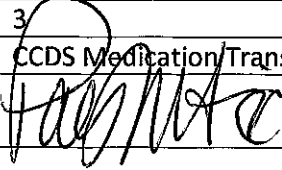


<b>Catholic Charities Disabilities Services</b>	
<b>Agency Standard and Procedure</b>	
<b>Standard Category</b>	Residential
<b>Standard Title</b>	Medication Administration
<b>Regulations</b>	14NYCRR 624 14 NYCRR 633 42 CFR 483
<b>Original Issue Date</b>	01/11/2016
<b>Latest Revision Date</b>	05/11/2023
<b>Number of Pages</b>	3
<b>Attachments</b>	CCDS Medication Transmittal Form
<b>Approved by:</b> Paula Jubic, Executive Director	

**Standard:**

All medication will be prescribed or ordered, provided, received, administered, safeguarded, documented, refilled and/or disposed of in a manner that ensures the health, safety and well-being of the individuals supported and in conformance with all applicable regulations.

**Definitions:**

Medication is defined as a substance that is used to treat or improve the condition of a diagnosed medical condition (for example a medication or a medicated cream ordered by the physician, etc). Medications are ordered by a physician, physician-assistant, or nurse practitioner.

A treatment is defined as an action taken to maintain or improve a condition that would become worse if the treatment were removed (for example tooth brushing). Treatments are typically ordered by a member of the clinical treatment team. Treatments should not be contained or be documented on the Medication Administration Record (MAR). The administration or application of a treatment is documented on the treatment and hygiene log.

**Procedure:****Administration of medication by staff:**

1. Medication may be administered only by the following: an individual capable of self-administration of medication; a physician, physician's assistant, RN or LPN; staff who have been certified as "Authorized Medication Administration Personnel" (AMAP); or, a family member or unpaid natural support.
2. AMAP staff may set-up (or repackage) medication in a commercially available medication organizer or provide the entire blister pack for family or an unpaid natural support to administer to an individual while they are away from the facility. The AMAP staff must complete the CCDS Medication Transmittal form when medications are sent with the individual supported and check back in any medications that are returned.
3. Only AMAP staff may have access to medication.
4. If medications are delivered when there is no AMAP staff on shift, the medications will be secured by the delivery person from the pharmacy in the lock box located near the front door of the residence. AMAP staff will check the delivery lock box at the beginning of each shift.

5. In order to keep the medication storage secure, the keys to the med cabinet must be kept in the possession of an AMAP staff or in a locked storage box.

### **Storage of Medication**

1. Medication must be maintained in the container in which it was received.
2. All containers must be clearly and legibly labeled.
3. Medication must be kept in a secure, locked storage area.
4. Medication stored in a refrigerator containing food must be placed in a separate locked container clearly marked to indicate that it contains medication.
5. Syringes and needles will be kept in a double locked storage area.
6. See the standard on controlled substances for storage requirements for controlled substances.

### **Training for Registered Nurses**

1. RNs who do not have previous experience in the field of I/DD nursing will be required to complete an orientation for RNs in I/DD within three months of being hired.

### **Unlicensed Staff**

1. It is the responsibility of the RN to provide initial and ongoing training to unlicensed direct care professionals in all necessary medication-related tasks and/or functions they will perform.
2. To administer medication, staff must successfully complete the OPWDD AMAP training course, successfully complete three pours supervised by an RN. If the pours are not completed within 90 days of completing the AMAP training, the staff person will be required to retake the full course or a refresher.
3. After initial certification, all AMAP staff will be required to complete an AMAP refresher annually and complete one supervised pour with an RN. Failure to do so may result in the staff person retaking the full course and needing to complete three supervised pours with an RN.

### **Documentation of the Administration of Medication**

1. There will be a separate record for the administration of medication (MAR) for each individual receiving medication.
2. The RN will ensure that there is an individual specific medication sheet for each medication that is administered.
3. Information specific to the individual supported will include: the name of the person taking the medication; the name of the medication; direction with regard to correct dose, form, method and route of administration; start and stop dates if applicable; expected therapeutic effects for the individual supported taking the medication; possible side effects to the individual supported taking the medication; and, the name of the prescribing practitioner.

**CCDS MEDICATION TRANSMITTAL**

Medication transmitted for: \_\_\_\_\_  
 (Name of Individual)

Date: \_\_\_\_\_ Time Out: \_\_\_\_\_

Med Cert staff transmitting: \_\_\_\_\_ (Signature)

Transmitted to: (circle)                  Family                  Day Program                  School

Received by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature)

Medication returning: (if applicable)

Med Cert Staff: \_\_\_\_\_ (Signature)

Received from: (circle one)                  Family                  Day Program                  School

Received by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature)

	MEDICATION	SCRIPT	TIME GIVEN	AMOUNT GIVEN	#OUT	#IN
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Comments: