Y / N
Are prescriptions accessible to staff when medication is administered? Y / N
Are prescriptions accurately transcribed on:
- MAR/Kardex? Y / N
- Pharmacy Lables? Y / N
Does MAR/Kardex reflect that all medications were administered as ordered? Y / N
Are standing orders current and signed by the licensed practitioner every 90 days? Y / N

Is the medication storage area:

- clean, locked and immobile? Y / N
- accessible to licensed or certified staff only? Y / N
- arranged so that external and internal medication are separated? Y / N
- kept between 36 and 46 degrees Fahrenheit for refrigerated meds? Y / N
- contain only medication? Y / N

Are controlled medications:

- kept double locked? Y / N
- accessible only by a key kept on a separate key ring? Y / N

Are all receipt and count forms accurate and accounted for? Y / N

Errors:

Please note the number of errors by type:

Omission: _____ Documentation: _____ Violation of 5 Rights _____

Pharmacy error: _____ Lack of *med-cert* staff: _____

Other: _____ Please provide details or attach a copy of the incident report.

Is support or follow-up needed by the Medication Administration Training Program personnel? Y / N

Errors Requiring Medical Attention/Serious Errors

How many errors required medical attention? _____
Was the Medical Division of DCF notified? _____
Were copies of the incident report forwarded to DCF, Medical Division within 24 hours? Y / N
What corrective action was taken?

Staff Training

Are any staff due for annual on-site observation or post course on-site internship? Y / N

Identify any medication certified staff suspended from medication administration. Please include name, date and reason for suspension.

Please list topics of any training you provided to the medication certified staff this month.

Were medical policy and procedures reviewed this quarter? Y / N

Date of review _____

Emergency Procedures

Are procedures for *Contacting Chain of Command and Emergency Medical Care* clearly written, understood and available to all staff? Y / N

Is information regarding children's allergies readily available to all staff? Y / N

Are inhalers and Epi-Pens kept in a secure location, easily and quickly available in the event of an emergency need? Y / N

Are appropriate facility staff members trained in the emergency use of inhalers and Epi-pens, including the side effects and any special precautions?
Y / N

Additional Comments:

Nurse's Signature: _____ Date: _____

Send copy to DCF Medication Program – 505 Hudson St., Hartford CT 06106 Fax: 860-566-8022
Keep original on file in facility

**QUARTERLY REVIEW OF MEDICATION POLICY AND PROCEDURES
BY LICENSED NURSE**

FACILITY NAME:

Policy and Procedure Manual Reviewed:

Date: _____ Nurse Signature: _____

Comments: _____

Policy and Procedure Manual Reviewed:

Date: _____ Nurse Signature: _____

Comments: _____

**QUARTERLY REVIEW OF MEDICATION ADMINISTRATION
CONTINUING EDUCATION**

Facility Name:

Medication Administration Education

Date: _____ **Nurse Signature:** _____

Topics:

Comments: _____

Medication Administration Education

Date: _____ **Nurse Signature:** _____

Topics: _____

Comments: _____

Glossary of Terms

Medication Classification Definitions

Frequently Needed Telephone and Fax Numbers



Glossary of Terms

For the purposes of the Medication Administration Training Program Handbook the following terms will be defined as such:

Administer Direct application of medication, other than injection, to a person.

Anaphylactic Reaction A sudden allergic reaction affecting the entire body in response to a foreign substance i.e. foods, medications, insect stings, etc. Initial symptoms may be rash, itchiness, restlessness progressing to generalized swelling, harsh coughing, and difficulty breathing. Anaphylaxis may quickly lead to an increase in heart rate and drop in blood pressure, unresponsiveness, convulsions and death. An Epi-pen administered immediately may stop the reaction until medical help arrives. Always call 911 if an anaphylactic reaction is suspected, even if an Epi-pen has been given.

Adverse Reaction unexpected, abnormal response to medication; an adverse reaction could cause significant, possibly life threatening illness.

Chain of Command a list of facility staff to contact in the event of a medication or medical question or emergency. These may include the facility nurse, treatment director, facility physician. This list should be posted for ready reference by staff.

Controlled Medication Medications that are known to have abuse potential. The controlled drugs are divided into five groups (schedules) based on their potential for abuse and physical and psychological dependence.

Desired Use therapeutic effect; the medication's intended effect

Dispense to place a medication in a container and label the container for someone else to administer. The practice of dispensing medications is closely regulated by law and is limited to specific licensed practitioners and pharmacists.
Medication certified staff and licensed nurses may not dispense.

Emergency Inhaled Medication Medications prescribed to relieve symptoms of an asthma attack and which are administered via a metered dose inhaler or a nebulizer. Emergency inhaled medication is usually a short acting bronchodilator such as albuterol.

Endorsed Instructor	Physicians, pharmacists or nurses who have successfully completed a DCF approved training in medication administration.
Epi-pen	A device with which to administer epinephrine to a person experiencing an anaphylactic allergic reaction. The Epi-pen is designed to be self-administered. Any facility staff person may be trained by a licensed medical person (RN, LPN, APRN, MD, PA) to properly administer an Epi-pen to a child who has a physician's order for an Epi-pen.
Five Rights	PERSON DRUG DOSE ROUTE TIME The five rights must be present on every licensed practitioner's order/prescription, pharmacy label and medication record and must be carefully checked three times before administering medication.
Generic Name	short chemical name of a medication;
Informed Consent	Competent and voluntary permission for a medical process, test or medication. Consent is given based on understanding the nature, risks, and alternatives of the procedure or test.
Licensed Practitioner:	Licensed practitioner refers to physicians, pharmacists, dentists, optometrists, osteopaths, physician assistants, advanced practice registered nurses or nurse midwives licensed by the state of Connecticut and authorized to prescribe and dispense medication within the scope of his/her practice.
Medication	a substance used to treat disease or condition
OTC	Over The Counter – medication that may be purchased without a prescription. With the exception of some OTC topical medications such as sunscreen, insect repellent, calamine lotion, antiseptic solutions, medication powders, antibiotic ointment, all OTC medications must have a written order from a licensed practitioner to be able to be administered to any child in a DCF licensed or operated facility.
Polypharmacy	the use of more than one medication, including over-the-counter medications.

Pre-pour	the act of readying a properly dispensed medication prior to administration. Only the person who pre-poured the medication may administer the medication.
Prescription/ Doctor's Order	any document used in prescribing medications. The order must include: child's name, drug name and dose, route and frequency of administration, the date and licensed practitioner's signature.
Recertification	A DCF provided and approved medication administration program for individuals who hold a current medication administration certificate and are designated by their facility to attend.
Self-administration	The act of administering one's own medication under the supervision of certified or licensed staff after proper training and with written approval of the physician, facility staff and guardian.
Topical	Applied to the skin; topical medications include cream, lotion, ointment, powder, shampoo.
Trade Name	medication name chosen by the pharmaceutical company for marketing purposes.
Unlabeled Use	The use of a medication for a purpose that has not been approved by the FDA.

Medication Classifications Definitions

Antacids:	medications that counteract or neutralize acidity in the stomach.
Analgesics:	medications that relieve pain
Antianxiety:	medications that treat anxiety, tension and nervousness.
Antibiotics:	medications designed to destroy or prevent the growth of bacteria.
Anticholinergics:	medications that treat muscle movement disorders.
Anticonvulsants:	medication that reduces or prevents seizures.
Antidepressants:	elevate the mood, increase physical activity and mental alertness.
Antihistamines:	medications used to reduce the symptoms of an allergic reaction.
Antipsychotic/ Neuroleptic/ Major Tranquilizers:	medications that treat psychotic conditions.
Antitussives:	medications that suppress the cough reflex.
Bronchodilators:	medications that relax the muscles in the lung, used commonly during an asthma attack.
Cardiovascular:	medications which affect the function of the heart and blood circulatory system
Decongestants:	medications that loosen secretions and reduce congestion or swelling especially in the nasal passages, sinus cavities and ears.
Expectorants:	medications that loosen secretions in the lungs to promote expulsion of these secretions through coughing.

**Hypnotics/
Sedatives:**

medications that promote sleep or bring about a calm state.

Inhaled steroids:

medications that reduce and prevent inflammation in the lungs, not commonly used during an asthma attack.

Laxatives:

medications that promote bowel movements.

**Psychotropic
Medication:**

medications that alter or modify a person's mood or behavior.

Stimulants:

medications used to treat attention deficit disorder with or without hyperactivity. These medications are generally controlled substances.

Important Phone Numbers

Medication Administration Program

(860) 550-6334 / (860) 560-5088

(860) 550-6537

505 Hudson Street
Hartford, CT 06106

- For questions/concerns about any aspect of DCF medication certification policy or procedure.
- To verify certification
- To report suspension of certificate
- To inquire about class schedules
- To report medication errors/incidents that required medical evaluation of the child involved.
- To fax signed Internship Verification Forms that finalize medication certification.

Fax: (860) 566-8022

DCF Hotline

1-800-842-2288

- To report medication incidents which occur after hours and that require medical attention for the child involved.

DCF Medical Director

Fax: (860) 566-8022

- To fax incident reports for events requiring medical attention for children.

Department of Consumer Protection Drug Control Division

(860) 713-6065

165 Capitol Ave., Rm 145
Hartford, CT 06106

- To report a discrepancy in the control drug count
- To arrange for destruction of unneeded controlled drugs.