

FAQS - Medication Administration in Residential Facilities Certified by the Office for People With Developmental Disabilities

Medication Certification and Supervision of Staff Responsible for Medication Administration: Approved Medication Administration Personnel (AMAP)

Question: What are the requirements for teaching the medication administration course?

Answer:

Length of course: The medication administration course requirements are: It is to be four full work days in length (7.5 to 8 hours for a total of 30-32 hours)

Instructor Qualifications: There is to be a primary instructor who is a Registered Professional Nurse (RN). Supportive licensed health care instructors, such as physicians, pharmacists, dentists, physician assistants and other registered nurses may be used to augment the primary instructor. Licensed Practical Nurses may not be used as instructors for any part of the course.

Course Content: Unit 1 must be taught in its entirety. Sections 1-7 of Unit 2 must be taught. Sections 8-11 of Unit 2 are optional.

Examination: An examination will be given at the completion of Unit 1 and Unit 2 Sections 1-3. A second test will be given at the end of the remaining sections. Each test should consist of at least 50 questions.

Students must obtain a score of 80 percent in each examination to complete the academic requirements. If a student fails an examination, remedial work and one retest may be offered. If the student fails a second time, he/she must retake the course.

Practicum: A clinical practicum must be completed within 90 days of completion of the classroom portion of the course.

The clinical practicum must include three separate medication passes at the location where the person is permanently assigned. Each pass shall consist of pouring, administering and recording the administration of medications for all of the consumers requiring medications at the time of the pass in that location EACH pass must be completed with 100 percent accuracy.

A Registered Professional Nurse must supervise the clinical practicum and complete the certification form for students who successfully complete the practicum.

Question: What is a 'medication pass'?

Answer: The purpose of the requirement regarding the clinical practicum is to ensure that the AMAP can competently perform the job that will be expected of him/her when the RN is not there. In residences where one AMAP is assigned to give medications, a medication pass is generally defined as all of the medications that need to be given at the residence at any given time.

In residences where more than one AMAP is generally assigned to give medications, the "medication pass" is defined by how the task is typically assigned. In other words, it may be one side of the residence, a unit, etc. For example, if there are 12 individuals in a residence, and the routine assignment is to have two AMAPs each give medications to half of the residents, then the unit for purposes of the medication pass is six residents.

If the residence is divided into units, and it is the practice to assign one AMAP per unit to administer medications, then the medication pass would consist of the medications for one unit.

Question: Must the medication pass consist of the AMAP giving every medication to every consumer at the residence?

Answer: No. The intent is that the AMAP be familiar with any unique needs of the consumers to whom they will be administering medications and be familiar with the medications that they will be administering. Therefore, if the AMAP will be responsible for 8:00 AM medications, for purposes of the clinical practicum, the medication pass should include the medications that need to be administered at 8:00 AM.

Question: Why the requirement that the medication passes be done in the residence where the AMAP is going to work?

Answer: The purpose is that the AMAP will be able to safely and competently perform the job that is expected of him/her. Medications can vary greatly from one site to another. In addition, how particular consumers take their medication varies from consumer to consumer. As it is the job expectation that the direct care staff will be able to give medications at the site where they are assigned, it is reasonable to have the medication passes occur at the site where the aide will be permanently assigned to work.

Question: What can we do when we are opening a house with all new staff?

Answer: You can pick a site that has similar consumers and similar medications as the new site, and have the AMAPs do the required medication passes there. The RN should be available the day the house is opened to supervise the initial medication passes in the residence. In order to open the house, there must be a contingency plan in place to provide AMAP coverage in the event that the new AMAP does not complete the required medication pass with 100 percent accuracy. Agencies may consider including some experienced AMAPs in the staffing of new residences.

Question: If we know that a particular AMAP is going to be routinely assigned to work in two houses, is it required that we do three medication passes in each house?

Answer: No, it is not required that you do three medication passes in each house. However, you must split the three medication passes so that at least one is done in each of the houses.

Question: Why the requirements for a supervised medication pass if there is a permanent reassignment?

Answer: It is required that direct care staff who are permanently reassigned complete one medication pass supervised by the Registered Professional Nurse with 100 percent accuracy prior to administering medication at the new residence. Medications can vary greatly from one site to another. In addition, how particular consumers take their medication varies from consumer to consumer. It is therefore reasonable to have one supervised medication pass occur at the new site.

Question: A question has been raised recently about the frequency of medication administration an AMAP must have to maintain their certification. Are there a specific number of times per month/quarter or just an Agency's policy/best practice definition?

Answer: There is no regulation. However, many agencies require that a person administer medications at least once a month to maintain certification. The reason is simple: if you don't use it, you lose it. Many medication errors are attributed to administration by staff who do not routinely administer medications as part of their day-to-day job. The more infrequently they administer medication, the greater the likelihood of error. Someone has to administer medication on a regular enough basis to maintain their skills and competence. It is up to the RNs in the agency to determine what that frequency is.

Question: I have an AMAP whose certification has been suspended for several months. Since he cannot pour during that time, does he have to repeat the course? Is there such a thing as suspending a certification?

Answer: The regulations do not provide for "suspension" of certification. Either a person is certified or they aren't. Some agencies use this term because they think it is "gentler" than decertify. As to does the person have to retake the course, it would depend on why the certification was "suspended." Many agencies develop intensive one-day "refresher" courses that concentrate on the actual skills needed to administer medications consistently correctly (transcribing orders, 5 rights, mock pours, documentation etc). Many feel that this is more useful than the full 4-day course.

Question: Can the nurse complete a medication pass at another site if the nurse would like to see the staff have a practicum using many different types of medications and the assigned site has only one or two medications?

Answer: The requirement is for three errorless passes at the site where the person is to be working. If the AMAP is re-assigned, they cannot give medication until they have had at least one errorless pass with the RN at the new site.

Having said that, if the RN strongly feels that she/he cannot certify the person based on the medications at the work location, it is acceptable to do ONE of the passes at another site. OR you may require additional medication passes (more than the mandated three) doing three at the work site, and the additional passes at a site with more medications. You would need to write an agency policy on this.

Question: Can residential habilitation aides who go into people's homes in the community administer medications?

Answer: In accordance with the memorandum "Medication Administration by Nurses in Non-certified Settings" issued by OPWDD on March 2, 1995:

"If a person is living in a non-certified setting and medication must be administered by someone else, and there is no family members to assume the role, medications may only be administered by a registered nurse (RN) or licensed practical nurse (LPN).

Direct care/residential habilitation staff may not administer medications in an uncertified residence even if they are qualified to do so in a certified setting. If nursing services are required, this should be written in the ISP, and appropriately qualified persons located."

Question: Can residential unit supervisors and/or house managers become medication certified?

Answer: Resident managers who have not previously completed the didactic portion of the OPWDD-approved medication administration curriculum shall be required to do so. However, residence managers will not be certified to administer medication unless they are also designated as "staff providing direct care services" as defined in 14 NYCRR section 633.99 It is the intent of the regulation that the staff not only has the responsibility for direct care in the job description, but that they are also actually providing direct hands-on

care. It is recognized that many unit supervisors and/or house managers do routinely provide direct care to consumers. Each agency must determine which supervisors and/or house managers within their agency meet the letter, the spirit and the intent of the regulation.

Question: Do staff have to go through a full medication course if an individual's only medication is Diastat for the onset of a seizure or can we specifically train staff to administer Diastat only?

Answer: A person must complete the entire medication administration certification process (course plus three errorless pours) in order to administer Diastat.

Question: What about situations where a direct care staff is assigned (floated) to a residence and there is no AMAP-certified staff permanently assigned to the residence available to administer medications?

Answer: The assigned direct care staff will be required to review the medications to be given with the staff person going off shift, or if there is no staff available, will be required to review the medication administration records of the consumers. If there are medications that the direct care staff is unfamiliar with, the direct care staff shall review the Consumer Specific Medication Information form and/or the General Medication Information Data Sheet for that Medication. If the direct care staff still has questions, or if the direct care staff is uncomfortable with administering a particular medication, the direct care staff will be required to call the registered professional nurse on call to discuss the medication prior to administration. The direct care services staff shall complete documentation stating that they had reviewed the medications, had all of their questions answered, and were comfortable/confident administering the medications. The staff going off duty, if available, will co-sign the documentation.

Question: Is certification transferable from one agency to another?

Answer: NO. OPWDD does not (except for its own staff) certify AMAPs; the RN completing the pours and signing the certificate does. OPWDD requires that the AMAP complete at least one errorless pour in the residence where they will be permanently assigned. It is best practice to give the person a written test, and do the pour with the RN after passing the test. If they do not pass the test, it is reasonable for them to take the medication administration course.