

# SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

## POLICY AND PROCEDURE MANUAL

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### Policy 151 – Approved Medication-Assistive Personnel (AMAP)

#### I. POLICY

It is the policy of Southern Highlands Community Mental Health Center that medication administration within the agency will only be performed by the following SHCMHC employee: registered professional nurses; licensed practical nurse, other health care professionals subject to the provisions of their respective laws; and/or agency staff members who have been trained and retrained every two (2) years under the supervision and approval of a registered AMAP professional nurse. They must meet the requirements of West Virginia Code Chapter 16, Section 50 1-11. AMAP guidelines and the legislative law can be accessed at website [www.wvdhhr.org/ohflac/amap](http://www.wvdhhr.org/ohflac/amap). Unlicensed Authorized Medication Administration Personnel may never practice beyond the scope outlined in this policy and only in the agency program area where permitted by this law. Approved Medication-Assistive Personnel must always be supervised by a Registered Professional Nurse. Please refer to HIPAA Policy 507 – Designated Record Set for additional information. Any agency policy and procedures changes must be submitted (WVAMAP-3) to OHFLAC for approval.

#### II. PROCEDURES

- A. The process for determining the qualifications of the agency staff member for medication administration includes:
  1. An evaluation which verifies that the individual
    - a. Has had a criminal background check including the information that the individual
      - 1) Is eligible in WV Cares and is not listed on the state administered Nurse Aide Abuse Registry as a staff who has been the subject of finding of abuse and neglect of a long-term care agency resident or convicted of misappropriation of a resident's property.
      - 2) Has not been convicted of crimes against persons or drug related crimes as evidenced by a criminal background check. Any drug convictions, misdemeanor or felony, disqualifies

individual from taking the class. Any knowledge of a drug conviction after the successful completion of the class and test results in withdrawal of AMAP privileges and must be reported to the Nurse Aid Program.

- 3) SHCMHC must check all potential students with the Nurse Aid Registry and documentation of this must be in the students personnel file. See Form WVAMAP-6 or the on-line verification at [www.wvdhhr.org/ohflac/na](http://www.wvdhhr.org/ohflac/na) (select the on-line verification of nurse aid).
- b. Is aware of and will be subject to drug testing as outlined in Drug Free Workplace Policy (Number 231).
  - c. Has not been withdrawn previously from an AMAP program.
2. Documentation of education and training that verifies that the individual
    - a. Has a high school diploma or GED. Due to falsification of the documents by some personnel, the RN needs to review the original high school transcript, diploma, or GED documentation. If there is any question, verification is necessary from the school.
    - b. Is competent in reading, comprehension, and writing English **at least the 6<sup>th</sup> grade level.**
    - c. Has training as identified by current certification in CPR and First Aid.
    - d. Before taking the AMAP course, the employee must pass a competency exam testing basic reading, writing, and math skills. Two opportunities will be given to pass this exam. If unable to pass, the employment as a residential aide will be prohibited.
    - e. Must successfully complete the agency Medication Administration Program approved by the Department of Health and Human Resources through the authorizing agency of the Office of Health Agency Licensure and Certification. This will include accurate return demonstration on the accurate taking of vital signs and knowing the basic normal readings. The course must be between 30 – 40 hours including medication passes and skills performance. Depending on the class size and prior knowledge, it might require more than 40 hours but can never be less than 30 hours.
    - f. Has passed the State approved competency test for the AMAP Program. The employee will have only three (3) opportunities to pass the examination. If unable to pass, the employee will be unable to fulfill job requirement and the Program Director and Chief Executive Officer will be notified. No one is to review the State

approved test prior to or after administration. The authorized AMAP registered nurse is to monitor and proctor the test. Students may not ask the RN for assistance with the test. Tests may not be photocopied.

- g. Has a copy of the Resident Rights provided and explained.
- h. Has participated in a retraining program every two years.
- i. Is monitored and supervised by the Registered Professional Nurse and consults with the Chief Nursing Officer and/or attending physician on a regular basis.
- j. Will administer medications only within the agency where the training occurred.

3. Documentation that the individual is considered competent (capable of successfully completing the education and training) by certificate/letter by an approved Agency Trainer/Instructor RN maintained on file at the agency. The AMAP will receive a certificate from the State Agency's designated vendor.

4. Retraining is required for:

- a. Any AMAP that has worked at the same agency will be retrained every two years from the date of successful completion of the program and state testing.
- b. Any AMAP hired that was originally trained and tested in another agency.
- c. Any AMAP withdrawn from administering medication temporarily. This could include retraining due to medication errors, inadequate procedures, etc. This is not a permanent withdrawal.
- d. Any time the registered nurse has determined that retraining is necessary for safe medication administration.
- e. The state approved test does not have to be repeated unless the registered nurse has determined that this would assist in providing documentation.

B. Southern Highlands employs or contracts with an Authorized Registered Professional Nurse who meets the state requirements to instruct the AMAP Training Program. The Authorizing Registered Professional Nurse

- 1. Possesses a current active WV license in good standing to practice as R.N.
- 2. Has practiced as an R.N. in a position or capacity requiring knowledge of medications for the immediate two (2) years prior to being authorized to train SHCMHC staff members.

3. Has knowledge of the nursing care needs of the residents of SHCMHC sponsored sites.
  4. The registered nurse must be approved by the Office of Health Agency Licensure and Certification, Nurse Aide Program and completed the AMAP RN Orientation course. If hiring a new AMAP registered nurse, the RN's eligibility status must be verified by calling the DHHR Bureau for Public Health Office of Health Agency Licensure and Certification.
  5. Has a knowledge of all SHCMHC policies and procedures pertaining to the AMAP Program.
  6. Has a knowledge of the Department Legislative Rule for Medication Administration by Unlicensed Personnel.
- C. The limitations of the AMAP's role on medication administration are as follows:
1. The medication administered is received and maintained by SHCMHC staff in the original container in which it was dispensed by the pharmacist or the prescribing health care professional (Policy 149).
  2. The medications as prescribed by a duly authorized health care professional is ingested through the mouth, applied to the outer skin, eye or ear, or applied through nose drops or sprays, vaginal or rectal suppositories.
  3. Injections or any parenteral medications will not be administered.
  4. Wound care in the form of Irrigation or debriding agents used in the treatment of a skin condition or minor abrasion will not be administered.
  5. No verbal medication orders will be accepted.
  6. No new medication orders will be transcribed.
  7. No drug dosages will be converted or calculated.
  8. No medications ordered by any health care professional with prescriptive authority to be given "as needed" will be administered unless the order is written with specific parameters which include dose, time, frequency and purpose for administration that would preclude independent judgment. The effects of the PRN medication must be documented. There must be documentation which justifies the need for PRN medication. The R.N. on call must be consulted before medication is administered. The supervising RN must notify the prescribing physician of the use of a PRN within 10 days in writing to determine if the physician needs to see the resident for further evaluation.
- D. Per the discretion of the Agency AMAP RN: AMAP staff may complete the following  
Health Maintenance Tasks:
1. Administering Glucometer tests

2. Administering prefilled insulin or insulin pens
3. Administering enemas
4. Performing ostomy care which includes skin care and changing appliances
5. G-Tube feeding

Health maintenance tasks do not include:

1. Judgment, evaluation, assessments
2. Injections of medication or any parenteral medications, except prefilled insulin injections and insulin pens pursuant to W.Va. Code §§ 16-50-10-a and 16-50-1 et seq.
3. Monitoring of medication; or
4. Self-administration of medications, including prescription drugs and self-injection of medication by the resident

D. Adequate records are kept as follows:

1. A list of individual staff members who are AMAP's. This list is made available to the authorizing agency at the time of the approval by the authorizing registered nurse.
2. Documentation and notice of any withdrawal of approval of a staff member by the R.N. This is made available to the Program Director, Chief Nursing Officer, and Chief Executive Officer, and to OHFLAC in order to remove that person from the list of AMAP's.
3. Up-to-date training records on each AMAP are kept that include:
  - a. Documentation that the eligibility requirements have been met.
  - b. The initial training date.
  - c. The successful evaluation exam completion date.
  - d. A list of medication errors and error rate.
  - e. Any disciplinary and/or corrective action forms.
  - f. Ongoing competency evaluation.
  - g. Retraining completion every two years.
4. Resident records are maintained that include medication administration records (MAR's) for review by the R.N., representatives of the authorizing agency, and other authorized persons.
  - a. Resident records include:

- 1) Written physician orders in the medical record of each resident for each medication administered to the resident. These orders are reviewed by the R.N. as evidenced by her/his signature and date.
  - 2) Written physician orders for any over the counter drug in the medical record of any resident receiving such medications. These orders are reviewed by the R.N. as evidenced by her/his signature and date.
  - 3) Written, signed and dated verification of the attending physician's collaboration in the decision to allow medication administration by unlicensed personnel.
- b. MAR's include:
- 1) The name of the resident to receive medication.
  - 2) The name of the medication, dose, and route of administration.
  - 3) The time or intervals of which the medication is to be administered. Administration of medication one hour before or after the time the medication is due is acceptable.
  - 4) The date the medication is to begin (and cease if applicable).
  - 5) Allergies
  - 6) The signature and initials of any individual who administers the medication.
  - 7) Any specific instructions for handling or administering the medication including instructions for maintaining aseptic conditions and appropriate storage.
- c. Residents will be identified by pictures in the Medication Notebook to assure safe medication administration.
- d. The MAR will be part of the resident's permanent record.
- E. The supervision and monitoring of AMAP medication administration is performed by a Registered Professional Nurse employed or contracted by the agency and includes:
1. That the AMAP administer medications only in the agency where he/she is trained.
  2. That an AMAP who functions at different sites within SHCMHC will be monitored in the following manner – AMAP's will receive orientation and cross training at each site.

3. That periodic, ongoing observation and supervision of the AMAP is conducted not less than quarterly. This observation and supervision must be documented in the AMAP personnel file on site.
  4. That documented review of the MAR indicated by the R.N. signature is done on a weekly basis.
  5. That documented review of as needed (PRN) medications indicated by the R.N. signature is done weekly.
  6. That adverse incident reports are maintained. All medication errors and adverse effect to medication documentation are maintained.
  7. That there is 24 hour on call coverage by **the supervisory** R.N.
  8. That only an R.N. receives verbal medication orders.
  9. That the **supervisory** R.N. will withdraw authorization of an AMAP at any time if that person is not performing medication administration in accordance with the training and written instructions. Medication Discrepancy Report will be reviewed by the R.N. and Program Director with the AMAP. Any continued errors will result in disciplinary action. Withdrawal (temporary or permanent) must be forwarded to OHFLAC (form WVAMAP-3).
- F. The AMAP maintains communication with the R.N. The R.N. is notified IMMEDIATELY:
1. If any change in signs or symptoms is noticed.
  2. If the pharmacy label on medication does not match with the MAR.
  3. If disposal of medication is needed.
  4. If medications appear unusual.
  5. If any deviation from the six (6) rights occurs during administration.
  6. If new prescriptions (written or filled) are brought in.
  7. If medications are discontinued.
  8. If a resident refuses medication.
  9. If there is any question about an as needed medication.
  10. If there is ANY doubt or question about any part of the medication administration process.
  11. If there is any medication inventory discrepancy.
  12. When any PRN medication needs to be administered.
- G. The six (6) rights of medication administration (right resident, right drug, right dosage, right time, right route, right record) with safe outcome are met by the following:
1. There is an appropriate ratio of

- a. One (1) R.N. to fifteen (15) AMAP's per shift. These AMAP's are located at different residential sites.
  - b. Two (2) R.N.'s to forty (40) residents in the different residential sites. All residents are ambulatory, able to self-medicate with verbal prompts.
  - c. Two (2) R.N.'s to ten (10) sites each within a fifteen (15) mile radius.
2. The distance from the R.N. central location to each site is approximately fifteen (15) miles. Justification for this distance includes that the R.N. is able to reach any site within sixty (60) minutes.
  3. The distance for the R.N. between sites, including sites furthest apart, is fifteen (15) miles. The R.N. has the ability to be at any site within sixty (60) minutes.
  4. These is an appropriate ratio of
    - a. No more than ten (10) residents to one (1) AMAP.
    - b. One (1) AMAP per shift at each residential site.
  5. The on-call R.N. cell phone number will be available so immediate contact can be maintained.
- H. The means of determining that safe outcomes are attained in relation to the goal of correct administration of medications include a method for identifying where problems arise that interfere with achieving this goal.
1. A Medication Discrepancy Report is completed for each medication error as defined in the WV Department of Health and Human Resources Curriculum for Unlicensed Medication Assistive Personnel that includes:
    - a. Date and time of the incident
    - b. Resident's name and age
    - c. Resident's physician
    - d. Name of personnel involved
    - e. When, how, and who discovered the error.
    - f. Complete description of event including type of medication error
    - g. Person(s) contacted
    - h. Description of medication involved (brand name, generic name, dosage form, strength/concentration, type of container)



- i. Any adverse effect on the resident. If this occurs, an adverse incident report must be completed.
- j. Any follow-up care required for the resident
- k. Signature and title of person preparing the report
- l. Signature of R.N., Program Director and Coordinator of agency

Southern Highlands also requires an Adverse Incident Report be completed. **Medication errors resulting in a need for treatment for the consumer shall be considered allegations of neglect and reported as such to Adult Protective Services and OHFLAC.** Primary Care Physician and SHCMHC Medical Director will be notified of any medication errors.

2. A record of each medication error for any AMAP is kept current in the AMAP's personnel file. This record will contain causes of errors and possible prevention of errors along with steps taken to monitor and re-educate the AMAP.
  3. Failure of an AMAP to perform medication administration in accordance with the training and written instructions as specified in the AMAP Guidelines will result in termination of the employees AMAP privileges by the R.N. The following directors will be notified: Residential Services, Support Services, and Executive Director, and their employment as a residential aide will be terminated. OHFLAC will then be notified.
- I. The medication delivery system used includes evaluation by physician for ability to self-medicate, training of staff to assist with consumer's medication, a secure area to store medication at each site, a contracted agreement with a pharmacist to fill and deliver single unit dose "bubble pack" medications to each site as well as to destroy any unused medication.
1. Medication is stored in compliance with federal/state laws and licensure and/or certification regulations as evidenced by
    - a. Medications are stored in a locked system inaccessible to all residents.
    - b. Stored medications are in the original labeled container prepared by the contracted pharmacist. Oral and non-oral medications are never stored together in the same consumer basket and each consumer

- basket is labeled oral or non-oral. Oral and non-oral baskets are stored on separate shelves.
- c. Labels are never written on. Any illegible label is returned to the pharmacy for relabeling. AMAP's are to notify the R.N. immediately for any question or concern about the medication or label.
  - d. The AMAP responsible for administering medications must keep the medication system key on their person while on duty. Only personnel with written authorization shall have access to the. Code for the key box where the keys are housed. The key for the controlled medication box will also be kept in the coded key box. Those with written authorization at each site would be the R.N. and shift AMAP, the Coordinator of the residential agency and the Program Director.
  - e. If refrigeration of medication is required, a refrigerator in a locked room, a locked refrigerator, or a locked box within the refrigerator must be provided. The temperature within the refrigerator storing medications must be maintained within the recommended temperature range on the medication package. Only medication can be stored in the medication refrigerator.
  - f. The control of drugs subject to the Uniform Controlled Substances Act (WV Code 60A-1-1-et.seq.) comply with federal and state laws, and the rules of WV Board of Pharmacy concerning procurement, storage, dispensing, administration and disposition of controlled substances.
  - g. Any Schedule II – V drugs must be stored in a manner so that they are securely protected by two (2) locks. The key to the separately locked Schedule II – V drugs shall not be the same key that is used to gain access to non-scheduled drugs.
  - h. A perpetual declining inventory of Schedule II – V medications is maintained on the resident's medication sheet.
  - i. Any discrepancy in a controlled substance is reported by completing the Medication Discrepancy Report and Adverse Incident Report. The R.N. is notified, who then notifies the consulting pharmacist. The report is reviewed by the R.N., Chief Nursing Officer and the Program Director. The reports are to be given to the Executive Director within 24 hours, or on Monday morning if incident occurred on a weekend, for investigation. Consulting pharmacist will sign the incident report and complete appropriate documentation for disappearance of

controlled substance per West Virginia Board of Pharmacy regulations.

2. Documentation of the AMAP's utilization of the systems to assure that the six (6) rights of medication administration are met by the R.N. providing ongoing supervision. This supervision will include observing the AMAP dispense medications using and repeating the six (6) rights taught in the curriculum. The R.N. will also assure that the standards of medication administration taught are being met through this ongoing supervision. Dispills are utilized routinely, packaged by the contracted pharmacist.
3. Documentation that unused medications due to change in drug therapy, death of resident, resident leaving an agency, or resident's inability to take the medication are disposed of in the following manner and as outlined in Residential Drugs/ Prescriptions Policy (Policy 149).

### **Disposing of Medications**

Often medications are prescribed and then discontinued, resulting in a supply of unusable medications in the group home. When this occurs, the following procedure is to be followed:

#### Non-controlled medications:

The Residential LPN will complete the "Medications to be Destroyed Form" which includes the name of the medication, the dosage of the medication, and the number of medications that are to be destroyed. The Residential LPN then disposes of the medications in the approved RX drug buster. An incident report will be completed citing which medication was destroyed, the reason for destroying the medication, number of pills destroyed, and signature of the nurse. The form and incident report are sent to the program RN.

#### Controlled Medications:

The Residential LPN will complete a "Medications to be Destroyed Form" and a count of the medication and take it to the Program RN. The medications will be stored in a locked steel box that has a slot in the top of it to drop the controlled medications in. A list of the medications dropped in the box will be placed in the box. The list will include date, consumer name, medication, number of doses placed in box, and nurse placing meds in the box. Only the Chief Nursing Officer and the Consulting Pharmacist will have access inside the box. The consulting pharmacist will be contacted to come and dispose of the medications at their earliest convenience.

For the discontinuation of Schedule II – V controlled substances, see Policy 149 – Residential Drugs/ Prescriptions.

Medication shall be released to a resident upon discharge with written authorization of a physician. This medication shall be properly labeled and packaged by the pharmacist with directions for use in accordance with regulations of the WV Board of Pharmacy. The consumers medication sheet will show the amount of medication released and signature of staff releasing medication.

A reliable and simply stated medication source that includes information on all drugs being administered, the risks, and possible side effects are available at all sites (in the staff office).

- J. There is an Infection Control Plan which includes:
1. Standard precautions (Policy 165 – Attachment B)
  2. Use of personal protective equipment (Policy 165 – Attachment B and OSHA Exposure Control Plan)
  3. Medical aseptic practices
    - a. Handwashing (Policy 165 – Attachment E)
    - b. Spills are cleaned promptly using guidelines in SHCMHC OSHA Exposure Control Plan.
    - c. All medication administration equipment is disposable and patient specific. Any applicators for individual consumer's medications are kept in sealed plastic bags until the medication regimen is completed, then disposed of. The sealed plastic bag of medication/applicator is kept in the non-oral tray. PPE is utilized in handling of the applicator if necessary by staff and appropriate hand washing.

(Policy 165 – Attachment B and Attachment E are attached to this policy)

## **ADDENDUM**

### **Policy 151 – Approved Medication-Assistive Personnel (AMAP)**

#### **Section I-5**

The medication source being used is the current **PDR Pocket Guide to Prescription Drugs**.

#### **Section I-3.e**

Reference to Policy 152 – Drug Handling Section II F-2.a-e

- a. The medication is counted.
- b. The declining count sheet is attached to the MAR and placed with the MAR in the designated locked medication cabinet.
- c. The nurse records any discontinued medication and relevant information, including the count, in the Discontinued Controlled Drugs log, which is to be kept in a separate binder in the nurses office.
- d. The medication is to be returned to the contracted pharmacy to the pharmacy consultant by the nurse with the log and both sign the log which is retained in the nursing office.
- e. All Schedule II – V DEA Controlled Drugs shall be destroyed jointly by a nurse and the pharmacy consultant, and a record is made.

#### **Section J-1**

Reference to Policy 165 – Communicable Diseases, Attachment B “Standard Precautions.”

Section is attached to this policy.

#### **Section J-3.a**

Reference to Policy 165 – Communicable Diseases, Attachment E “Handwashing.”

Section is attached to this policy.