



State of Connecticut

# The Department of Children and Families



2010

## Medication Administration Handbook

**This handbook reflects Connecticut Statutes, licensing regulations and sound medical and nursing practice. DCF operated or funded facilities are expected to operate within the guidelines established by this document.**



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# Section I

## Introduction



# Introduction

## **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 outline sound practices and procedures related to the administration of medication.

1. This handbook will provide the guidelines for the development of facility medication administration policies and procedures that will meet DCF regulatory requirements.
2. It is written as a resource for DCF operated and licensed childcare facilities and extended day treatment programs.
3. This handbook defines a standard of practice applicable to all facilities described above and must be available to staff at all times.
4. 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 administration issues.



## Section II

# 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 from the Connecticut Statute that permits the training of non-medically licensed staff of DCF licensed or operated child caring facilities to administer medication.*

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

**Sec. 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, residing in residential facilities or receiving individual and family support, under the jurisdiction of the Departments of Children and Families, Correction, Developmental Services and Mental Health and Addiction Services, or being detained in juvenile detention centers or residing in residential facilities dually licensed by the Department of Children and Families and the Department of Public Health, 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 to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, authorized to prescribe such medication. The provisions of this section shall not apply to institutions, facilities or programs licensed pursuant to chapter 368v.

Chapter 370, section 20-14i establishes the use of trained, non-medically licensed personnel to administer medications to children in DCF licensed or operated programs. These trained personnel may only administer medications when following a licensed medical practitioner's written order.

**No medication may be administered to any child without a licensed medical practitioner's 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.

#### **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 person 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, 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.

(Effective February 1, 1994)

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**The Department of Children and Families' agency regulations identify the requirements that help ensure the health and well being of children in care. The following regulations are specific to health and are related to medication administration.**

## **Agency Regulations**

### **Children's Homes or Similar Institutions, Residential Treatment Facilities, Group Homes, and Temporary Shelters**

#### **Section 17a-145-59. Compliance with requirements for licensure**

The minimum requirements set forth in Section 17a-145-60 to section 17a-145-98, shall be complied with as requisite for licensing children's homes or similar institutions, residential treatment facilities, group homes and temporary shelters.

#### **Section 17a-145-61. Written policies and procedures**

The policies and operating procedures of the facility covering the selection, medical care, education, religious training, discipline, discharge, program, daily care, feeding, staffing pattern and supervision of the children shall be clearly stated in writing, reviewed no less than annually by the persons responsible for the total operation of the facility, and kept current. Copies and any subsequent revision thereof shall be made available to appropriate staff of the facility. Copies and any subsequent substantial revisions shall be provided to the department.

(Effective February 1, 1994)

#### **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 staffs who have been fully instructed in the proper administration, expected and untoward effects, and contraindications to continued 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.

(Effective February 1, 1994)

#### **Section 17a-145-91. Health program, facilities, training**

Each child-care facility shall provide the program, facilities and training necessary for the children's daily health needs and the development of sound habits and practices or personal hygiene and appearance.

#### **Section 17a-145-92. Food and diet**

Food served shall be wholesome and of sufficient quantity. The diet of children under one year of age shall be prescribed by a qualified physician. The diet of children over one year of age shall meet the recommended daily allowances published by the food and nutrition board of the national research council, the state department of health or county extension service.

(Effective February 1, 1994)

#### **Section 17a-145-93. Medical, dental, and nursing care**

Each child-care facility shall provide or arrange for appropriate medical, dental and nursing care for children, including use of community health services. The health program for the children shall include preventive and remedial medical and dental services and psychiatric and psychological services as needed.

#### **Section 17a-145-94. Written treatment plan**

An individualized facility written treatment plan shall be established by the facility and implemented for each child in accordance with department treatment plans and regulations as applicable.

#### **Section 17a-145-98. Case records. Reports. Confidentiality**

- (a) Each child-care facility shall maintain a current, confidential case record for each child, including family, social and health history; the reason for admission; the individual treatment plan; the care and service provided; the progress of the child in the facility; and the plan for discharge and disposition.
- (b) The guardian or custodian of the child shall be entitled to receive, upon written request, reports and information concerning the health, behavior, progress and educational achievement of the child.
- (c) All confidential records shall be maintained in locked files and shall not be available to other than authorized persons. A record of duly authorized personnel shall be maintained by the facility.

# **DEFINITION OF RESPONSIBILITIES AND ROLES IN MEDICATION ADMINISTRATION**

## **DCF Responsibilities in Administration of the Medication Training Program:**

### **DCF Regulation 17a-6(g)-15 (a - g)**

1. Provide a training program for unlicensed persons designated by the DCF licensed or operated programs. 17a-6(g)-15 (a)
2. Designate licensed medical personnel to conduct the training or contract with appropriate education agencies. 17a-6(g)-15 (b)
3. Determine the location and frequency of training programs. 17a-6(g)-15 (c)(d)
4. Develop training curriculum as outlined in DCF regulation. 17a-6(g)-15 (e)
5. Maintain a current listing of persons who have successfully completed the training and are authorized to administer medications. The listing will also identify the program or facility in which such persons are employed.  
17a-6(g)-15 (f)
6. Issue and maintain documentation of successful program completion.  
17a-6(g)-15 (g)

The DCF Medication Administration Training Program will also:

7. Collaborate with DCF Risk Management in the monitoring of medication errors.

## **Facility Responsibilities in Medication Administration**

1. Designate and recommend appropriate persons to be trained in medication administration. *DCF Reg: 17a-6(g)-15(a)*
2. Permit only those staff who have successfully completed DCF Medication Administration Certification to administer medications. *DCF Reg: 17a-145-75 (d)*
3. Maintain a current listing of trained persons and a copy of their certification. *DCF Reg: 17a-6(g) - 16 (a) and 17a-145-75 (d)*
4. Provide continuing education to trained staff on medication administration. *DCF Reg: 17a-145-75 (d) and 17a -6(g) - 16 (c)*
5. Order medications in unit doses if available. *DCF Reg: 17a-6(g)-16 (d).*
6. Provide and maintain proper, safe storage for all medications according to current drug control and pharmacy regulations as outlined in the DCF Medication Administration Handbook. *DCF Reg: 17a-145-75 (f) and 17a -6(g)-16(b) 4*
7. Establish and maintain written policies on the following: *DCF Reg: 17a-6(g)-16 (b):*
  1. the role and responsibilities of medication certified staff
  2. the provision of adequate supervision of or consultation with medication certified staff by licensed medical staff
  3. the provision of adequate back-up by licensed medical persons.
  4. storage, access, administration and documentation of medication
  5. requiring a written prescription or order from a licensed medical practitioner for all medications administered to children in the facility.
  6. procedures to following the event of medication errors or adverse reactions.

## **Role Descriptions in Medication Administration**

### **A. Licensed Medical Practitioner**

Licensed Medical Practitioners are individuals licensed by the State of Connecticut to prescribe and dispense\* medications. These include: physicians, dentists, physician assistants (PA), and advanced practice registered nurses (APRN). Licensed Medical Practitioners may provide consultation concerning medication they have prescribed.

***This handbook will use the term Licensed Practitioner to refer to Licensed Medical Practitioners.***

1. Licensed practitioners assess children, make medical and/or psychiatric diagnoses and prescribe treatment including medications.
2. A licensed practitioner documents quarterly that he or she has reviewed the facility's policy and procedures regarding medication administration and medical care of children.

**\*Definition:** *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.*

### **B. Pharmacist**

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

### **C. Registered Nurse (RN)**

1. RNs must be familiar with and practice within their legal scope of nursing practice.
2. Registered nurses administer medication appropriately ordered by a licensed practitioner and dispensed by a pharmacist or licensed practitioner.
3. RNs supervise LPNs and medication certified staff in medication administration.
4. RNs may become Endorsed Instructors to teach the DCF medication administration course.
5. RNs supervise the Internship process of medication certification candidates.

6. RNs assess the clinical condition of children in care and evaluate the need for medications.
7. RNs may administer PRN psychotropic medications according to a licensed practitioner's order. The RN must be present to assess the child and administer the PRN psychotropic medication. The RN then must be present to assess for and document the child's condition and the outcome.
8. RNs review orders for any new medication, changes in medication orders or changes in treatment orders on a regular basis.
9. RNs review the facility medication administration system every month and submit a written report of that review to DCF Risk Management. A copy of each month's report must be kept in the facility.
10. RNs may accept orders from licensed practitioners via the telephone.
11. RNs must provide continuing education related to safe medication administration and maintain quarterly documentation of the continuing education offered.
12. RNs must document a quarterly review of the facility's medication and medical policies and procedures.
13. RNs conduct the required annual skills observation of medication certified staff.
14. Registered nurses **may not dispense medication.**

#### D. Licensed Practical Nurse (LPN)

1. LPNs must be familiar with and practice within their legal scope of nursing practice.
2. LPNs must be supervised by a Registered Nurse or Advanced Practice Registered Nurse as per State of Connecticut requirements and as per facility policy and procedure.

Under the supervision of a Registered Nurse, LPNs may:

3. administer medications appropriately ordered by a licensed practitioner and dispensed by a pharmacist or licensed practitioner.
4. become Endorsed Instructors to teach the DCF medication administration course
5. conduct Internship supervision of medication certification candidates.

6. prepare monthly supervision reports on the medication administration system, document the quarterly review of medication policy and procedures and of any continuing education offered with regard to medications.
7. provide continuing education related to safe medication administration.
8. conduct the required annual skill observation of medication certified staff.
9. LPNs **may not dispense medication.**
10. LPNs must consult with the RN supervisor to review verbal orders for any new medication, change in medication orders or treatment orders that represent a change in the child's treatment plan.
11. **LPNs may not assess for the need for any medication including PRN psychotropic medication.**

## E. DCF Medication Certified Staff

1. DCF medication certified staff may administer properly dispensed 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 medication certified staff medication administration skills must be supervised by a licensed medical staff person as per regulation 17a-6(g)-16(b)(2).
3. DCF medication certified staff **may not dispense medication.**
4. DCF medication certified staff will attend continuing education offerings related to safe medication administration.
5. DCF medication certified staff must be observed annually by a licensed medical person in their medication administration skills.
6. DCF medication certified staff must recertify every two years, on or before their certificates' expiration date in order to continue to administer medications to children in DCF licensed or operated child caring facilities. Certification becomes *ineffective* immediately upon failing the recertification exam.
7. **DCF medication certified staff may not assess for the need of any medication including for PRN psychotropic 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 staff person, typically a registered nurse.
- The supervising nurse or licensed medical staff person shall immediately report to the facility director and the DCF Risk Management any significant deficiencies in a facility's medication administration program or in an individual's competency to administer medications. If a medication certified staff's medication administration privileges are suspended, the DCF Medication Administration Program must be notified.
- Each month the supervising nurse will:
  - a) Check that all prescriptions/orders are current, correctly transcribed on the medication record and match the pharmacy labels.  
Including but not limited to the following:
    - Orders are not over 90 days
    - Orders contain the 5 rights and dose is written in a specific amount (e.g. "1 or 2 tablets bid" is not acceptable)
    - Orders contain parameters for administration of PRN medication
  - b) Review medication errors and adverse reactions, identify trends or recurrent problems.
  - c) Ensure the proper storage of medications.
  - d) Submit a written report to DCF Risk Management

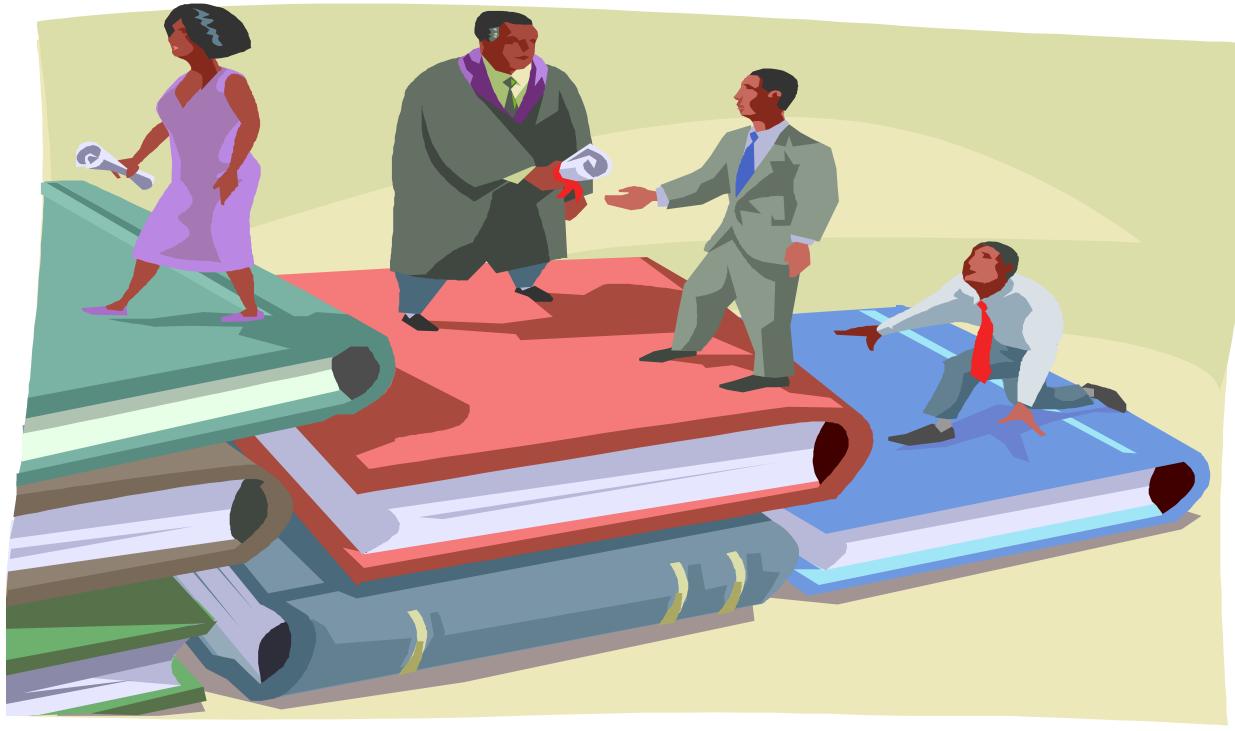
Forms for documentation of these monthly supervision reviews are available on line and in the Forms section of this handbook. (see Monthly Medication Administration Program Nursing Supervision and Review)

- Routinely, and as necessary to ensure safety, competency and compliance, the supervising registered nurse or licensed medical staff person will:
  - a) Supervise and consult with facility staff regarding medication administration.
  - b) Supervise the Internship of medication certification candidates who have successfully completed a Basic Certification course and exam.

- c) Supervise and document the candidate's medication administration skills as part of the internship process (See Checklist B).
  - d) Sign the Internship Verification Form indicating a candidate's successful completion of all components of the internship. (See appendix)
  - e) Maintain documentation of all medication program supervision, internships and annual supervision of medication certified staff.
  - f) Make this documentation available for review by the Department of Children and Families upon request.
- Quarterly, the supervising registered nurse or 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.
  - a) Forms for documentation of these reviews are available on line and in the Forms section of this handbook (see Quarterly Review of Medication Policy and Procedures by Licensed Nurse and Quarterly Review of Medication Administration Continuing Education).
  - b) Documentation of these reviews is to be kept at the facility and made available to the DCF upon request.
- Continuing Education Offerings.
  - o Quarterly trainings should be related to safe medication administration and should include(but are not limited to):
    - Properly accessing the chain of command and when to do so
    - Correct medication administration procedure
    - Proper documentation
    - Medication administration techniques
    - Updates in practice including new medications
    - Ordering and receiving medications from the pharmacy
    - Storage and documentation of controlled medications
    - Specific areas identified by Risk Management and/or quality assurance reviews.

## Section III

# DCF Medication Administration Certification Training



# DCF Medication Certification Training

For non-medically licensed staff of DCF licensed or operated child caring facilities, DCF offers a Basic course in medication administration and a Recertification refresher review. Each is described in the following pages.

## Basic Certification Course

The Basic course is designed to initially prepare non-medically licensed staff with the skills to safely administer medications to children in DCF licensed or operated child caring facilities. The Basic certification requires 1) satisfactory attendance for classroom instruction, 2) skills verification, 3) passing a written exam and 4) successfully completing an internship at the employing facility.

The Basic certification course is conducted by a DCF nurse instructor or by a facility employed or contracted licensed medical personnel endorsed as an instructor by DCF.

### **Eligibility:**

The goal of the training is to teach safe medication administration principles and practices. Facility directors and participants must understand that the course is fast-paced and technical.

- Participants must be employed by a DCF licensed or operated child caring facility or extended day treatment center.
- Participants must be recommended by their facility director or designee as indicated by a completed, signed course registration form.
- Participants must have a high school diploma or equivalent; in the absence of a diploma or equivalent, the director of the employing facility must approve the person's eligibility. A copy of this approval must be placed in the employees file and available upon request.
- Participants must be capable of reading and understanding complex information and be able to perform basic math calculations.

### **Basic Certification Course Components:**

1. **Class time** – Classes are scheduled to take place over several days and will consist of approximately 24 hours of class time.

- Participants may not miss more than **four hours** of class time to remain eligible to take the written exam.

2. **Skills Verification** - Specific skills necessary for safe medication administration will be taught during class. Participants must be able to demonstrate those skills correctly before sitting for the written exam.
3. **Written Exam** – multiple choice, true/false, matching and fill in the blank questions.
  - A score of 85% or better is required to pass the written exam.
  - Participants who fail the exam on their first attempt may retake the exam one time.
  - Those who fail a second time must retake the entire Basic course before testing for a third time.
  - Those who fail three exams consecutively are not eligible to pursue DCF medication administration certification for 5 years from the date of last failed exam.
4. **Internship** – *Purpose:* Upon successful completion of the course, skills verification and the written exam, participants must complete an internship under the supervision of the facility director or designee and program nurse. The purpose of the internship is to provide the participants with the opportunity to practice and apply the skills learned in the Basic Medication Class in their own work setting. It also allows them to strengthen those skills and gain the confidence they need to competently and safely administer medications. The facility will provide the staff adequate time to complete this internship.
  - The Internship must progress in the following order and include at a minimum:
    1. A thorough orientation to facility medication policy and procedure.
    2. Observation of experienced medication certified staff or program nurse during at least two complete medication passes
    3. An evaluation by the program nurse of the candidate's medication administration skills. The program nurse will determine if the candidate may progress to the next step of the internship or if further supervision and training is required. (See Checklist B)
    4. Performing two complete medications passes with direct, immediate supervision by the program nurse or an experienced medication certified staff person.

5. *The internship must be successfully completed within 90-days of passing the written exam.*
    - a. **Candidates who do not successfully complete the internship within the 90-day timeframe must re-take the entire Basic certification course and pass the written exam before attempting the internship again.**
  6. Successful completion of the Internship is indicated by the signatures of the candidate, the program nurse and the program director on the Internship Verification Form.
  7. The internship checklist is in the *Forms* section of this handbook. (See Medication Certification Internship Skills Checklist, Medication Administration On-Site Test Checklist B, and Internship Verification Form)
  - For the purposes of the internship, *a complete medication pass* refers to the time period during which medications are routinely administered to all the children at a given medication pass - preferably a medication pass that the medication certified staff will routinely be conducting after they become certified.
    - **For example: If, when the employee becomes certified, he/she will be responsible for 7:00 am medication passes, the internship shadowing experiences should be for an entire 7:00 medication pass and include all the children receiving medication during that pass.**
  - The intention of the internship is to provide ample opportunity for medication certification candidates to experience how the activity and responsibilities of medication administration fit into their other child-caring responsibilities.

## **Internship**

### **Basic Certification 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 for handling of medication for visits away from the facility.
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.

## **ISSUANCE of a CERTIFICATE –**

Upon receipt of the signed Internship Verification form, the DCF Medication Administration Program will issue a certificate. Only forms that have been signed and dated by the 1) certification candidate 2) the program nurse and 3) the program director or administrator will be processed.

Internship Verification Forms must be signed and dated within 90 days of the date of the passed written exam.

**Newly certified staff may not administer medication until the facility receives the individual's certificate from the DCF medication administration program.**

The original certificate should be given to the staff person after copies are made for the facility records.

***Due to the volume of certificates needing processing,  
replacements for lost certificates are not available.***

## **Annual Observation of Medication Administration Skills**

Annually, the facility nurse must perform the "Annual observation of Medication Administration skills". This involves visually observing medication certified staff to make sure they are in compliance with the DCF medication administration procedure. The "Checklist B" is used to document this observation. The annual observation is done the month of, but no more than 30 days, of the one year anniversary of the employee's certification. It must then be done yearly thereafter

### **Example:**

1. Employee is certified January 15<sup>th</sup> 2010.
2. Annual onsite must be done in the month of January, 2011 but no later than February 15<sup>th</sup>, 2011.
3. Facilities may then coincide the next *Annual Observation of Medication Administration Skills* with the employees 2012 recertification.

## **Recertification**

### **Eligibility:**

Recertification for medication administration is required every two years. Medication certified staff currently employed at a DCF licensed or operated child caring facility *and* whose certification is in good standing may recertify. The recertification exam must be completed before the certificate's expiration date. Staff may recertify any time before the expiration date.

- Staff whose DCF Medication Certification is under suspension may not recertify until the suspension is lifted. If the certificate expires while under suspension, the employee is no longer medication certified and must retake and pass the Basic Medication Administration class. The staff will be required to successfully complete **all** the steps for Basic certification.
- **Staff who allow their certifications to expire may not administer medications until they have become certified again. Exceptions are not made.**
  - See page 32 for options to regain certification following a lapse in recertification

### **Recertification Course Components:**

- **Self Study** – Participants are expected to prepare themselves for the Recertification exam. Materials are available on the DCF Medication Administration webpage. Endorsed instructors and supervising nurses are encouraged to offer comprehensive reviews for their staff needing recertification.
  - ❖ **Optional Review Class** – A brief review of essential learner objectives is offered every month by the DCF Medication Administration training program. Consult the schedule posted on the program's webpage for dates and locations.
- **Mandatory Written Exam** –
  - ❖ A passing score of 85% or better is required to be recertified in medication administration.
  - ❖ The exam is based on learner objectives and consists of multiple choices, true/false, matching and fill-in-the-blank questions.

- **Issuance of a Certificate** - A new certificate effective for two years will be issued to those who pass the Recertification exam. The original certificate is to be given to the staff person after copies are made for facility records.

#### **If a participant fails the DCF Recertification Exam**

Anyone who fails the DCF Recertification exam is no longer DCF medication certified immediately upon failure and notification of the failure is made to the participant's employing facility. He or she may not administer medications.

## **Obtaining DCF Medication Administration Certification after Failing a Recertification Exam or allowing certificate to expire:**

A DCF Medication Certified staff person who fails the Recertification Exam or who allows his or her DCF Medication Certification to expire is no longer certified and has the following options:

1. Attend and complete the entire DCF Basic certification course and skills, pass the written exam with an 85% or better **and** complete the internship.  
**OR**
2. Independently study the Basic DCF Medication Administration curriculum, then pass the written exam with at least an 85% on his or her first attempt and must complete the internship.

Independent preparation for the Basic Exam is an option only if all of the following apply to the individual's situation:

1. He or she remains employed at the DCF licensed or operated program at which he or she was employed at the time of failing the exam or allowing certification to expire.  
**AND**
2. The employing facility's director recommends and registers the individual for a written Basic exam.  
**AND**
3. The individual attempts the Basic Exam by the end of the month immediately after the month the person failed or allowed certification to expire. (Example: Staff fails the Recert exam in February 2011. He must self prepare and pass the written Basic exam on his first attempt before March 31, 2011 or be required to complete a full Basic certification course before testing.)

After passing the Basic written exam with an 85% or better on his or her first attempt, he or she must then complete the internship at the same employing facility to become DCF Medication Certified.

**Persons who have changed employers after failing a Recertification exam must attend and complete the entire DCF Basic certification course. New employer must send in signed registration form recommending employee for certification. Independent preparation for the Basic exam is not an option.**

## **REGISTRATION PROCEDURE**

### **For DCF-offered Basic courses, Recertification reviews and Exams**

The current schedule of Basic courses, Recertification reviews and open exams is posted on the DCF Medication Administration webpage. Directors, nurses and prospective students should review this schedule in anticipation of training needs.

Registration forms are accessible for downloading and printing from the Medication Administration webpage.

Registration forms must be completed with the candidate's name, facility name and address, class/exam date and time information, and then be signed by the facility director or designee. The email address of the director or facility contact person should also be included so that confirmation of enrollment can be sent to the appropriate person.

Registration forms may be mailed or faxed to DCF. The mailing address and fax number are on the registration form. (See Forms Section of this Handbook).

#### **Registering for a Basic Certification Course Offered by DCF:**

1. Registration for a Basic certification course closes two weeks before the first day of the course.
  - a. State regulation requires that any potential participant in DCF Medication Administration training be employed by a DCF licensed or operated child caring facility or extended day treatment program.
  - b. A registration form must be signed by the program director or designee and submitted to the DCF training program for anyone wishing to register for a DCF Medication Administration training course.
  - c. **IMPORTANT NOTE: Submitting a registration form does not automatically enroll an employee in a class.**
  - d. The DCF Medication Administration program will email a Confirmation of Enrollment notice to the identified facility contact two weeks prior to the start of class.
  - e. Only people whose enrollment in the class has been confirmed should be sent to class. People who are not on the instructor's enrolled participant list will not be admitted to class.

- f. Basic classes reach maximum capacity quickly and waiting lists are created. If the confirmed employee will no longer be attending the class, the facility must contact the DCF Medication Administration Program as soon as possible. Facilities may **not** send another employee in their place without discussing with, and receiving a new confirmation from a DCF Medication Administration representative.
- g. For Basic certification courses, a maximum of two employees per Agency/Program may register for a course. Exceptions will be made if space permits.
- h. Notification of any employee placed on the class wait list will be made to the identified facility contact.

### **Registering for Recertification Review and/or Exam**

1. Medication certified staff must pass the Recertification exam before their certificates expire. Consult the schedule for Reviews and exams on the DCF Medication Administration webpage.
2. No limits are placed on the number of employees from a program who can register for a Recertification review.
3. The Recertification review class is optional; however, medication certified staff is strongly encouraged to attend.
4. Staff wishing to take the Recertification exam without a review may be registered for any exam that is offered before their certificate expires.
5. Confirmations are not sent for exam-only registrations. Programs may contact the Medication Program to confirm that exam registrations have been received and that their staff is on the exam list.
6. Photo ID is required for entrance into exam sites and to verify eligibility for exam.

### **Registering for Exams Only**

#### **Eligibility:**

- Staff who have completed a Basic Medication Certification course with either a DCF Endorsed Instructor, or a facility employed or contracted Endorsed Instructor,
- staff who have failed a Basic exam one time,

- staff who have failed a second time and have re-taken the Basic Medication Certification course with a DCF, facility employed or contracted Endorsed Instructor
- staff who wish to Recertify without attending the Review or
- staff who have independently prepared for the Basic exam after failing the Recertification exam or allowed their certification to expire. The Basic exam must be attempted by the end of the month immediately following the month the Recertification exam was failed or certificate expired.

**Consult the DCF Medication Administration webpage for dates and locations.**

[www.ct.gov/DCF](http://www.ct.gov/DCF)

Click on:

- Programs and Services: *then*
  - Continuous Quality Improvement: *then*
  - **Medication Administration**
1. The registration form must be completed with the necessary information and then signed by the program director or designee and sent to the DCF Medication Administration program.
  2. Registrations for exams must be received by the DCF Medication Administration program at least one full business day before the exam date.
  3. Confirmations are not sent for exam-only registrations. Programs may contact the Medication Program to confirm that exam registrations have been received and that their staff is on the exam list.
  4. Exams will not be corrected for any person who does not have a signed exam registration form on file with the DCF Medication Training Program.
  5. Photo ID is required for entrance into exam sites and to verify eligibility for exam.

## **New Employees with Current DCF Medication Certification**

If a newly hired employee presents a DCF Medication Administration certificate, the facility **MUST** verify the status of that certificate, and provide a thorough orientation to the facility's medication administration policies and procedures before the new employee is permitted to administer medications independently.

Facility Responsibilities:

- Obtain a copy of the employee's current DCF Medication Administration Certificate for facility records.
- 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.
- Conduct an internship.
- Maintain documentation at the facility of the orientation and internship. Do not send this documentation to the DCF Medication Administration Training Program.

## **Dress Code**

DCF Classes and exams are held in professional office buildings and other State Agencies. We are asking for employees of DCF licensed child caring facilities who are attending a DCF sponsored class or exam to follow similar guidelines that DCF employees are expected to follow.

...employees shall wear clothing which:

- is neat, clean and appropriate for the type of job;
- is free of rips, tears
- not tight, form-fitting, see-through, low-cut or too short.

Blue jeans if they do not establish an unprofessional or recreational appearance.

Some examples of inappropriate attire include, but are not limited to:

- cutoff shorts
- clothing with offensive or suggestive slogans or messages
- tight stretch pants, leggings or any spandex item of clothing
- crop tops or halter tops
- hemlines which are too short or revealing
- gym sweats
- beach or recreational wear

## **Mandatory and Continuing Education Requirements**

DCF regulation requires the facility licensed medical professional (RN, LPN, APRN, PA or MD) to provide specific training for both non-certified and DCF Medication certified staff.

### **Mandatory Training for all staff**

- Annual Emergency Medication Administration - Epi-pens and Asthma Rescue Medication.
  - This training must be provided at least annually and whenever necessary to maintain a safe environment for children.

### **Continuing Education for Medication Certified Staff**

***DCF Reg: 17a-145-75 (d): "There shall be periodic reviews and updating of staff's knowledge about medications and other treatments and their administration."***

***DCF Reg: 17a-6(g) -16 (c): "Day programs and residential facilities shall provide continuing education on administration of medication to trained person staff members."***

Facility nurses and/or appropriate personnel must offer continuing education opportunities for DCF medication certified staff. The facility nurse must document on a quarterly basis all continued education opportunities offered in the past 3 months. See Forms section for suggested form to document quarterly offerings.

DCF Medication Certified staff has an obligation to maintain their skills and knowledge in safe medication administration and are expected to attend facility sponsored continuing education offerings whenever possible.

Facilities must maintain documentation and attendance of trainings.

### **Continuing Education topics shall include but not be limited to:**

- Medication updates - uses, side effects, precautions
- Safe storage and handling procedures
- Review of medication administration procedure and techniques
- Accessing the Chain of Command: who and when
- Reporting medication incidents
- Documentation
- Policy updates

## **Endorsed Instructor Training**

DCF Nurse Clinical Instructors and Endorsed Instructors (EI) may teach a Medication Administration Certification course.

Licensed nurses (LPNs, RNs, and APRNs), pharmacists, or physicians who have completed the Endorsed Instructor Training Program and have been approved by DCF may teach any certification course at their employing facility or a contracted DCF licensed facility. Endorsed Instructor training is offered periodically through the year by the DCF Medication Training Program. Announcements of upcoming EI training classes are sent via email to nurses and program directors.

### **Description of Endorsed Instructor Training**

Endorsed Instructor (EI) training is a 3-day training for nurses and other medical professionals allowed by Connecticut law to become instructors for the Medication Certification training. The training includes:

- Adult Learning Principles
- Effective presentation and training skills
- Overview of the Learning Objectives, Skills Verification of the Basic Certification Course and strategies to encourage participation and success
- Opportunities to practice effective presentation and training skills
- Opportunities to assess, implement and evaluate the instructor-candidate's training styles and skills

## **SPECIAL ACCOMMODATIONS**

The Department of Children and Families recognizes its legal obligation to meet the learning needs of medication certification candidates who have disabilities including documented learning disabilities or special needs. Participants requesting special accommodations must submit to the Medication Administration Training program appropriate documentation as required by law. Training program representatives will consult with DCF specialists in the requirements and applicable laws regarding the American's with Disabilities Act.

Submit requests and documentation as soon as possible so that timely responses can be made.

For further details and information please refer to the following statutes:

[Section 504 of the Rehabilitation Act of 1973.](#)

[42 U.S.C. Section 12101 et seq. of the Americans with Disabilities Act of 1990.](#)

## Section IV

# Facility Implementation Guidelines



## **Medications at Admission to a DCF Licensed or Operated Child Caring Facility or Extended Day Treatment Program**

- DCF Social Worker is responsible for coordinating all aspect of child admission to facility.
- Social Worker must contact admitting facility to discuss what is required for medication and medical care and make sure all necessary equipment is available upon admission.
  - A written licensed practitioners order for medication must be available before any medication (including over the counter medication) is administered to a child in a DCF Licensed or operated group home, safe home or residential facility including extended day treatment.
  - If the social worker obtains a new written prescription or order from the licensed practitioner, the social worker must contact the admitting facility for direction about whether the prescription should be filled at a pharmacy before bringing the child to the admitting facility. **If the prescription is filled at a pharmacy prior to admission - social worker must bring a copy of the prescription.** Many admitting facilities will prefer to have the prescription filled at their own affiliated pharmacy.
- DCF medication certified staff and licensed nurses (RNs and LPNs) cannot administer medication to anyone without a current licensed practitioner's prescription or order on hand.

Sources for licensed practitioner's orders:

- The licensed practitioner who prescribed the medication. The name of this practitioner may be found on the medication's pharmacy label.
- The child's primary care provider (PCP)
- The pharmacy that filled the medication prescription.
- The health office of the child's school or day care center.
- The child's parent or guardian.

Resources for assistance with medications and/or obtaining an order:

Health Advocates - DCF specialists in health insurance who may be able to help with medication issues involving insurance or payment. A current list of DCF Health Advocates is available at: <http://www.ct.gov/dcf/cwp/view.asp?a=2558&q=314348>

DCF Hotline - 1-800-842-2288

## **When a child transfers from one DCF licensed facility to another DCF licensed facility**

- For children who are transferring from one DCF licensed program to another, a copy of all current medication licensed practitioner's orders and the corresponding medications must be provided by the discharging program and may be used by the admitting program.
- To help ensure a secure transfer of medications from one facility to another, a Transfer of Medication form should be used to document all medications released by the discharging facility to transfer to the admitting facility. This form will indicate who prepared the medications for release, who accepted the medications for transfer and who accepted the medications at the admitting facility. (see Forms Section for an example)

## **When a child is admitted into a DCF licensed facility from home or foster home**

- The DCF social worker has the responsibility to obtain signed copies of licensed practitioner's orders for all medications the child is currently prescribed.
- If the social workers bring in bottles or containers of medication from the child's home or foster home, the admitting facility may use these medications only after getting permission from a licensed practitioner or pharmacist who can confirm the contents of the medication containers.
  - Permission to use these medications must be documented in the child's record and include the date and contacts.

## **After-Hours or Emergency Admissions**

- In the event of an after hours or emergency admission, the DCF social worker must make every effort to obtain licensed practitioner's orders for any medication a child has. Sources for these orders are noted in the previous section.
- The child will not be able to be administered his medications without current licensed practitioner's orders .

- If orders are unavailable at the time of admission, the social worker and/or the admitting facility staff must call the DCF Hotline to report the situation. The DCF Hotline can contact the on-call Physician to explore options for obtaining orders for the child medication.
- ***The on-call physician will offer direction, but should not be expected to provide orders for the child.***

## DCF Hotline – 1-800-842-2288

A written licensed practitioner's medication order must be available before any medication is administered to a child in a DCF licensed or operated group home, safe home or residential facility or extended day program. DCF medication certified staff and licensed nurses (RNs and LPNs) cannot administer medications to anyone without a current licensed practitioner's order.

## **DCF MEDICATION ADMINISTRATION PROCEDURE**

The DCF Medication Administration Procedure is a step by step process that is the foundation for safe medication administration. It is the procedure that is taught in the DCF Medication Administration Certification training course. DCF Medication Certified staff must follow the steps of the procedure every time they administer medication to a child.

Facility policy and procedure require medication certified staff to consistently adhere to this procedure.

Variations of the medication administration procedure that compromise children's safety or do not allow for complete checking of the five rights on the licensed practitioner's order, the MAR and pharmacy labeled medication are not permitted.

The DCF Medication Administration Procedure is a step by step process that must be followed every time medication is administered to a child.

### **The DCF Medication Administration Procedure**

- Approach the task in a calm manner allowing no distractions
- Wash hands before and after medication administration
- Assemble appropriate equipment - licensed practitioner's orders, MARs, cups, gloves, etc.
- Perform the Rule of Three:
  - First Check: Compare the Licensed practitioner's order with the pharmacy label to see that the 5 Practitioner Rights match
  - Second Check: Compare the pharmacy label to the MAR to see that the 5 Rights match
  - Third Check: Compare the MAR with the licensed practitioner's order to see that the 5 Rights match
- Pour the correct dose of medication
- Identify the correct child
- Administer the medication properly utilizing the proper techniques.

- For oral medication: perform a mouth check to ensure that the medication has been swallowed
- Document appropriately on the medication administration record
- Return the medication to the locked area and clean up

## The Three Documents Necessary for Safe Medication Administration

Before any medication may be administered, the following documents must be present so that the Five Rights may be checked using the Rule of Three:

1. Licensed practitioner's **order for the medication**
2. Pharmacy **label** on properly dispensed medication
3. Completed medication administration record (**MAR**)

### The Licensed Practitioner's Order

The licensed practitioner's order is written by a medical professional who is licensed to medically assess a child, make a diagnosis and then prescribe medication and treatment. A licensed practitioner's order may also be referred to as a **prescription** or **doctor's order**.

1. A licensed practitioner's written order must include 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.
  - The order must contain parameters for PRN use (see PRN medication section for further detail)
  - Orders must contain specific intervals of time for administration
    - **Incorrect:** Tylenol 650 mg PO PRN **Q 4 - 6 hours** for headache
    - **Correct:** Tylenol 650 mg PO PRN **Q 6 hours** for headache
  - The order MUST contain specific amounts to be administered, may NOT contain a range that requires an assessment/decision by certified staff
  - **Examples:**
    - **Incorrect:** Tylenol 325 mg, **One or two tablets** Q 4 hours PRN headache
    - **Correct:** Tylenol **650 mg** po Q 4 hours PRN for C/O headache

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 order must be accessible to staff whenever medications are administered.
- DCF strongly recommends that the original or a copy of the order be kept with the MAR.
- **Any change in the child's time and/or dosage requires a new licensed practitioners order and must be documented on the MAR/ Kardex. (see policy on "Prescription Changes")**

**Acceptable forms of a licensed practitioners order:**

- Original, copy or faxed signed licensed practitioner's order
  - (See guidelines for authenticity of electronic and faxed orders: (Section IV page 21)
- Copy of the original signed prescription from the pharmacy where the prescription was filled
- Doctor's Order Sheet signed by the licensed practitioner
- Inter-agency referral form (such as a W-10), signed by the licensed practitioner
- Telephone orders can legally be accepted only by a pharmacist or a nurse.
  - Facility policy must identify the time-frame during which licensed practitioners must co-sign any telephone order. Must not exceed 30 days.
  - A licensed practitioner's written order must include 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.
- Electronic Prescriptions
- 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 order must include 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.
- For PRN or as needed medications, orders must include the indication for use and the interval of time that must occur between doses.  
Refer to the sections on **PRN Medications** and on **Standing Orders**

- LPN scope of nursing practice requires the LPN to review any telephone order with the supervising RN before beginning a medication or treatment that *reflects a change* in the child's plan of care (e.g. new medication). Please refer to the appendix Scope of Nursing Practice, LPN.

## **As Needed (PRN) Medications**

- **Definition:** PRN medications are medications the licensed practitioner has prescribed to be administered only when the child needs them to treat specific symptoms when they arise.
- All medication orders must be renewed quarterly or every 90 days
- Orders MUST contain specific time intervals for administration

**Example: Tylenol 650 mg PO PRN Q 4 hours -  
(May not read Q 4-6 hours)**

- **DCF Medication certified staff and LPNs cannot make medical assessments about a child's need for a PRN medication.**
  - Licensed practitioner's orders for PRN medication must include objective indications for use that do not require assessment prior to administration.

**Example: Tylenol 650 mg po PRN Q 4 Hours**

**For complaint of headache or for fever over 101.0 F**

- Orders must also indicate when the licensed practitioner must be called if symptoms persist or get worse.  
The observed indication must be documented when the PRN medication is administered.
- PRN medication administration must be documented on the child's individual, medication specific MAR that must include:
  - the 5 rights,
  - list the child's allergies if any, and
  - the date and time the medication was given
  - the reason (indication) the medication was given
  - the outcome - the measurable results from the medication
- Refer to specific sections on PRN Asthma /Emergency medications and Psychotropic Medications

### **PRN Over the Counter (OTC) Internal Medications**

- OTC internal medications to be administered as needed (PRN) require individualized, child specific licensed practitioner's orders. They may be ordered via Individualized Standing orders.
  - Refer to *Individualized Standing Orders* section for further details.
- PRN OTC medications may only be administered from pharmacy dispensed or manufacturer's dispensed packages.
- The concentration of the medication must be indicated on the label and must allow for the correct dose to be administered according to the licensed practitioner's order.

### **Vitamins, Nutritional Supplements and Herbal Remedies**

Over-the-Counter (OTC) vitamins, nutritional supplements and herbal or alternative remedy preparations require a child specific, current licensed medical practitioner's order that identifies the medication and the dose, the route and time the medication is to be administered to the individual child.

Licensed practitioner's orders for any of the above preparations must be renewed every **90 days**.

### **Individualized STANDING ORDERS for PRN OTC**

1. Individualized Standing Orders are a set of instructions that may include over-the-counter (OTC) medications ordered for the specific child to be administered as needed (PRN) for common, expected symptoms of minor illness.
2. The number of OTC medications on the Standing Orders must be limited and not include more than one medication from a given class of medication.
3. Standing orders should not include ANY medication that require an assessment by a Licensed Practitioner prior to administration (i.e. Treatment for Scabies/Lice, Anti-fungal medication, PRN psychotropic medication)
4. Standing orders must include clear objective indications, dose and frequency of administration information. May NOT contain a range that requires an assessment/decision by certified staff

- Examples:
    - **Incorrect:** Tylenol 325 mg, One or two tablets Q 4 - 6 hours PRN headache
    - **Correct:** Tylenol 650 mg po Q 4 hours PRN for C/O headache and  
Tylenol 650 mg PO PRN Q 4 hours
5. Standing orders must include direction about when to contact the nurse and/or licensed practitioner for further evaluation if symptoms persist or get worse.
  6. Standing orders must include the maximum number of doses that may be administered in a 24 hour period, i.e., NTE (not to exceed) direction.
  7. All Standing Orders must be reviewed and signed by a licensed practitioner every 90 days.
  8. The child's allergies must be listed on Standing Orders. If the child has no known allergies, this must be indicated.

## **Over The Counter Topical Preparations**

- Over the counter topical preparations may be administered to children according to a general facility policy reviewed and approved by a licensed medical practitioner. These OTC topical preparations must appropriately meet the children's needs and able to be safely applied by the facility staff.
  1. Facility policy must specifically identify the OTC preparations including strength, indication, frequency of administration, and when to contact the chain of command or licensed medical practitioner for direction.
  2. The list of OTC topical preparations must indicate the active ingredient of the topical preparation (e.g., SPF 30).
  3. The OTC topical preparation list and policy must be reviewed and renewed every 90 days by a licensed practitioner.
  4. Some examples of topical OTC medication include:
    - sunscreen
    - calamine lotion
    - antiseptic solutions
    - medicated powders
    - emollients
  5. Facility policy and procedure may permit non-medication certified staff to administer OTC topical preparations according to the manufacturer's directions and/or the licensed practitioner's directions.
  6. OTC topical preparations must be stored so that they are not accessible to children.

7. OTC topical preparation administration must be documented.
8. Children may self administer OTC topical medication as indicated by the licensed practitioner and facility policy.
  - Topical products containing alcohol cannot be kept in the child's room.
  - Topical products containing alcohol must be administered with direct staff supervision.
  - Facility staff must confirm with the child that he or she has self-administered his or her topical OTC preparation and document the child's reply.

## **Pediculocides and Scabicides**

Lice and scabies preparations may not be on the OTC Topical list. A licensed medical practitioner must make a positive diagnosis for lice and/or scabies and provide a child specific order before any lice or scabies preparation may be administered.

## **PRN Psychotropic Medication**

PRN psychotropic medications may only be prescribed and administered in DCF licensed child caring facilities under the following circumstances:

1. The child resides where there is 24 hour a day/7 day a week RN coverage in-house so that the RN may make an assessment of the child *in person* (not over the phone), administer the medication and make the follow-up assessment.

**OR**

2. The prescribing licensed practitioner is willing and able to be available 24/7 to accept telephone calls from non-medically licensed med cert staff and provide direction to the med cert staff about administering the PRN psychotropic. The psychiatrist must be aware the med cert staff cannot accept verbal orders: a written PRN order must already be in the child's record or the practitioner must fax a written order.

The RN cannot be required to make telephone assessments and then give medical direction over the telephone as this may be considered inappropriate delegation.

The med certified staff is not medically licensed and may not under any circumstance make a medical assessment.

Centralized Medication Consent Unit approval is required for any new psychotropic medication ordered for a child for whom DCF is the legal guardian.

## **INFORMED CONSENT for Psychiatric Medication**

Informed consent from the child's legal guardian is required before any psychiatric medication is administered to a child. The licensed medical practitioner who is prescribing the medication has the responsibility to obtain this consent.

When DCF is the legal guardian of the child (the child is committed to DCF), all consent requests for psychotropic medication must be submitted to the DCF Centralized Medication Consent Unit (CMCU). Please refer to the DCF Internet Webpage for current contact information and necessary documentation. [www.ct.gov/dcf](http://www.ct.gov/dcf)

If a committed child is transferred from one DCF Licensed Facility to another, the accepting facility must fill out the DCF 465 form to continue the medication. This form must be faxed to the CMCU. (1-877- 323-3780).

Facilities have a responsibility to maintain communication with the DCF Centralized Medication Consent Unit (CMCU) during the medication approval process for children for whom DCF is the legal guardian.

Young adults 18 and older who legally make their own decisions provide their own informed consent.

For young adults 18 and older who have a legal guardian other than DCF, informed consent must be obtained from that guardian.

## **Contraceptive Medications**

Contraceptive medications may only be administered by DCF medication administration certified or licensed medical staff according to a licensed practitioner's order.

- A. These medications must be kept in a locked, secure location accessible to DCF certified staff or licensed medical staff only.
- B. Licensed practitioners may write self-administer orders as appropriate for a specific client.
- C. Staff must ensure that clients who are prescribed contraceptive medications have their medications for home visits and are reminded to bring the medication back to the facility medication area or to a medication certified or licensed medical staff upon return.
- D. Practitioner orders must include written directions to follow in the event a dose is missed.
- F. Clients who obtain birth control counseling and medication independently must be instructed to request written orders from the licensed practitioner.

## **Verification of Electronic/Faxed Licensed Practitioners Orders**

The electronic transfer of prescription information includes the communication of prescription information by computer, fax, or other electronic means. It includes the transfer of original and refill prescriptions and the transfer of prescription information from one pharmacy to another pharmacy. With the exception of the Schedule II controlled medication, electronic prescriptions are acceptable without the license practitioner's original signature based on the Connecticut Comprehensive Drug Laws. All prescriptions still must contain the 5 rights; it is the responsibility of the pharmacist to verify the accuracy of the electronic prescription and "signature" before dispensing the medication. Three documents are still necessary in performing the 5 Rights and Rule of Three. A pharmacy generated document that has been verified by the pharmacist before dispensing is acceptable.

## **Medication Administration Records (MARs) or Kardexes**

- Medication Administration Records (MARs) are also known as Kardexes. They are the forms on which to document or record medication administration for one full calendar month. (i.e. October 2010, November 2010 etc.).
- Every child must have his or her own individual MAR(s).
- Facilities may utilize the DCF designed MAR (See appendix for samples), an adaptation of the DCF MAR or a preprinted, pharmacy issued MAR form.
- **All new medication orders must be reviewed and co-signed by a second med certified staff or licensed staff. If there is not a second med certified or licensed staff on at the time the first dose is scheduled to be administered it is the responsibility of the next available med certified or licensed staff to review the order and co-sign the MAR prior to next scheduled dose. As always Registered Nurses are responsible for reviewing all new orders for medication and must also sign the Kardex after reviewing the order.**
- All MAR's must include following:
  - The Five Rights: the child's name, the drug name and dose, time and route of administration that matches the practitioner's order.
  - The order's start and stop/renewal date.
  - **Co-signatures of Med Certified staff and RN's who have reviewed all new medication orders**

- Space to document every dose. This space must be sufficiently large enough for staff to identify themselves clearly.
  - Space for staff to identify their initials with their full names.
  - Space for staff to document the date, time, reason and outcome of the administration of PRN medications.
  - Space to note the child's allergies
- Documentation on MARs must be clearly written.
  - Preprinted MARs from the pharmacy are permitted.
  - Preprinted MARs must be checked against current orders before being put into use.
- The child's allergies to medications, food or environment must be noted.
- A second identifier (other than the child's name) must be included with the MAR such as date of birth. A photograph of the child must be available for additional safety in identifying the correct child.
- Facilities must have a standard procedure for indicating on MARs:
  - Changes in medication orders
  - Discontinued medication orders
  - Medications to be given for a specific period of time (e.g., an antibiotic ordered for 10 days)
  - How to document a new medication order if it begins in the middle of the month.
- Facility policy and procedure must have a list of facility standard abbreviations or codes that staff are required to use to indicate on the MAR the following unusual situations
  - Refused medications or held medications  
Detailed documentation must also be completed to describe the situation that led to the refusal or held medication including follow up.
  - Home visits/ LOAs
  - Hospital admissions

AWOLs or unauthorized absences

## **Pharmacy Labels**

Only medication that has been legally dispensed and clearly labeled may be administered to children in DCF licensed programs.

- Medication must be labeled by the dispensing pharmacy or licensed practitioner with the Five Rights and match the licensed practitioner's order.\*
- RNs, LPN, and medication certified staff may not dispense medications or label medications.
- The pharmacist may label the medication with additional directions and/or precautions.

\*Definition of Dispensing: Placing a medication into a container and labeling that container for someone else to administer the medication.

## **Prescription Changes**

When a licensed practitioner makes a change in a child's medication's dosage, time or frequency of administration, a properly labeled supply of medication must be obtained from the pharmacy.

1. The old order must be discontinued and a new order must be written
2. A new MAR must be written to reflect the new order.
3. The order must be taken/sent to the pharmacy for a properly labeled supply of medication
4. If the current supply of medication is to be used:
  - a) The medication and practitioner's order should be brought to the pharmacy for re-labeling
  - b) The licensed practitioner may prepare and affix a new label to reflect the new order

**Note:**

**Only a pharmacist or licensed practitioner may re-label medications.**

## **Utilizing Prescription Drug Samples**

At times, a child may receive sample packages of medication from his or her licensed practitioner. In order for these samples to be administered to the child, the following are required:

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. The container in which the drug samples will be stored must be labeled by the prescribing licensed 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 into the labeled envelope or pill bottle.
5. When the medication is to be administered, the envelope/bottle's label must 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.

CMCU approval is necessary for psychotropic medications prescribed to children for whom DCF is the legal guardian.

## **Storage of Prescription Drug Samples**

All medication ordered and administered must be labeled according to the DCF regulations stated on page 27 of this handbook. Only medication that is prescribed and labeled correctly may be accessible to DCF Med Certified staff. Any prescription drug samples not in use and not labeled for a specific child must be stored in an area that is locked and accessible only to Licensed Practitioners or Pharmacists. Any controlled medication must be stored according to the DCF Policy for storage of controlled medication located on page 36.

## **Pre-pouring Medications**

**THE DEPARTMENT OF CHILDREN AND FAMILIES DOES NOT PERMIT THE PRACTICE OF PRE-POURING MEDICATIONS.**

1. The DCF Medication Administration Procedure has no allowance for pre-pouring medication.
2. Medication errors are likely to occur when practitioner's orders and medications cannot be verified immediately before medication is actually administered to a child.
3. Medications cannot be readily or safely maintained once they are pre-poured.
4. Only the person who prepared the medication by following the Medication Administration procedure and checking the Five Rights against the licensed practitioner's order, the MAR and the pharmacy label can administer the medication.
5. Under NO circumstances can a med certified staff sign off on administering a medication before it has been given.
6. Under NO circumstances can an RN or LPN pre-pour a medication for a Med Certified Staff

## **DOCUMENTATION**

### **General Rules of Documentation**

The general rules of documentation apply to medication administration and any documentation of the care delivered to children.

1. Use permanent ink pens. Do not document in pencil or erasable pens. Blue or black ink is preferred for medical and medication documentation.
2. Write legibly.
3. Use only approved abbreviations. Please refer to the appendix for a list of currently approved abbreviations in medication administration.
4. Do not attempt to obliterate a documentation mistake. Do not use white-out. If you make a mistake in documentation, draw a single line through the mistake, write your initials and date above it.
5. Note the date and time on all documents.
6. Sign all documentation with full name and title.
  - a. The only exception to this is on the MAR where initials are used to indicate that medication was administered at a specific time.
  - b. MAR documentation must include an area where staff may identify their initials with their full name.
7. Use full, proper names and titles when documenting about contacts.
8. To protect children's confidentiality, do not use one child's full name in another child's record.

### **Controlled Medications**

- Controlled medications are those medications that are potentially addictive or abused.
- The controlled medications must be stored in a double locked storage system.
- An inventory of all controlled medications in the facility must be maintained.
- The control medication keys **must** be carried by the medication certified staff person or licensed medical person responsible for medication administration.

## **Controlled Medication Inventory (Controlled Medication Count)**

- When a controlled medication is administered, the remaining amount of medication must be documented on that medication's disposition sheet or record of use sheet.
- **All the controlled medication must be counted each time the responsibility for safeguarding and administering medications is transferred from one DCF medication certified staff person or medically licensed staff person to another.**
- Both staff people must count the controlled medications together.
- The documented count is compared to the actual amount on hand for each controlled medication.
- If the documented count and the actual amount match for each controlled medication both staff will sign the shift count sheet and the keys transferred to the person assuming responsibility.
- If the documented amount and the actual amount do not match, the chain of command must be immediately notified and facility policy and DCF reporting guidelines followed.
- Facilities may develop a policy and procedure that allows non-certified staff to witness controlled medication inventory counts in the absence of a second DCF medication certified or licensed medical staff person.
  - Med certified and licensed staff may utilize non-certified staff to be a witness and provide VISUAL VERIFICATION ONLY when doing the controlled drug count.
  - Staff who are not DCF medication certified or medically licensed must not have access to the medication keys or have access to or handle medications.
  - "*Witness Only*" must be written next to the signature of the non-certified staff name.

See "*Reporting a Discrepancy in the Controlled Medications Inventory Count*" for additional information.

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

## **Controlled Medication Documentation Terms:**

**Shift count sheet** - document used to record that the controlled medications were counted at the change of shift and/or the transfer of responsibility for medication administration. The date and time that the control medication inventory count was completed is noted and the two staff who performed the inventory count sign that the count is correct: The signature indicates that the actual amount of controlled medication in the controlled medication storage container is the same as the amount noted on the Record of Use or Disposition Sheet.

**Record of Use Sheet or Disposition Sheet** - every controlled medication package must have its own *Record of Use Sheet or Disposition Sheet* that includes the name of the medication, the amount of medication dispensed, the concentration and the pharmacy controlled medication number. Pharmacies will send such a document with controlled medications. Whenever a controlled medication is administered, the medication certified staff or nurse documents the date, time and amount administered and records the amount of medication remaining in that package.

## **Reporting a Discrepancy in the Controlled Medications Inventory Count**

In the event of a discrepancy in the count of controlled medications the following must occur:

Assure the safety and welfare of the children.

- The staff persons involved must immediately contact the facility chain of command.
- DCF Medication Incident/Error form must be completed and sent via email or fax to the DCF Risk Management unit within 12 hours of discovering the discrepancy.
  - [DCF.Riskmanagement@ct.gov](mailto:DCF.Riskmanagement@ct.gov) or fax: 860-550-6482
- Send a copy of the incident report to:

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

- Follow facility specific policy and procedure about further required documentation reporting, investigation and corrective actions.
- If a DCF medication certified staff person's certification is suspended as a result of the discrepancy, inform the DCF Medication Administration Training Program so that the suspension may be documented in the Training Program database.

## **Medication Storage and Control**

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

**Medications must be stored so they are accessible only to medication certified and medically licensed staff.**

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

### **Medication Keys**

State law and regulation require that medications be locked and only accessible to medication certified staff or licensed medical staff. To ensure the safety of the children in care, the keys to the medication storage areas must be secure.

**At all times, the medication keys *must* be carried by an identified DCF medication certified staff person or licensed medical person on duty. ONLY in the absence of DCF medication certified staff or licensed medical staff may the keys be stored in a secure location that is accessible only to DCF medication certified or licensed medical staff**

The person who is carrying the keys has the responsibility to:

- Count the controlled medications with the DCF medication certified person or the licensed medical person who is relinquishing responsibility to him or her for the medications.
- Maintain the security of the medications at all times.
- Carry the medication keys for the duration of the time he or she is responsible for administering medications.

- Count the controlled medications with the DCF medication certified or licensed medical staff person who is taking over responsibility from him or her for medication administration.
- Medication keys must remain on facility grounds at all times.

*The key to the non-controlled medications must be on a separate key ring from one of the keys for the controlled medications. These keys must be carried separately.*

- Only one set of medication keys is to be available for use on site. For security purposes, any back up keys must be maintained off-site by a member of the senior administration. These keys are used only in the case of extreme emergency when the routine set of keys is unobtainable.
- Under no circumstances is it permissible for any person (nurse or program staff) to obtain and carry their own personal set of medication keys.
- If the staff person with the assigned medication responsibility leaves the program grounds with the keys, he or she must immediately return the keys to the program.
- Only in the absence of DCF medication certified staff or licensed medical staff may the keys be stored in a secure location that is accessible only to DCF medication certified or licensed medical staff.

The facility must have a policy and procedure for storing the medication keys in a secure location when no medication certified or licensed medical staff is on duty. This policy must explain the circumstances and identify the documentation that must be completed when keys are stored or accessed.

## **Storage of Non-controlled Medications**

Non-controlled medication must be stored in a cabinet or other storage container that is:

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

The medication administration certified staff or licensed medical staff person on duty who is responsible for medication administration must carry the medication keys at all times.

## **Storage of Controlled Medications**

Controlled medications are considered to be potentially addictive or easily abused. They require additional security measures to ensure children's safety. DCF Medication Administration policy regarding the storage of controlled medication reflects the current best practice outlined by the State of Connecticut Drug Control Laws.

- Controlled medications must be in a locked, immobile storage cabinet or container that holds only controlled medications. This storage container must then be within another locked immobile storage cabinet or container.
- Each storage container must have its own lock that is opened by its own key.
- The keys for the locks must be on separate key rings

The medication certified staff or a licensed medical staff who has the responsibility for medication administration that shift must carry the keys.

## **Storage of Refrigerated Medications**

1. Refrigerated medications must be accessible to only DCF medication certified staff or licensed medical staff.
  - If the refrigerator is in a locked room to which only medication certified or licensed medical staff has access the medication refrigerator does not require its own lock.
  - If the refrigerator is in an area to which all staff have access the refrigerator must have a lock. Only medication certified or licensed medical staff may have access to the key for this lock.
  - If refrigerated 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 must be 36 – 46 degrees F.
3. When refrigerated medications are being stored, the temperature of the refrigerator must be documented every day.
4. The medication refrigerator must be maintained so that it will be immediately operational if needed.

### **Storage of Internal and External (topical) medications**

Internal medications must be kept separate from External medications:

- Internal medications are kept on a different shelf or in a different cabinet or drawer than the external medications.

OR

- External medications are placed in plastic bins or baskets that are used for external medications only.
- Storage areas for external medications must be labeled, "For External Medications Only".

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

1. For the purposes of the DCF Medication Administration Handbook, emergency medications are Epi-pen ® auto injectors used for emergency treatment for severe allergic reactions or anaphylaxis and asthma rescue inhaled medications (bronchodilators) that are used to treat a child who is experiencing an asthma attack.
2. Emergency medications must be stored in a secure location where staff can easily access them
3. Pharmacy dispensed emergency medications must be labeled by the pharmacy with the Five Rights.
4. Emergency medications must be stored where they are not accessible to children.
5. Documentation must be completed when an emergency medication has been administered.

## **Where to Store Medication that needs to be destroyed**

Facility policy must have a policy that describes the procedure for the prompt destruction of medications that have been discontinued or expired or are for a child who has been discharged from the program. These medications must be separated from the routine, daily supply of medications as soon as possible and placed in a secure storage for prompt destruction.

- **Non-controlled Medications:**

Non-controlled medications that have been removed from the daily supply must be stored in a locked area that is labeled "*For Destruction*"

Medications removed for destruction must not be administered.

This secure storage could be within the regular locked medication cabinet or an available drawer in the locked medication cart.

The child's name, medication name, dose and amount of medication removed from the routine supply and placed in storage awaiting destruction must be documented. This documentation is to be kept with the medication.

Refer to the section Destroying Medications for the DCF policy and procedure requirements for the destruction of medications.

- **Controlled Medications:**

For security and liability reasons, controlled medications that have been discontinued or are otherwise no longer needed must remain in the controlled medication storage container and **counted** in accordance with DCF Medication Administration Guidelines until arrangements are made for their proper destruction.

Discontinued/expired controlled medications should be separated from the current controlled medications but stored within the controlled medication storage container.

Immediately contact Drug Control at the Department of Consumer Protection when controlled medications must be destroyed.

- **Destruction of Medications**

- Non-Controlled Medications**

- Facilities must have a policy and procedure for the prompt destruction of medications that are no longer needed or have expired.
    - Discontinued or expired medications must be destroyed as soon as possible.
    - Two DCF medication certified staff, two licensed medical staff or one certified and one licensed staff to destroy non-controlled medications.
    - A medication destruction log must be maintained that includes the following information for each medication destroyed:
      - 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 staff (as allowed) who destroyed the medications
      - Date of the destruction.
    - Facilities must have a safe and environmentally sound policy and procedure for the destruction of non-controlled medications.
    - If possible, medications should be returned to the dispensing pharmacy.
    - Refer to the current recommendations from the State of Connecticut Department of Environmental Protection for current direction about methods for the safe destruction of medications: <http://www.ct.gov/dep>
    - Contact the dispensing pharmacy for guidelines for destroying inhalers, aerosols and topical medications.
    - Never destroy or dispose of vaccines at the facility. Contact local health department or dispensing pharmacy for instructions.

### **Controlled Medications:**

- Licensed medical staff and DCF medication certified staff may not destroy controlled medications except with direct and explicit permission from a State of Connecticut Drug Control Division representative.
- Contact the Drug Control Division of the State of Connecticut Department of Consumer Protection when controlled medications need to be destroyed.
- Controlled medications that are pending destruction must be stored as any other controlled medication and be counted every shift.
- If specifically directed by a State of Connecticut Drug Control Division representative to destroy a controlled medication, DCF medication certified or licensed medical staff is responsible to provide and maintain copies of any and all documentation required by Drug Control Division. Documentation must include the name of the Drug Control representative who directed staff to destroy the controlled medication.
- Phone number: (860) 713-6065. <http://www.ct.gov/dcp>

## **Providing Medication during Facility Sponsored Outings**

Facilities must have a policy and procedure about how to safely manage medications for children during facility sponsored outings off grounds. The policy and procedure must at a minimum include the following guidelines:

- The following are acceptable options for providing medication to children during facility sponsored outings:
  - Schedule activities so that medications can be administered before leaving the facility and/or after returning. Medications may be administered one hour before or one hour after the scheduled medication time.
  - Consult with the licensed practitioner as per facility policy about adjusting the medication administration times to accommodate the off-grounds event.
  - The licensed practitioner may change administration times to accommodate the event.
  - Any such direction must be in writing from the licensed practitioner. All contacts must be documented.
  - Properly dispensed medication from the pharmacy.
  - If the pharmacy cannot dispense the medications, the medication certified staff who will be administering medications must be the person who prepares the medication for the trip and must be the person who will document upon return that the medications were administered.
    - Medications must be clearly labeled with child's name, the medication and dose, the route and time of administration.
    - Medication must be kept secure, locked and inaccessible to children and non-med certified staff
    - The medication certified staff responsible for administering the medication on the trip must also be responsible for maintaining the security of the medication during the outing - keys to the medication must be held by the med cert staff at all times.

## • LOA/Visit Medication

Facilities must develop a policy and procedure for providing medications to children who are preparing for a Leave of Absence.

- 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 LOA 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.

2. The facility supply/blister pack should not be routinely sent home with the exception of the following:
  - Topical medication
  - Inhalers
  - Time limited antibiotics
  - Birth control pills
  - Epi-pens
  - Liquid medications dispensed in such a way that the pharmacy cannot dispense a limited number of doses accurately.

If any facility supply of 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. The facility should have documentation signed by the parents that addresses the following:

- What medication was sent home?
- How the medication is going to be kept secure at home.
- Assurance that the medication will be returned with the child.

### Controlled Medication

- Facility supplies of controlled medications must never be sent on visits. Controlled medications must be properly dispensed with the limited amount of medication necessary for the length of the visit.

Methods for obtaining medications for visits include:

- The 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 when the medication is initially dispensed. One pack is dispensed for the facility and one pack to take on home visits.
- Licensed practitioner dispenses medications from the child’s facility supply into containers and labels the containers with the Five Rights.
- Licensed practitioner writes an order for a limited supply of medication to be dispensed at the child’s local pharmacy.

### **Preparing Transdermal Medications (Patches) for LOA/Visits**

Transdermal medications must be properly dispensed by a pharmacist or licensed medical practitioner.

- The pharmacist or licensed practitioner may remove from the facility supply sufficient number of patches for the length of the visit and label each patch with the Five Rights.

OR

- At the time the prescription is filled, the pharmacist may individually label each patch with the Five Rights so that every patch in the facility supply is labeled and available for LOA/visits.

## **Self-Administration of Medications**

At times it may be appropriate for children or young adults to self-administer medications especially when they are preparing for independent living. Careful consideration must be made to ensure the safety and well being of all the children and young adults in the program and to allow for adequate staff supervision of self-administration. Facilities that allow self-administration of medication must have a written policy and procedure regarding self-administration that has been approved by DCF. Facility policy may prohibit self-administration.

Self-Administration Policy must at the minimum include the following requirements:

1. The licensed practitioner must write a specific order for a child or young adult to self administer and/or carry medications.
2. Documentation of all self-administered medications must be maintained including current licensed practitioner's orders, MARs and pharmacy prepared labels.
3. All medications that are self-administered must be properly dispensed and labeled by a licensed pharmacist or licensed medical practitioner.
4. The safety of all the children in a facility must be maintained.
5. Medication must be kept inaccessible to other clients but be accessible to medication certified staff and licensed medical staff.
6. Self-administration must be suspended at any time safety is compromised.
7. Topical medications containing alcohol are not appropriate for self-administration and should be stored in a locked area accessible to staff only.

Facilities that allow self-administration must 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, identification of medication
- proper administration technique. This should include the child giving return demonstration
- contact information if questions or concerns arise.
- how to get prescriptions renewed.

8. All education provided must be documented.

## **Emergency Medications**

### **Emergency Inhalers and Epi-pen Auto injectors**

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

1. All facility staff with possible child-caring responsibilities and regardless of whether they are medication certified must 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 and personally assess the competency of individuals to administer emergency medications.
3. Documentation shall be maintained listing staff who have been successfully trained and deemed competent to administer Epi-pens and emergency inhalers.
4. Facilities must ensure that an adequate number of trained staff are available to provide emergency treatment with Epi-pens and/or inhalers on all shifts and outings.
5. Whenever appropriate, children should be taught to properly self-administer these emergency medications. The prescribing practitioner may write orders to allow 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.
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 must have an annual plan for Epi-pen and emergency inhaler training.
8. Documentation must be completed when an emergency medication has been administered. Facility policy and procedure must outline how this documentation is to be done.

## **Disciplinary Action for Performance Issues in Medication Administration**

Facilities must adopt written policies and procedures including disciplinary actions in the event that the performance of a medication administration certified staff 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.

Circumstances to be considered in determining corrective action can include:

- Impact on child safety
- Facility policies
- Individual's record related to medication administration
- Extenuating circumstances

# Section V

# Medication Error Reporting



## **Medication Errors**

Agency policies regarding medication administration errors shall include:

1. the mechanism for reporting to supervising nurse or physician and other designated individuals;
2. procedures for obtaining treatment for involved client;
3. corrective action to be taken if three (3) errors are made within 30 days
4. the method for tracking employees' errors and corrective actions taken, from the employee's date of certification to his or her annual certification evaluation and biennial recertification.

### Documentation of Medication Administration Errors

- The staff involved must complete a DCF **Medication Error Report/Medication Incident Report** by the end of the shift on which the error occurred or was discovered. The staff person involved must also write in the child's record an objective description of the event including the child's condition and any treatment.
- 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.
- The *Medication Error/Incident Report* must be sent to DCF Risk Management within 12 hours of the event.
  - Risk Management Fax: 1 860 550 6482
  - Risk Management Email: [DCF.Riskmanagement@ct.gov](mailto:DCF.Riskmanagement@ct.gov)

## **DCF Reporting Guidelines for Medication Errors**

The DCF licensed child caring or day program shall adopt a written policy which specifies the procedure for reporting errors in medication administration. The policy shall require that any medication error be reported immediately to the supervising nurse or prescribing physician. Policy shall also specify the procedures to be followed if medical treatment is required due to the error. Facility policy must also describe the corrective procedures to be followed if a medication certified staff person makes more than three (3) medication administration errors in a one-month period. These policies shall be approved by DCF.

### **Discussion**

Agencies shall develop policies and procedures which specify personnel actions to be taken in addressing errors in medication administration in the following classes:

#### **Class A - Documentation, security and supply errors**

- Failure to document according to procedures
- Failure to secure/maintain keys according to established procedures
- Failure to submit required documentation relative to medication errors
- Failure to order/document all medications ordered from pharmacy
- Failure to follow procedures to maintain an adequate supply of medications and required documentation

#### **Class B - Violation of the Five Rights or use of prohibited techniques:**

A **Class B** error has occurred if any of the following has been violated:

- Correct person
- Correct medication
- Correct dose
- Correct time
- Correct route

## **Class B Errors also include:**

- Use of prohibited techniques such as but not limited to medication certified staff accepting telephone or verbal medication orders, improper storage or destruction of medications, etc.
- Transcription errors resulting in the violation of one of the five rights.

## **Class C - Serious Errors**

- Errors resulting in death or serious injury to client, e.g. hospitalization, injury requiring treatment in a medical facility such as ER, clinic, or physician's office
- Errors resulting in the need for medical monitoring.
- Errors resulting in the need to adjust or change medications, doses or times of administration.

## **Prohibited practices such as but not limited to:**

- Falsification of medication administration records
- Falsification of certification paperwork
- Administration of medications without a valid medication certificate (e.g., certificate was suspended, revoked, expired, etc.)

## **Documentation and Reporting Medication Administration Errors:**

1. Any error in the administration of medication shall be documented in the client's record and an incident report completed by the end of the shift during which the error was discovered or occurred.
2. Class A errors are reported via the DCF Monthly Medication Administration Summary reports sent to DCF Risk Management (see Forms Section of the Handbook or the DCF Webpage)
3. The following errors require that a DCF Significant Event Report Form be filed with the DCF Risk Management unit within 12 hours of the event or its discovery:
  - a. Any medication error requiring a 911 call and the need for emergency medical treatment.
  - b. Any medication error resulting in the death of a child

4. Class B or C must be reported to the DCF Risk Management Unit:

- Call the DCF Risk Management Unit at (860)560-7095.
- Email the completed Significant Event Report form to DCF Risk Management ([DCF.RiskManagement@ct.gov](mailto:DCF.RiskManagement@ct.gov)) within 12 hours.
- Fax related incident reports to DCF Risk Management (860)550-6482.
- The child's social worker and legal guardian (if after hours, contact the DCF Hotline at 1-800-842-2288) must be notified. If appropriate the child's parent(s) should be contacted.
- Suspected abuse/neglect must be reported the DCF Hotline - 1-800-842-2288.
- Errors resulting in serious injury or death (Class C Errors) must be immediately reported to the DCF Medical Director and to the DCF Risk Management Unit.
- A thorough review of the event must be made and the facility's corrective action plan is to be forwarded to DCF Risk Management Unit within one week of the incident.
- Facility director or nurse must immediately suspend the medication certification of staff people involved in a Class C Medication Error pending final evaluation and resolution of the event in question.

Report any suspended certifications to the DCF Medication Administration Program.

## **Corrective Action for Medication Certified Staff involved in Medication Errors**

Facilities must have policy and procedures that describe the corrective action plan for medication certified staff who are involved in medication errors.

Considerations in determining corrective action:

- a. The impact the error made on the children's safety.
- b. The individual's performance record related to medication administration.
- c. Any contributing circumstances.

Medication certification must be immediately suspended for any staff person involved in a Class C medication error pending the results of the investigation.

The DCF Medication Administration Training Program must be notified immediately of any suspensions, and when suspensions are lifted.

Corrective action plans should include:

1. Explanation of Class A, Class B and Class C errors.
2. How the corrective action plan will be determined and implemented
3. Re-training plan appropriate to the level of error.
4. The expected performance outcome and/or skill to be demonstrated by the medication certified staff before certification can be expected to be reinstated.
5. The time frame of the re-training.
6. Ramifications if the expected performance outcomes are not met within the time-frame.
7. A review of the corrective action should be part of the internship orientation for medication certification candidates and of the annual onsite supervision by the program nurse

# **Section VI**

# **Contact Information and Forms/ Appendices**



## Contact Information

### Medication Administration Program

**FAX #: 860-550-6541**

Grace Pieta, RN, BS      [grace.pieta@ct.gov](mailto:grace.pieta@ct.gov)      860-550-6450

### Risk Management/Med Error Reporting

**FAX #: 860-920-3050**

[DCF.RISKMANAGEMENT@ct.gov](mailto:DCF.RISKMANAGEMENT@ct.gov)

Ann Kiwanuka, APRN      [ann.kiwanuka@ct.gov](mailto:ann.kiwanuka@ct.gov)      860-560-5092

DCF Careline      860-842-2288



## PRNS, REFUSALS OR HOLDS OF SCHEDULED MEDS

## **TRANSFER OF MEDICATION RECORD**

**Client's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Facility releasing the medications listed below: \_\_\_\_\_

If a client is being discharged or transferred, a copy of the current licensed practitioner's order for each medication listed below must be supplied with the medications.

Medications prepared for transfer by:

**Printed Name and Title**

---

### Signature and Date

I have received the above medications, pertinent instructions. If the client is being discharged or transferred from one unit or facility to another the copies of the current licensed practitioner's orders for each medication are present.

---

Signature of person accepting medications from facility noted above

Date

Signature of person accepting medications at admitting facility

---

Date

## **DOCUMENTATION OF QUARTERLY REVIEW OF MEDICATION POLICY AND PROCEDURES BY LICENSED NURSE and LICENSED PRACTITIONER**

*DCF regulation requires the licensed nurse and licensed practitioner review medication and medical policy and procedures on a quarterly basis. This form may be used to document those reviews if the facility does not have its own form or documentation method.*

### **FACILITY NAME:**

---

### **Policy and Procedure Manual Reviewed:**

Date: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Licensed Practitioner: \_\_\_\_\_

Comments - note any changes in policies or procedures this quarter:


### **Policy and Procedure Manual Reviewed:**

Date: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Licensed Practitioner: \_\_\_\_\_

Comments - note any changes in policies or procedures this quarter:


*Form may be used if the facility does not have another form or method of documenting the quarterly offerings. Records of staff who have attended CEs must be maintained.*

## **DOCUMENTATION OF QUARTERLY REVIEW OF MEDICATION ADMINISTRATION CONTINUING EDUCATION PROVIDED BY FACILITY NURSE**

*DCF regulation requires that continuing education (CE) be offered to medication certified staff, and that the facility nurse document every quarter any continuing education offerings. This*

**Facility Name:**

---

List of Topics Presented this Quarter:


---

Signature of Nurse

---

Date

List of Topics Presented this Quarter:


---

Signature of Nurse

---

Date

**All DCF Medication Administration Internships should incorporate the following Learning Objectives and meet the minimum criteria listed below.**

## **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

# Department of Children and Families Medication Administration Program

## Medication Certification Internship Skills Checklist

### 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
	• knowledge of 5 rights			
	• knowledge of 3 documents necessary for medication administration			
	• 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
	• patient medication storage			
	• internal and external medication			
	• policy and procedure for proper key storage/control			
	• storage of controlled and non-controlled medication			
	• inventory of controlled medication			
	• location of MAR/Kardex and practitioner's orders			
	• 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 Staff will understand the definition of "dispensing" and know who is legally able to dispense

### **Objective 5**

Medication Certified Staff will understand and follow proper procedure - per CT State Regulations - for handling of Home Visit

		Date Completed	Nurse Initials	Candidates initials
	Candidate has demonstrated understanding of the facilities specific medication procedure that is within the DCF Medication Administration Guidelines including:			
	• Utilizing standing orders			
	• Obtaining medications from the pharmacy			
	• understanding of term "dispensing"			
	• safe handling of medication for:	*	*	*
	1. admission			
	2. discharge			
	3. home visit			

### **Objective 6**

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
	• ability to properly transcribe a doctor's order.			
	• ability to document when a medication has been:			
	1. administered			
	2. refused/held			
	3. administered while on pass			
	• ability to determine when a PRN medication was last given and when it can be given again.			
	• ability to document when a PRN has been given including the outcome.			

## **Objective 7**

*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. Checklist B			
	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 8**

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

## **Objective 9**

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

## **Objective 10**

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

		Date completed	Nurse Initials	Candidate initials
	<i>Candidate can locate Chain of Command information</i>			
	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			



## MEDICATION ADMINISTRATION ON-SITE TEST CHECKLIST B – Nurse Supervision

Employee Name: \_\_\_\_\_

The employee must demonstrate the ability to prepare, administer, and document the administration of medication by successfully completing the following items, in at least three trials.

S= satisfactory

U= unsatisfactory

T	T	T	T
R	R	R	R
I	I	I	I
A	A	A	A
L	L	L	L

Approach the task in a calm manner and allow no distractions.

Wash Hands before and after medication administration

Assemble appropriate equipment and Unlock the Medication Storage Area

Compare the licensed practitioner's prescription/order with the medication administration record ensuring that the five rights match on both (First Check)

### **Right Person, Right Medication, Right Dose, Right Time, Right Route**

Compare the licensed practitioner's order with the pharmacy label on the medication container, ensuring that the five rights match on both.

(Second Check).

Check the concentration on the pharmacy label.

Compare the pharmacy label and the medication administration record ensuring that the five rights match on both. (Third Check).

Pour the right dose of medication.

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 to ensure that the medication is not contraindicated for the child).

Administer the medication properly. Utilizing the proper technique.

For oral medications, perform a mouth check. Ensure that the medication has been swallowed.

Document appropriately on the medication administration record

Return the medication to the locked area and clean up

Comments: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ RN Signature: \_\_\_\_\_

Employing Facility: \_\_\_\_\_ Date: \_\_\_\_\_



Completion of Medication Administration Certification

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

**Fax form to: (860) 550-6541**

Or, mail to:

**DCF Medication Administration Program**  
505 Hudson Street  
Hartford, CT 06106

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Children and Families  
Medication Administration Course and Exam Registration**

Student/Employee Name \_\_\_\_\_

Facility/Agency Name \_\_\_\_\_ Program Name \_\_\_\_\_

*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) 860-550-6541**

**DCF Class Registration**

- Basic Certification Class (Includes Exam)

Date of Class \_\_\_\_\_

Location \_\_\_\_\_

- Recertification Class and Exam    **\*\*Certification Expiration Date** \_\_\_\_\_

Date of Class \_\_\_\_\_

Location \_\_\_\_\_

**DCF Exam Only Registration**

**Basic Medication Exam:** Please check appropriate box and fill in date/time/location below.

- Completed required 24hour DCF Approved Basic Medication Course  
Endorsed Instructor \_\_\_\_\_
- Self-Study following Expired Certification
- Self Study following failed recertification exam -  
**(Must be within 30 days of failed recertification exam)**
- Retest after failing Basic Exam

**Recertification**

- Exam Only:**

**Exam Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Location** \_\_\_\_\_

**Recommendation of Director (Must be signed and dated)**

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

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Director \_\_\_\_\_

E-Mail Address \_\_\_\_\_



## Monthly Medication Administration Program Supervision and Review

Agency: \_\_\_\_\_ Program Name: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Month Covering: \_\_\_\_\_

### Medication Certified Staff

Is the list of certified staff up to date? Y / N  
Is the list of certified staff 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? Y / N

Are prescriptions reviewed per policy by a 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 Labels? Y / N

Does MAR/Kardex reflect that all medications were administered as ordered? Y / N

**Are standing orders current?** Y / N

**Are standing orders signed by the licensed practitioner every 90 days?** Y / N

**Is the medication storage area:**

- clean? Y / N
- locked? Y / N
- 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 F for refrigerated meds? Y / N
- contain only medication and medication supplies Y / N

**Are controlled medications:**

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

Are controlled medication counted by designated staff at every change of shift and/or

Whenever there is a change in responsibility for the medications Y / N

Date of last quarterly review of medical policies and procedures by the licensed practitioner and supervising nurse.

Date of last medication review by the licensed practitioner and supervising nurse \_\_\_\_\_

### 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.

Errors Requiring Medical Attention/Serious Errors/Significant Events

How many errors required medical attention? \_\_\_\_\_

Were copies of the incident reports/Significant Event form forwarded to DCF Medical Division & Risk Management within 12 hours? Y / N

What corrective action was taken? \_\_\_\_\_

Staff Training

Is 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 rescue 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 at least annually in the emergency use of inhalers and Epi-pens, including the indications, side effects and any special precautions? Y / N

Is a list of these trained staff maintained? Y / N

Additional Comments:

Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed report to:	Department of Children and Families 505 Hudson Street Hartford, CT 06106	Reports may also be e-mailed to: <a href="mailto:DCF.RiskManagement@ct.gov">DCF.RiskManagement@ct.gov</a> OR Fax: (860) 920-3050
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The Department of Children and Families

**MEDICATION ERROR REPORT/MEDICATION INCIDENT**  
**All Class B & C errors must be reported to DCF Risk Management**  
**(DCF.Riskmanagement@ct.gov) Fax: (860)920-3050**

<b>PROGRAM NAME:</b>					
Client Name:		DOB:	Gender	<input type="checkbox"/> F	<input type="checkbox"/> M
DCF Social Worker or Parole Officer:			Area Office:		
Incident Date:	Incident Time:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Error By: <input type="checkbox"/> Nurse <input type="checkbox"/> Staff <input type="checkbox"/> Guardian	
<b>Staff Assigned to Administer Medication:</b>					
<b>Medication Name, Dose, &amp; Directions:</b>				<b>Error Type</b> (Please check all that apply)	
<b>DESCRIBE THE ERROR IN DETAIL</b> include any precipitating factors and any adverse effects identified as a result of the error				<b>CLASS A</b> <input type="checkbox"/> Administration Not Documented on MAR <input type="checkbox"/> Inadequate Supply of Meds <input type="checkbox"/> No Error Report Written <input type="checkbox"/> Transcription Error <input type="checkbox"/> Pharmacy Error <input type="checkbox"/> Other: <input type="checkbox"/>	
				<b>CLASS B</b> <input type="checkbox"/> Med Not Given- Omission <input type="checkbox"/> Incorrect client given med <input type="checkbox"/> Incorrect med given <input type="checkbox"/> Incorrect dose given <input type="checkbox"/> Med given at wrong time <input type="checkbox"/> Med given via wrong route <input type="checkbox"/> Improper med storage <input type="checkbox"/> Improper med disposal <input type="checkbox"/> Pharmacy Error-Wrong Med <input type="checkbox"/> Other: <input type="checkbox"/>	
				<b>CLASS C</b> <input type="checkbox"/> Error w/client to ER <input type="checkbox"/> Error w/ client hospitalized <input type="checkbox"/> Error w/serious harm <input type="checkbox"/> Record falsification <input type="checkbox"/> Error resulting in death <input type="checkbox"/> Other: <input type="checkbox"/>	
<b>Notification to Medical Staff:</b> <input type="checkbox"/> Nurse <input type="checkbox"/> APRN <input type="checkbox"/> MD					
Name:	Date:	Time Notified:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
Directions Given:					
Actions Taken:					
<b>Notifications:</b> C=Made Phone Contact; M=Left Phone Message					
<input type="checkbox"/> Guardian: Name:	Date:	Time Notified:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> C <input type="checkbox"/> M
<input type="checkbox"/> Clinician: Name: Title:	Date:	Time Notified:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> C <input type="checkbox"/> M
<input type="checkbox"/> Supervisor: Name: Title:	Date:	Time Notified:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> C <input type="checkbox"/> M
<input type="checkbox"/> Director: Name:	Date:	Time Notified:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> C <input type="checkbox"/> M
<input type="checkbox"/> DCF Hotline: Name of Worker:	Date:	Time Notified:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> C <input type="checkbox"/> M
<input type="checkbox"/> DCF SW: Name of Worker:	Date:	Time Notified:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> C <input type="checkbox"/> M
<input type="checkbox"/> Other : Name	Date:	Time Notified:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> C <input type="checkbox"/> M
Staff Signature:			Date:		
Supervisor Signature:			Date:		
Program Director Signature:			Date:		
Steps to be taken to address error/avoid similar future errors:					
Supervising Nurse Signature:			Date:		
Report faxed to DCF RM (860) 550-6482		By:	Date:	Time Notified:	<input type="checkbox"/> AM <input type="checkbox"/> PM

## Nursing Scope of Practice

### **CHAPTER 378\*** **NURSING**

**Sec. 20-87a. Definitions. Scope of practice.** (a) The **practice of nursing by a registered nurse** is defined as the process of diagnosing human responses to actual or potential health problems, providing supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen, and executing the medical regimen under the direction of a licensed physician, dentist or advanced practice registered nurse.

(b) **Advanced nursing practice is defined** as the performance of advanced level nursing practice activities that, by virtue of postbasic specialized education and experience, are appropriate to and may be performed by an advanced practice registered nurse. The advanced practice registered nurse performs acts of diagnosis and treatment of alterations in health status, as described in subsection (a) of this section, and shall collaborate with a physician licensed to practice medicine in this state. In all settings, the advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in this state, prescribe, dispense and administer medical therapeutics and corrective measures and may request, sign for, receive and dispense drugs in the form of professional samples in accordance with sections 20-14c to 20-14e, inclusive, except that an advanced practice registered nurse licensed pursuant to section 20-94a and maintaining current certification from the American Association of Nurse Anesthetists who is prescribing and administrating medical therapeutics during surgery may only do so if the physician who is medically directing the prescriptive activity is physically present in the institution, clinic or other setting where the surgery is being performed. For purposes of this subsection, "collaboration" means a mutually agreed upon relationship between an advanced practice registered nurse and a physician who is educated, trained or has relevant experience that is related to the work of such advanced practice registered nurse. The collaboration shall address a reasonable and appropriate level of consultation and referral, coverage for the patient in the absence of the advanced practice registered nurse, a method to review patient outcomes and a method of disclosure of the relationship to the patient. Relative to the exercise of prescriptive authority, the collaboration between an advanced practice registered nurse and a physician shall be in writing and shall address the level of schedule II and III controlled substances that the advanced practice registered nurse may prescribe and provide a method to review patient outcomes, including, but not limited to, the review of medical therapeutics, corrective measures, laboratory tests and other diagnostic procedures that the advanced practice registered nurse may prescribe, dispense and administer. An advanced practice registered nurse licensed under the provisions of this chapter may make the determination and pronouncement of death of a patient, provided the advanced practice registered nurse attests to such pronouncement on the certificate of death and signs the certificate of death no later than twenty-four hours after the pronouncement.

(c) **The practice of nursing by a licensed practical nurse** is defined as the performing of selected tasks and sharing of responsibility under the direction of a registered nurse or an advanced practice registered nurse and within the framework of supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen and executing the medical regimen under the direction of a licensed physician or dentist.

(d) In the case of a registered or licensed practical nurse employed by a home health care agency, the practice of nursing includes, but is not limited to, executing the medical regimen under the direction of a physician licensed in a state that borders Connecticut.

Available at: <http://www.cga.ct.gov/2007/pub/Chap378.htm>

See also the Connecticut Nurses Association at: <http://www.ctnurses.org>

## **Section VII**

# **Glossary of Terms**



## GLOSSARY OF TERMS

<b>TERM</b>	<b>DEFINITION</b>
Active Ingredient	The actual medication that brings about the desired effect or benefit the medication is prescribed for.
Administer	To give a properly dispensed medication to a child according to a licensed practitioner's order.
Adverse Reaction	Unexpected and possibly serious or life-threatening effects of a medication.
Albuterol	Generic name of most commonly prescribed asthma rescue medication. Trade names: Proventil, Ventolin
Allergic Reaction	A specific adverse reaction that may cause skin rashes or hives, watery eyes or runny nose and may lead to difficulty breathing. The chain of command and emergency medical help if appropriate must be contacted immediately.
Anaphylaxis	A severe, potentially life threatening allergic reaction that requires immediate emergency medical care.
Asthma Management Plan	A child's specific plan for treating his asthma including avoiding triggers, monitoring breathing, medications for prevent asthma attacks and medications to treat an attack if they occur.
Asthma Prevention (maintenance) medications	Medications prescribed to keep asthma under control and prevent attacks from happening.
Asthma Rescue medications	Medications used to stop an asthma attack quickly. Albuterol is most often the asthma rescue medication. Inhaled through MDI or nebulizer
Borrowing	Using one child's medication to give to a second child because the second child's medication supply has run out.
Bronchodilator	Medication that opens constricted airways.
Calibrated measuring cup	A measuring cup with standard, accurate measurements for liquid medications

Centralized Medication Consent Unit (CMCU)	The DCF psychiatric APRNs and psychiatrists who review all requests for psychotropic medications prescribed to children for whom DCF is legal guardian. The CMCU staff reviews each request based on the individual child's diagnoses, other medications and medical conditions. Psychotropic medications may not be administered until CMCU approval is received. Further information about the CMCU and related forms are available at: <a href="http://www.ct.gov/dcf">www.ct.gov/dcf</a> , Programs and Services then <i>Psychotropic Medication Consent Process</i>
Chain of Command	The program personnel who have the authority and responsibility to direct staff.
Compliance	Following direction or a plan of care.
Concentration	The number of mg per unit of medication. Example: 325mg per tablet Tylenol
Controlled Medication	Medication determined by the Drug Enforcement Agency (DEA) to have a potential for abuse or addiction.
Controlled medication count	Required process during which the oncoming medication certified person counts all the controlled medication with the off going medication certified person to ensure that the correct amount of controlled medication that is in supply is documented.
Discrepancy	In the controlled drug count, the number of pills actually in supply does not match the number of pills documented to be in supply.
Dispense	To place a medication into a container and label that container for someone else to administer.
Disposition Sheet	Form used to document the ongoing inventory of a controlled medication. Each controlled medication has a disposition sheet which may be provided by the pharmacy. The disposition sheet in the "forms" section of the handbook may also be used if one is not available from the dispensing pharmacy.
Doctor's Order	See Licensed Practitioner's Order
Dose	The amount of medication to be administered. Dose is usually expressed in milligrams (mg).
Emergency medication	Asthma rescue inhalers (albuterol) and Epi-pens

External(topical) medications	Medications that are applied to the skin. (e.g. creams, lotions, powder)
Generic name	The short chemical name of a drug. Usually a lower case letter is used: acetaminophen    fluoxetine.
Holding a medication	Temporarily waiting to administer a medication until questions or concerns about the medication or child's condition are answered by an appropriate member of the chain of command.
Hormone/Birth Control medications	Used to prevent pregnancy or regulate menstrual cycles
Incident report	Documentation of any unusual event
Internal medications	Medications that are swallowed (i.e. p.o. meds)
Labeled use	Medication prescribed for its FDA approved use.
Licensed Practical Nurse (LPN)	Under the supervision of an RN, LPNs may oversee and contribute to the assessment of children's health needs. LPNs may supervise the medication administration. LPNs may not dispense medication. LPNs are licensed to practice nursing in the state of CT. LPNs must practice within their scope of nursing practice as identified in the CT Nurse Practice Act and by their specific experience, competencies and roles.
Licensed Practitioner	A professional with a medical license to assess and diagnose illness and prescribe treatment include medications.
Licensed Practitioner's Order	A written direction for a medication. An order must include the five rights. It may be called as prescription or a doctor's order.
Medical attention	Physician or other professional assessment of a child following a medication error or to evaluate an injury or illness.
Medication Administration Procedure	The steps taken to safely administer a medication to a child.
Medication Administration Record (MAR)	The form on which you will document that you have administered a medication. It must include the five rights.
Medication error report	Documentation of any error in medication administration
Metered Dose Inhaler (MDI)	Inhaled aerosol that gives a one measured "puff" of medications at a time.

Nebulizer	A machine which turns liquid medication into a fine mist that is breathed in through a mask or mouth piece.
Objective description	Noting what was seen, heard, physically felt, smelled or tasted.
Over the Counter Medication (OTC)	Medications that may be <u>purchased</u> without a licensed practitioner's order. OTC medications may only be <u>administered</u> to a child according to a licensed practitioner's order.
On-Call Physician	A licensed medical doctor who is available through DCF Hotline for off hours consultation regarding medical and medication concerns. The on-call physician offer direction but should not be expected to provide medication orders.
Pediculocides	Medications used to treat lice.
Pharmacist	Medical professionals licensed to dispense medication.
Pharmacy Label	The label placed on the medication when it is dispensed by the pharmacist. It will include the five rights and the concentration of the medication.
Prepouring Medication	Preparing medication in advance of the actual medication administration time. Prepouring medication is not permitted.
Prescription	See Licensed Practitioner's Order
Prescription medication	Medications that may be obtained only with a licensed practitioner's order and must be dispensed by a licensed pharmacist.
Psychotropic medications	Medications used to treat psychiatric disorders. They affect the central nervous system, how the brain thinks and affect emotions and behaviors.
Registered Nurse (RN)	Medical professional who may oversee and assess the health needs of children and supervise medication administration. RNs may NOT dispense medication. RNs are licensed to practice nursing in the state of CT. RNs must practice within their scope of nursing practice as identified in the CT Nurse Practice Act and by their specific experience, competencies and roles
Route	The way a medication enters or is applied to the body

Rule of Three	Comparing the licensed practitioner's order, the MAR and the pharmacy label to ensure that the five rights match on all three documents.
Scabicides	Medications used to treat scabies.
Scored	Tablets that may be split in half to obtain exactly half a dose. The score is a groove in the center of the tablet.
Self-administration	Child administers medications to herself with little to no involvement of medication certified or licensed staff.
Serotonin Syndrome	Adverse effect that may be seen whenever two or more medications are administered together. Medical emergency!
Side Effect	Predictable, expected unintended effects. Many are mild and will go away once the body adjusts to the medication. Side effects must be reported to the chain of command.
Special Consideration/Precautions	Steps to take that may prevent unintended effects, improve desired effect and/or make using the medication safer.
Standard Precautions	Practices that prevent contact with blood or body fluids. Also known as Universal precautions
Standing Orders (Individualized)	Set of instructions that includes OTC medications used to treat minor illnesses. Must be individualized for a specific child, signed by a licensed practitioner and reviewed every 90 days.
Sustained release	Allow for slow absorption of the medication over a longer period of time
Time frame for medication administration	One hour before to one hour after the identified time for medication administration.
Trade name	The marketing name the pharmaceutical company gives a drug. Usually indicated with an upper-case first letter in the name: Tylenol ® Prozac ®
Transcribe	To copy a licensed practitioner's order onto a MAR.
Transdermal (patch) medication	Medication in a patch that is worn on the skin. The medication is absorbed from the patch through the skin.

Unintended effect	Any response to a medication that is not desired. See also <i>side effect and adverse reaction</i> .
Unlabeled use	Medication prescribed a use that has not been approved by the FDA.
Unusual quantity	Direction to administer medication in a number or dose that is greater than normal.
Unusual time	Administering medication more frequently or at hours that are outside the normal parameters.
Wheezing	High pitched whistling sound heard during an asthma attack. A symptom of an asthma attack