

Medication Administration Policy
 Delaware County Board of Developmental Disabilities

Reviewing Department	Board Resolution #	Effective Date	Board Review Date	Next Review Date
Support Admin.	15-12-14	01-01-2016	12-17-2015	December 2016

I. PURPOSE

This document shall define policy, procedures and training for DD Personnel including Delaware County Board of Developmental Disabilities (DCBDD) staff and Support providers contracted by the DCBDD that provide health related services to eligible individuals.

This is a new policy to address recent code development, specifically OAC 5123:2-1-02 (L) (4).

II. AUTHORITY

- Ohio Revised Code, Section 5123.41
- Ohio Revised Code, Section 5123.420 - .422
- Ohio Revised Code, Section 5123.43
- Ohio Revised Code, Section 5123.44 - .441
- Ohio Revised Code, Section 5123.45 - .451
- Ohio Revised Code, Section 5123.46
- Ohio Revised Code, Section 5123.47
- Ohio Revised Code, Section 5123.65 - .651
- Ohio Administrative Code, Section 5123:2-6-01 thru 5123:2-6-07
- Ohio Administrative Code, Section 4723-13-01

Medication Administration Policy

Delaware County Board of Developmental Disabilities

The Delaware County Board of Developmental Disabilities shall permit trained DD Personnel to give or apply prescribed and over-the-counter medications, perform health-related activities and other identified delegated nursing tasks. DD Personnel must meet the training requirements and complete training as defined by the Ohio Department of Developmental Disabilities and the Ohio Board of Nursing to be considered trained to perform the above described tasks.

I. Definitions

“Adult Services” means services provided to an adult outside the home, except when they are provided within the home according to an individual's assessed needs and identified in an individual service plan, that support learning and assistance in the area of self-care, sensory and motor development, socialization, daily living skills, communication, community living, social skills, or vocational skills. Adults Services, for the purpose of this policy, includes Adult Day Support, Vocational Habilitation and Supported Employment Enclave.

“Certified home and community-based services provider” means a person or government entity certified under section 5123.045 of the Revised Code.

“Certified supported living provider” means a person or government entity certified under section 5126.431 of the Revised Code.

“DCBDD” means Delaware County Board of Developmental Disabilities

“DD Personnel” means the employees and the workers under contract who provide specialized services to individuals with developmental disabilities. “DD Personnel” includes those who provide the services as follows:

1. Through direct employment with the Department of Developmental Disabilities or a County Board of Developmental Disabilities;
2. Through an entity under contract with the Department of Developmental Disabilities or a County Board of Developmental Disabilities; or
3. Through direct employment or being under contract with private entities, including private entities that operate residential facilities.

“Delegation” means the transfer of responsibility for the performance of a selected nursing activity or task from a licensed nurse authorized to perform the activity or task to an individual who does not have the authority to perform the activity or task.

“Delegable nursing task” means a nursing task, which a licensed nurse has determined meets the provisions listed in Chapter 4723-13 of the Administrative Code.

“Department of Developmental Disabilities” (DODD) means the Ohio Department of Developmental Disabilities.

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“Drug” means:

1. Any article recognized in the United States pharmacopoeia and national formulary, or any supplement to them, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;
2. Any other article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;
3. Any article, other than food, intended to affect the structure or any function of the body of humans or animals;
4. Any article intended for use as a component of any article specified in division (C) (1), (2), or (3) of section 4729.01 of the Revised Code; but does not include devices or their components, parts, or accessories.

“Early intervention, preschool or school-age services” means those services offered or provided under Chapter 5123 or Chapter 5126 of the Revised Code.

“Family Delegation” means the transfer of responsibility for the performance of selected Health-related activities from the family member to the unlicensed in-home care worker.

“Family Member” as defined by ORC5123.47 means a parent, sibling, spouse, son, daughter, grandparent, aunt, uncle, cousin, or guardian of the individual with a developmental disability if the individual with developmental disabilities lives with the person and is dependent on the person to the extent that, if the supports were withdrawn, another living arrangement would have to be found.

“Family Support Services” means locally funded services and supports which are unique family-based supports designed to assist eligible individuals and their families.

“Health care task” according to ORC 5123.47 means a task that is prescribed, ordered, delegated, or otherwise directed by a health care professional acting within the scope of the professional’s practice.

“Health-related activities” means the following:

1. Taking vital signs;
2. Application of clean dressings that do not require health assessment;
3. Basic measurement of bodily intake and output;
4. Oral suctioning;
5. Use of glucometers;
6. External urinary catheter care;
7. Emptying and replacing colostomy bags;
8. Collection of specimens by noninvasive means
9. All Health care tasks

“Individual” means an eligible individual receiving services through the Delaware County Board of Developmental Disabilities.

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“Individual Support Plan (ISP)” means a document or record outlining the agreed upon supports an individual has requested. This is a process of planning, evaluation, and budgeting for supports the individual wants. The document or record includes the paid and non-paid supports the individual receives, as well as the personal resources and attributes the individual brings as assets to the process.

“Licensed healthcare professional” means an individual who is authorized by law to prescribe drugs or healthcare tasks in the course of the individual's professional practice, including only the following:

1. A dentist licensed under Chapter 4715 of the Revised Code;
2. Until January 17, 2000, an advanced practical nurse approved under section 4723.56 of the Revised Code to prescribe drugs and therapeutic devices;
3. A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe issued under section 4723.48 of the Revised Code;
4. An optometrist licensed under Chapter 4725 of the Revised Code to practice optometry under a therapeutic pharmaceutical agents certificate;
5. A physician authorized under Chapter 4731 of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatry;

*A veterinarian licensed under Chapter 4741 of the Revised Code is not permitted to prescribe drugs for human consumption and therefore not one of the licensed health professionals referred to in this policy.

“Licensed nurse” means a registered nurse or a licensed practical nurse that holds a current valid license to practice nursing in Ohio.

“Major Unusual Incident” means the same thing as OAC 5123:2-17-02.

“Medication error” means an occurrence of one or more of the following:

1. The administration of the wrong prescribed medication (which includes outdated prescribed medication and prescribed medication not stored in accordance with the instructions of the manufacturer or the pharmacist)
2. Administration of the wrong dose of prescribed medication
3. Administration of the prescribed medication at the wrong time
4. Administration of prescribed medication by the wrong route
5. Administration of prescribed medication to the wrong person.
6. Incidents of refusal
7. Incidents of non-compliance

“Non-Compliance” refers to a situation or an incident when an individual who is able to self-administer medications but is unintentionally not following doctor’s orders.

“Nursing delegation” means the process established in rules adopted by the board of nursing pursuant to Chapter 4723 of the Revised Code under which a registered nurse or licensed practical nurse acting at the direction of a registered nurse transfers the performance of a particular nursing activity or task to another person who is not otherwise authorized to perform that task.

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“Nursing task” means those activities which constitute the practice of nursing as a licensed nurse and may include, but not be limited to, assistance with activities of daily living that are performed to maintain or improve the client’s well-being, when the client is unable to perform that activity for him or herself.

“Prescribed medication” means a drug that is to be administered according to the instructions of a licensed health professional authorized to prescribe drugs.

1. “Over-the-counter (OTC) medication” means medications, herbal remedies or other forms of complementary alternative medicine, or supplements sold to the general public that do not require a prescription. When an OTC medication is prescribed by a health care professional authorized by law to prescribe drugs, the medication is to be treated as though it is a prescribed medication.
2. “Oral prescribed medication” means any prescribed medication that can be ingested through the mouth.
3. “Topical prescribed medication” means any prescribed medication that is applied to the outer skin, and eye, ear, or nose drops. “Topical medication” may include transdermal prescribed medication or vaginal or rectal suppositories.

“Prescribed medication via stable labeled gastrostomy tube or stable labeled jejunostomy tube” means administration of a prescribed medication to an individual through a stable labeled gastrostomy tube or a stable labeled jejunostomy tube.

“Refusal” refers to a situation or incident when an individual who is able to self-administer medications but chooses not to follow doctor’s orders.

“Self-administration or assistance with self-administration of prescribed medication” has the same meaning as in rule 5123:2-6-02 of the Administrative Code.

“Specialized services” means any program or service designed and operated to serve primarily individuals with a developmental disability, including a program or service provided by an entity licensed or certified by the Department of Developmental Disabilities. A program or service available to the general public is not a specialized service. .

“Subcutaneous insulin injection” includes injection of prescribed insulin by syringe and needle subcutaneous injection, and by insulin pump injection.

“Train the instructor program” means the program for training registered nurses to train DD Personnel and for training registered nurses to train other registered nurses to train DD Personnel in the administration of oral and topical prescribed medications and Health-related activities, administration of food and prescribed medication via stable labeled gastrostomy tube or jejunostomy tube, administration of subcutaneous, insulin injections, or performance of delegable nursing tasks pursuant to Chapter 4723-13 of the Administrative Code.

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“Transition Supports” means locally funded services and supports which are unique supports designed to assist eligible individuals of transition age.

“Tube feeding” means the provision of nutrition and/or fluids for hydration to an individual through a gastrostomy tube or a jejunostomy tube.

“Unusual incident” means an event or occurrence involving an individual that is not consistent with routine operation, policies, procedures, or the care and habilitation plan of the individual, but is not a major unusual incident as defined in this rule. Administration of incorrect medication or failure to administer medication as prescribed shall be considered and reported as an unusual incident unless the medication error would otherwise constitute a major unusual incident.

II. Self-Administration with or without assistance of prescribed medication (OAC 5123:2-6-02)

All individuals who can safely self-administer medication, with or without assistance, have the right to do so.

Medication Self-Administration Assessments must be completed to determine if an individual can safely self-administer medication.

Medication Self-Administration Assessments may result in the individual’s ability to self-administer some medications and not others.

Medication Self-Administration Assessments must be completed when one or more of the following applies:

1. The individual receives one or more of the following services:
 - a. HMPC
 - b. Respite
 - c. Day Programming
 - d. Supported Employment Enclave
2. The individual requests assistance with Medication Administration
3. The team becomes aware of a health and safety issue regarding Medication Administration
4. The individual experiences a significant health change
5. The medication packaging changes (bubble pack to bottle; pill to liquid, etc)
6. There is a change in the usual medication routine (new location, new provider, new medication etc.)
7. The ISP indicates prescribed medications

Medication Self-Administration Assessment will be:

1. Reviewed at least annually with the re-determination of the ISP
2. Completed at least every three years
3. Completed by a nurse and/or a member of the individual’s team

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4. Will include all healthcare tasks; including all prescribed medications
5. Will be included in the ISP (Medication Self-Administration Assessments and Results)

In instances when there are no prescribed medications; assessment forms included in the ISP shall indicate “no medications”.

DD Personnel are not required to be certified to administer prescribed medications and perform health care tasks to provide assistance to an individual who can self-administer. When providing assistance to an individual who can self-administer, DD Personnel may only do the following:

1. Remind and observe the individual taking medications to ensure the directions on the original container are followed.
2. Open medication container, take the medication from the container, and hand the container with the medication in it to the individual.
3. If the individual is mentally alert, but physically impaired; DD Personnel may remove the medication from the container and assist with the applying of topical medications. If the individual is not physically able to put oral medication to his/her mouth, DD Personnel may place the dose of medication in another container and then place that container to the individual’s mouth.

III. Authorization of DD Personnel to perform health related activities, administer medications, and/or perform tube feedings

Pursuant to section 5123.42 of the Revised Code, DD Personnel who are not specifically authorized by other provisions of the Revised Code to perform Health-related activities to administer prescribed medications, perform tube feedings with delegated nursing, and administer subcutaneous insulin injections with nursing delegation may do so upon successful completion of the required medication administration training and/or trainings as part of the specialized services to individuals in the following categories:

1. Individuals receiving early intervention, preschool, and school age services
2. Individuals receiving adult services
3. Individuals receiving services through Family Support Services or Transition Support Services.
4. Individuals receiving services from certified supported living providers
5. Individuals receiving services from certified home and community based services providers in a community living arrangement that includes not more than four individuals.
6. Individuals receiving services not listed in 1-5 of this section that are offered or provided pursuant to Chapter 5123 or Chapter 5126 of the Revised Code.

Tasks permitted to be performed with and without nursing delegation are outlined in Attachment A.

IV. Training

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To administer prescribed medications and perform health care tasks, DD Personnel must successfully complete the prescribed medication administration and health care tasks activities training program. The content of this training course shall be in compliance with rule 5123:2-6-06 of the Administrative Code.

Successful completion of the prescribed medication administration and health care tasks training program results in certification through DODD that is renewed annually. Certification is renewed by completing a two-hour update course. If certification is not renewed by the anniversary date, certification will be temporarily suspended for sixty days. During temporary suspension, DD Personnel will not be permitted to administer prescribed medications or perform health care tasks. If DD Personnel fail to renew certification within the sixty days of temporary suspension, DD Personnel will be required to retake the fourteen-hour prescribed medication administration and healthcare tasks training program in its entirety.

To perform tube feedings by nursing delegation for individuals, DD Personnel must successfully complete the prescribed medication administration and health-related activities training program in addition to the feeding tube by nursing delegation training program. The content of this training course shall be in compliance with rule 5123:2-6-06 of the Administrative Code.

Successful completion of the feeding tube by nursing delegation training program results in certification through DODD that is renewed annually. Certification is renewed by completing a one-hour update course. If certification is not renewed by the anniversary date, certification will be temporarily suspended for sixty days. During temporary suspension, DD Personnel will not be permitted to perform tube feedings. If DD personnel fails to renew certification within the sixty days of temporary suspension, DD Personnel will be required to retake the training program in its entirety.

To perform subcutaneous insulin injections with nursing delegation for individuals, DD Personnel must successfully complete the prescribed medication administration and health-related activities training program in addition to the subcutaneous insulin injections by nursing delegation training program. The content of this training course shall be in compliance with rule 5123:2-6-06 of the Administrative Code.

Successful completion of the subcutaneous insulin injections by nursing delegation training program results in certification through DODD that is renewed annually. Certification is renewed by completing a one-hour update course. If certification is not renewed by the anniversary date, certification will be temporarily suspended for sixty days. During temporary suspension, DD Personnel will not be permitted to perform subcutaneous insulin injections. If DD Personnel fail to renew certification within the sixty days of temporary suspension, DD Personnel will be required to retake the training program in its entirety.

DODD has created a registry that lists all DD Personnel and registered nurses holding valid certificates issued under section 5123.45 of the Revised Code. The registry specifies the type of certificate held and any limitations that may apply to a certificate holder. This registry is available on DODD's website at <http://www.DODD.state.oh.us/>.

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To be eligible to take any of the training courses listed above; DD Personnel must be at least eighteen years old and have earned a high school diploma or GED. DD Personnel employed prior to February 1, 2000 who were determined eligible to administer medications may demonstrate sufficient skills in writing, reading, and mathematics to a nurse instructor to forego the requirement of a high school diploma or GED.

Prior to participating in any of the training courses listed above; the employing provider agency or Independent Provider complete the following for each DD Personnel:

1. Check the state nurse aide registry to confirm DD Personnel is not listed for abuse or neglect of a long-term care facility resident or misappropriation of resident property.
2. Verify DD Personnel's name does not appear on abuser registry, which can be found online at <http://www.DODD.state.oh.us/>, as having committed alleged abuse or neglect of an individual with developmental disabilities or misappropriation of an individual's property.
3. Verify valid background check for DD Personnel in compliance with sections 5123.081 of the Revised Code and rules 5123:2-2-02 of the Administrative Code.

Provider agencies shall ensure and document that individual specific training is completed with all DD Personnel and the individuals served. Provider agencies will also ensure that DD Personnel are certified in all areas of Medication Administration that DD Personnel will be performing. When the DD Personnel is an independent provider not associated with a provider agency, the Service and Support Administrator assigned to the individual will ensure that the DD Personnel is properly trained for all areas of medication administration required to provide services to the individual. Each individual's team will determine who will complete the individual specific training with regards to independent DD Personnel. No DD Personnel shall perform any activities that they are not trained to do.

If at any time the provider agency believes or is notified by DCBDD, DODD, the delegating licensed nurse, or the registered nurse responsible for quality assessment that DD Personnel have not or will not safely administer medications, the provider agency will do the following:

1. Prohibit DD Personnel from performing activities in question.
2. Immediately make other staffing arrangements so that services may be completed as prescribed.
3. Immediately notify DODD.
4. If applicable, DD Personnel will follow the notification and reporting requirements set forth in the DCBDD Major Unusual Incident Policy. If applicable, DCBDD will notify the registered nurse responsible for the quality assessment reviews.
5. If applicable, immediately notify the delegating nurse.
6. Ensure that all corrective actions are taken prior to allowing DD Personnel to resume or commence the performance of activities in question.
7. Notify DODD and DCBDD of the corrective actions taken.

V. Delegation by a Licensed Nurse

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Many nursing tasks may be completed by unlicensed DD Personnel with nursing delegation. These tasks include, but are not limited to tube feedings and subcutaneous insulin injections. When an unlicensed person is performing delegatable nursing tasks that are not defined as health-related activities, the standards established by the Ohio Board of Nursing under Chapter 4723-13 of the Administrative Code will apply. In situations in which nursing delegation is required, DD Personnel may not act without nursing delegation or in a way that is not consistent with delegation.

Prior to delegating a nursing task to unlicensed DD Personnel a licensed nurse must do the following:

1. Assess the individual and complete an evaluation of the conditions under which the delegated tasks or delegated prescribed medication administration will be completed.
2. Select DD Personnel with current certification and/or training; or provide training to DD Personnel.
3. Provide individual specific training to DD Personnel with respect to each individual for whom they provide services.
4. Document assessment and training.

The delegating nurse will reassess delegation and the needs of the individual being served on an on-going basis, but at least annually. This would include determining that the delegation is still necessary and appropriate. This would also include ensuring that the individual is still stable and that DD Personnel still have the necessary skills to perform the delegated tasks. The reassessment may be more frequent if necessary in the judgment of the delegating registered nurse.

VI. Delegation by a Family Member

A family member may authorize unlicensed DD Personnel who are not certified in the administration of prescribed medications, Health-related activities, tube feedings, and subcutaneous insulin injections to provide care if all of the following requirements are met:

1. The family member is the primary supervisor of care.
2. The individual resides with the family member.
3. DD Personnel have been selected by the individual or family member and are under the direct supervision of the family member. The DD Personnel cannot be employed by and/or under the supervision of a provider agency.
4. The family member obtains a prescription and written instructions, from a health care professional for the care to be provided to the individual.
5. Family member will authorize the DD Personnel to provide care by preparing a written document granting the authority.
6. The family member will provide DD Personnel with appropriate training and written instructions in accordance with the instructions obtained by the health care professional.
7. The family member authorizing DD Personnel to provide care retains full responsibility for the health and safety of the individual and for ensuring that DD Personnel provide care safely and appropriately. Neither DODD nor DCBDD shall be held liable for the results of the care provided under this section by unlicensed DD Personnel. Unlicensed

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DD Personnel who receive authorization by a family member to provide care to an individual also may not be held liable for injury caused in providing care unless the worker provides care in a manner that is not in accordance with the training and instructions received or DD Personnel act in a manner that constitutes reckless misconduct.

DCBDD may evaluate the authority granted by a family member to DD Personnel at any time and shall evaluate the authority on receipt of a complaint. If DCBDD determines that the family member has acted in a manner that is not ensuring the health and safety of the individual, the authorization granted by the family member will be made void and the family member may no longer authorize DD Personnel to provide care. In this situation, the family member may file a complaint under section 5126.06 of the Revised Code.

VII. Medication Administration for Ages 3 through 11

Children ages three through eleven are unable to self-administer medications due to their age and inability to understand why and how to take their medication. Naturally, parents/guardians are responsible for administering medication for their young children; therefore, a self-administration assessment is not required. However, the ISP for children ages three through eleven who are receiving respite and/or homemaker personal care services, must identify how Medication Administration and Health Related Activities will be carried out.

VIII. Quality Assessments

A quality assessment registered nurse contracted with DCBDD will complete a quality assessment review, as prescribed by DODD, at least once every three years for all individuals receiving administration of prescribed medications, health-related activities, tube feedings with nursing delegation, and administration of subcutaneous insulin injections with nursing delegation by DD Personnel. Reviews may be completed more frequently if warranted by DCBDD, the registered nurse, the provider, or DODD. The quality assessment registered nurse contracted with DCBDD to complete the quality assessment reviews may not complete reviews with workers of his/her same agency or workers he/she has oversight responsibility of.

Quality Assessments will be performed according to OAC 5123:2-6-07 and policies and procedures outlined and approved by DCBDD.

IX. Suspension and Revocation of Certification

DODD may suspend the certification of DD Personnel without a hearing pending the outcome of an investigation if DD Personnel have not or will not safely perform health-related activities, administer prescribed medications, perform tube feedings with nursing delegation, or administer subcutaneous insulin injections with nursing delegation. When DODD suspends certification, DODD will immediately notify in writing the DD Personnel, the employer of the DD Personnel, and when applicable the DCBDD Superintendent, the delegating nurse, and the nurse responsible for quality assessments. DODD will expedite the investigation and if the determination is made that the suspension is not warranted, certification of the DD Personnel will be reinstated and the

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DD Personnel immediately notified of the reinstatement. All other applicable parties will also be notified of the reinstatement.

DODD will revoke certification of DD Personnel if after an investigation there is evidence that DD Personnel failed to:

1. Comply with the criminal background check requirements of sections 5123.081 of the Revised Code and rules 5123:2-2-02 of the Administrative Code.
2. Exercise proper regard for the welfare, health, and safety of the individual.
3. Maintain continued certification requirements.
4. Take corrective action to maintain compliance.

DD Personnel may appeal DODD's decision to revoke certification by requesting a hearing within seven days of receiving notification from DODD of the intent to revoke certification. When a hearing is requested, it will be held within 21 calendar days of the request being received and at a site which is mutually agreed upon by DODD and the DD Personnel. During the hearing, any person who would like to present evidence will have the opportunity to do so. Upon completion of the hearing, the hearing officer shall issue written recommendation to DODD's director or director's designee within ten calendar days of the hearing. Within five days of receiving the hearing officer's recommendations, the director or director's designee will issue a written decision to the DD Personnel, the employer of the DD Personnel, and any other applicable parties.

X. Accepting Complaints and Conducting Investigations

DODD will accept complaints from any person or government entity regarding administration of prescribed medications, performance of health-related activities, performance of tube feedings with nursing delegation, and administration of subcutaneous insulin injections with nursing delegation and should be made in accordance with section 5123.42 of the Revised Code or using the process established under rule 5123:2-17-01 of the Administrative Code. If the complaint is relating to the scope of nursing practice, it should be referred to the Ohio Board of Nursing which regulates nursing practice in accordance with Chapter 4723 of the Revised Code.

When a quality assessment nurse receives a complaint or identifies concerns based on a quality assurance review related to the performance and/or qualifications of DD Personnel, that nurse will do an initial investigation. The initial investigation would include a discussion with the DD Personnel and his/her employer. After completing the initial investigation, the nurse shall contact and work with the nurse consultant or a designee of DODD to assure that cases are handled consistently statewide.

If an investigation results in a finding of failure to comply with requirements set forth by DODD, DCBDD will work with the DD Personnel and if applicable the DD Personnel's employer to assure immediate action is taken to correct the issue. DODD may review alleged DCBDD violations and may make recommendations to assist DCBDD to achieve compliance. If a DD Personnel is found to be in violation of rules set forth by DODD, DODD may make recommendations to assist DD Personnel in achieving compliance. DODD will review

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compliance within thirty days of corrective action. If DODD determines that corrective action has not resulted in bringing the DD Personnel into compliance with applicable rules, DODD may revoke certification.

DD Personnel and/or DCBDD may appeal DODD findings within seven days of notification. The request to appeal with an explanation of the basis of the appeal must be made in writing to the director of DODD. The director or the director's designee shall review the appeal within fourteen days of receipt to determine if the findings were based upon the subject's noncompliance with rules. The director or the director's designee shall make a decision in writing within seven days of the date of the review. This decision will be final and based on the review of the evidence.

XI. Immunity from Liability

DD Personnel, who administer prescribed medications, perform health-related activities, perform tube feedings with nursing delegation, and administer subcutaneous insulin injections with nursing delegation will not be held liable for any injury caused by these activities if both of the following apply:

1. DD Personnel acted in accordance with the methods taught in training and in compliance with section 5123.42 of the Revised Code and rules 5123:2-6-05 and 5123:2-6-06 of the Administrative Code.
2. DD Personnel did not act in a manner that constitutes wanton or reckless misconduct.

XII. Refusal and Non-Compliance

Refusal or non-compliance should be documented on the Medication Self-Administration Assessment. The behavior should be identified as either Refusal or Non-compliance. Refusal/Non-compliance should be further explained in the ISP.

Refusal refers to a situation or incident when an individual who is able to self-administer medications but chooses not to follow doctor's orders.

1. Refusals should be documented and reported as an Unusual Incident per the DCBDD MUI policy.
2. In the case of individuals who are able to self-administer medications, a trend or pattern of refusals may mean the individual is not able to self-administer medications
3. This change in status may only be temporary if supports can be put in place to assist the individual with compliance
4. Should the individual have a significant change in health status the Medication Self-Administration Assessment should be completed to determine if the individual is unable to self-administer medications under the current circumstances
5. Should the individual begin to comply with doctor's orders, Medication Self-Administration Assessment should again be completed to determine if the individual is once again able to self-administer medications

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Non-Compliance refers to a situation or an incident when an individual who is able to self-administer medications but is unintentionally not following doctor's orders.

1. Incidents of Non-compliance should be documented and reported as an Unusual Incident per the DCBDD MUI policy.
2. In the case of individuals who self-administer medication, the services/devices put in place to assist the individual with compliance should be clearly outlined in the ISP
3. Should the individual have a significant change in health status the Medication Self-Administration Assessment should be completed to determine if the individual is unable to self-administer medications under the current circumstances
4. This change in status may be only temporary if supports can be put in place to assist the individual with compliance
5. Should the individual begin to comply with doctor's orders , Medication Self-Administration Assessment should again be complete to determine if the individual is once again able to self-administer medications

I. The use of pill boxes:

Pill boxes may only be used if the following criteria are met:

1. According to the Medication Self-Administration Assessment, the individual is able to self-administer medications and
2. The Medication Self-Administration Assessment is present in the ISP and
3. The use of the pill box is described in the ISP including who will be filling the pill box, who will monitor and releasing DCBDD of liability

Or

1. The Medication Self-Administration Assessment is present in the ISP and
2. The box is filled by a healthcare professional that is not contracted or paid by DCBD and
3. The use of the pill box is described in the ISP including who will be filling the pill box, who will monitor and releasing DCBDD of liability.

II. Documentation Requirements

The performance of all Health-related activities, administration of prescribed medications, performance of delegated tube feedings, and administration of subcutaneous insulin injections with nursing delegation must be documented by DD Personnel and Family Secured Providers on a prescribed medication administration record (MAR) or treatment administration record (TAR).

Documentation needs to verify whether the activity was given, applied, missed, held, or refused.

All MARs and TARs must include:

1. The name of the DD Personnel administering a prescribed treatment or medication
2. The DD Personnel's signature and/or initials

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3. The time and date
4. Any observations or difficulties that occur
5. Initials and signatures of DD Personnel documenting on MARs and TARs

III. The Five Rights

All medications are to be administered according to the written directions of the licensed health care professional who prescribed the medication. DD Personnel must always check the five rights with the medication administration record (MAR) prior to administering the medication to the individual.

The five rights consist of:

1. The right medication
2. At the right dose
3. To the right individual
4. By the right route
5. At the right time

IV. PRN Medications

Limitations exist with respect to PRN (as needed prescribed medications). DD Personnel shall not give or apply a PRN unless there is a written order by a licensed health-care professional stating specific parameters for administration of the PRN.

V. Prohibitions

Except in cases of Family Delegation: Unlicensed DD Personnel are prohibited from providing various services that include, but are not limited to the following:

1. Intramuscular injections
2. Intravenous injections
3. Subcutaneous injection, except insulin, commercially packaged glucagon, and commercially packaged epinephrine auto-injector providing the DD Personnel is trained pursuant to section 5123.42 of the Revised Code
4. Any prescribed medication administered through a nasogastric tube or any unstable or unlabeled gastronomy tube or jejunostomy tube
5. Any debriding agent used in the treatment of a skin condition or minor abrasion

VI. Medication Errors

All prescribed medication, health-related activity, delegated tube feeding, and delegated subcutaneous insulin injection errors by DD Personnel must be reported to an appropriate licensed health care professional immediately and shall also be reported in accordance with rule

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5123:2-17-02 of the Administrative Code if the error meets the definition of major unusual incident or unusual incident as those terms are defined in that rule. When errors such as these occur, DD Personnel will follow the notification and reporting requirements set forth in the DCBDD *Major Unusual Incidents* policy.

VII. Guidelines for Drug Disposal

Direct quote source: Website: <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>)

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007, the federal guidelines are summarized here:

- Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.
- If no instructions are given, throw the drugs in the household trash, but first:
 - Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
 - Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.
 - Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community.

FDA's Director of Pharmacy Affairs, Ilisa Bernstein, Pharm.D., J.D., offers some additional tips:

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
- When in doubt about proper disposal, talk to your pharmacist.

Bernstein says the same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

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ATTACHMENT A: Authority of DD Personnel to Perform Services by Type – Reference Grid

ATTACHMENT B: Self-Administration Assessment

ATTACHMENT C: Self-Administration Assessment – Tube Feeding and Medications per G-J Tube

ATTACHMENT D: Self-Administration Assessment - Glucometer

ATTACHMENT E: Self-Administration Assessment – Insulin and Blood Glucose Monitoring

ATTACHMENT F: Sample MAR (Medication Administration Record) 1 – DCBDD 2 – from a pharmacy

ATTACHMENT G: Family Delegation form