

FAQS: Medication Administration

Miscellaneous

Question : What is the policy regarding the times that medication may be administered?

Answer: It is the policy of OPWDD that all medication must be administered within 30 minutes of the scheduled time. For example: if a medication is ordered at 8 AM, it must be given sometime between 7:30 AM and 8:30 AM. Anything outside that time frame is a medication error.

Question: When did the OPWDD policy that a medication must be given within 1 hour (that is 30 minutes before to 30 minutes after the listed time on the MAR) go into effect?

Answer: The establishment of the 1 hour (30 minutes before to 30 minutes after the listed time on the MAR) window for medication administration first appeared in 1978 when the agency initially established its nursing policies. It was published in the official OPWDD Nursing Manual (page 311), and was maintained throughout its various revisions well into the 1990's.

In 1989 the medication administration regulations were revised (effective January 1, 1990). The group revising the regulations embarked on a long discussion of what lee-way staff should have to administer medications. At that time it was the consensus of the group to maintain the established agency policy of 1 hour to give a medication (that is 30 minutes before to 30 minutes after the scheduled time). As Maryel Clare, the chairperson of the group explained it to people "OPWDD accepts one hour, not two. Therefore the staff may have up to 30 minutes before to 30 minutes after the scheduled time (this equals 60 minutes or one hour)."

The medication administration course is incorporated by reference into 633.17 and therefore its provisions are enforceable. The 2000 revision of the medication course does not allow any lee way. It simply states that the medication must be given at the time ordered. So technically by the regulation, it is a medication error any time the medication is not given at the exact time listed on the MAR. However, the long standing policy of 30 minutes before to 30 minutes after the scheduled time has continued to be the standard for determining a medication error in OPWDD operated and/or certified facilities.

As to the issue that 42 CFR 483 allowing 60 minutes on each side of the specified time: that is not what the regulation says. 42CFR 483 simply states that "all drugs, including those that are self-administered are administered without error." Timing of medications is only addressed in the guidance to surveyors, not in the regulation itself. In addition, it is widely understood and accepted that a state policy may be more restrictive than its federal counterpart.

To clarify the issue further the revision to 14 NYCRR 633.17 which is currently in progress will specifically address this issue and will establish the 30 minute standard in regulation.

Question: Can a parent give medications in certified site?

Answer: The draft of the revised 633.17 specifically allow " a person's own family member" to administer medication in a certified site. Agencies can have a stricter policy.

Question: Are AMAPs are allowed to administer nebulizer treatments after they have received special training?

Answer: If the AMAP are trained, demonstrated competence, and receive appropriate supervision from an RN they may administer nebulizer treatments. The RN also has to assess the situation and the particular consumers to ensure that it is appropriate and safe for that particular consumer.

Question: In regards to privacy, can eye, ear and nebulizer treatments be done in common areas?

Answer: Common sense should dictate here. If the procedure is not offensive to the other consumers then it is acceptable. However, for nebulizer treatments during times that the individual has a respiratory infection, the treatment should be done in a room with the door closed to minimize exposure of other individuals to any potential aerosolized pathogens.