



SALVATION ACADEMY

MEDICATION AIDE STUDY

MATERIALS

FOR REGISTERED MEDICATION AIDES STUDENTS

**COMMONWEALTH OF VIRGINIA BY
BOARD OF NURSING**

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Commonwealth of Virginia



LAWS AND REGULATIONS GOVERNING MEDICATION AIDES IN VIRGINIA

**EACH INTERESTED CANDIDATE
MUST UNDERSTAND THESE
LAWS AND REGULATIONS GOVERNING
MEDICATION AIDES BEFORE
STARTING THE CLASS.**

**There are three parts of the
regulations.**

Part I.

General Provisions

18VAC90-60-10.

Definitions of important terms.

18VAC90-60-20.

Identification; accuracy of records.

18VAC90-60-30.

Fees.

Part II.

Medication Aide Training Programs

18VAC90-60-40.

Requirements for the program
curriculum.

18VAC90-60-60.

Other program requirements.

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Part III.

Registration of Medication Aides.

18VAC90-60-90.

Requirements for initial registration.

18VAC90-60-91.

Requirements for provisional practice.

18VAC90-60-92.

Requirements for registration by
endorsement.

18VAC90-60-100.

Renewal or reinstatement of
registration.

18VAC90-60-100.

Standards of practice.

18VAC90-60-110.

Disciplinary provisions
for medication aides.

18VAC90-60-120.

Part I. General Provisions

18VAC90-60-10.

Definitions.

The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

“Board

means the Virginia Board of Nursing.

Client

means a person receiving the services of a medication aide in an assisted living facility or other facilities.

Committee

means the Special Conference Committee, comprised of not less than two members of the board in accordance with § 2.2-4019 of the Code of Virginia.

Direct client care

means assisting residents in performance of personal care and activities of daily living.

Medication

means drugs as scheduled in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).

18VAC90-60-20.

Identification

Accuracy of records. Any person regulated by this chapter shall, while on duty, wear identification that is clearly visible to the client and that indicates the person's first and last name and the appropriate title issued to such person by the board under which he or she is practicing in that setting.

Or A medication aide who has changed his name shall submit as legal proof to the board a copy of the marriage certificate, a certificate of naturalization or a court order evidencing the change.

A duplicate certificate shall be issued by the board upon receipt of such evidence.

A medication aide shall maintain an address of record with the board. Any change in the address of record or in the public address, if different from the address of record, shall be submitted electronically or in writing to the board within 30 days of such change

All notices required by law and by this chapter to be mailed by the board to any registrant shall be validly given when mailed to the latest address of record on file with the board.

18VAC90-60-30.

Board of Nursing Fees.

Application for registration as a
medication aide fee **\$50**

Annual renewal fee is **\$22**

Late renewal fee **\$15**

Reinstatement of registration **\$90**

Returned check **\$35**

Duplicate registration **\$15**

Reinstatement due to suspension, or
revocation **\$120**

18VAC90-60-60.

Requirements for the program curriculum.

A. Prerequisite for the program.

A student seeking enrollment in a medication aide training program shall have successfully completed the direct care staff training required by the Department of Social Services for employment in an assisted living facility or an approved nurse aide education program.

Hours of instruction.

An approved program shall consist of a minimum of 68 hours of student instruction and training to include:

At least 40 hours of classroom or didactic instruction over and above any facility orientation program or training in direct client care provided by the facility;

2. At least 20 hours of supervised skills practice in medication administration to residents of an assisted living facility, after which the training program shall evaluate the student's minimal competency in the clinical skills of administering medications on a form provided by the board.

Up to twenty percent (20%) of the supervised skills practice may be completed by a simulation experience in a simulation laboratory.

The clinical evaluation shall be conducted one-on-one with a qualified instructor with experience in medications in long-term care; and

3. An eight-hour module in facilitating client self-administration or assisting with the administration of insulin to include instruction and skills practice in the administration of insulin as specified in the board-approved curriculum.

C. Content of the curriculum. An approved program shall use the curriculum developed and provided by the board which shall, at a minimum, include the following topics:

1. Preparing for safe administration of medications to clients in assisted living facilities;
2. Maintaining aseptic conditions;

3. Understanding of basic pharmacology;

4. Facilitating client self-administration or assisting with medication administration;

5. Following proper procedure for preparing, administering, and maintaining medications; and

6. Following appropriate procedures for documentation and reporting to the licensed healthcare professional on duty at the facility or to the client's prescriber.

D. In addition to the training curriculum, the program shall provide one or more four-hour modules that can be used by facilities as refresher courses or by medication aides to satisfy requirements for continuing education.

18VAC90-60-70.

Other program requirements.

A. Ratio. An approved training program shall maintain a ratio of no more than 10 students for one instructor for the 20 hours of supervised skills practice as required by 18VAC90-60-60 B.

B. Records.

1. Each medication aide training education program shall develop and maintain an individual record of major skills taught and the date of performance by the student. At the completion of the program, the medication aide must receive a copy of this record and a certificate of completion from the program.

2. A record of the reports of graduates' performance on the approved competency evaluation program shall be maintained.

3. A record that documents the disposition of complaints against the program shall be maintained.

4. All records required by this section shall be maintained for at least five years.

C. Student identification. The medication aide students shall wear identification that clearly distinguishes them as a “medication aide student” while engaged in practical skills training under direct supervision by an instructor.

18VAC90-60-80. Requirements for closing of a program.

When a medication aide training program closes, the program provider shall:

1. Notify the board of the date of closing following completion of the last program for which students are already enrolled.

2. Submit to the board a list of all persons who have completed the program with the date of completion of each.

Part III.

Registration of Medication Aides.

18VAC90-60-90.

Requirements for initial registration.

A. To be registered as a medication aide, an applicant shall:

1. Provide documentation of successful completion of a staff training program in direct client care approved by the Department of Social Services, a nursing education program or an approved nurse aide education program

Provide documentation of successful completion of one of the following:

- a. A medication aide training program approved by the board in accordance with this chapter; or
- b. A nursing education program preparing for registered nurse licensure or practical nurse licensure.

5. Provide documentation of successful completion of competency evaluations consisting of:

- a. A clinical evaluation of minimal competency in the skills of administering medications as specified in 18VAC90-60-60 B 2; and
- b. A written examination as specified by the board with a passing score determined by the board.

B. An applicant who fails to take the board-approved examination within one year of completion of the training or who has failed the examination in three attempts shall reenroll and successfully complete another approved medication aide training program before re-applying for registration.

18VAC90-60-91. Requirements for provisional practice.

- A. An applicant for registration who wants to practice as a medication aide on a provisional basis shall:
1. Submit the required application for registration and fee as prescribed by the board; and

2. Provide evidence to the board of successful completion of the medication aide training course or a nursing education program.

B. An applicant shall practice for no more than 120 days from the date of a letter from the board acknowledging receipt of the documentation required in subsection A of this section and granting provisional authorization.

C. An applicant acting as a medication aide under provisional authorization shall be identified as a provisional medication aide.

D. An applicant with provisional authorization shall immediately cease acting as a medication aide at the conclusion of the 120-day period or upon notification of failure after three attempts to pass the written examination required for registration, whichever comes first.

18VAC90-60-92.

Requirements for registration by endorsement.

An applicant applying for registration by endorsement who has met the requirements for registration or certification as a medication aide in another state or the District of Columbia may be deemed eligible to sit for the competency evaluation if there are no grounds for denial of registration as specified in § 54.1-3007 of the Code of Virginia and upon submission of:

1. A completed application and fee; and
2. Verification of registration or certification as a medication aide in another state or the District of Columbia, which is current or eligible for reinstatement.

18VAC90-60-100. Renewal or reinstatement of registration.

A. Renewal of registration.

1. Registered medication aides shall renew by the last day of their birth month each year.

2. The medication aide shall complete the application and submit it with the required fee and an attestation that he has completed continuing education as required by subsection B of this section.

3. Failure to receive the application for renewal shall not relieve the medication aide of the responsibility for renewing his registration by the expiration date.

4. The registration shall automatically lapse if the medication aide fails to renew by the expiration date.

5. Any person administering medications in an assisted living facility during the time a registration has lapsed shall be considered an illegal practitioner and shall be subject to prosecution under the provisions of §54.1-3008 of the Code of Virginia.

Continuing education required for renewal.

1. In addition to hours of continuing education in direct client care required for employment in an assisted living facility, a medication aide shall have:
 - a. Four hours each year of population-specific training in medication administration in the assisted living facility in which the aide is employed;
 - or

Bb. A refresher course in medication administration offered by an approved program.

2. A medication aide shall maintain documentation of continuing education for a period of four years following the renewal period for which the records apply.

3. The board shall periodically conduct a random audit of its registrants to determine compliance. A medication aide selected for audit shall provide documentation as evidence of compliance within 30 days of receiving notification of the audit.

4. The board may grant an extension for compliance with continuing education requirements for up to one year, for good cause shown, upon a written request from the registrant prior to the renewal deadline.

C. Reinstatement of registration.

1. An individual whose registration has lapsed for less than one renewal cycle may renew by payment of the renewal fee and late fee and attestation that he has completed all required continuing education for the period since his last renewal.

2. An individual whose registration has lapsed for more than one year shall:

a. Apply for reinstatement of registration by submission of a completed application and fee;

- b. Provide evidence of completion of all required continuing education for the period since his last renewal, not to exceed eight hours of training in medication administration;
- c. Retake the written and practical competency evaluation as required by the board; and

d. Attest that there are no grounds for denial of registration as specified in §54.1-3007 of the Code of Virginia.

18VAC90-60-110. Standards of practice.

A. A medication aide shall:

1. Document and report all medication errors and adverse reactions immediately to the licensed healthcare professional in the facility or to the client's prescriber;
2. Give all medications in accordance with the prescriber's orders and instructions for dosage and time of administration and document such administration in the client's record; and

3. Document and report any information giving reason to suspect the abuse, neglect or exploitation of clients immediately to the licensed healthcare professional in the facility or to the facility administrator.

B. A medication aide shall not:

1. Transmit verbal orders to a pharmacy;
2. Make an assessment of a client or deviate from the medication regime ordered by the prescriber;

3. Mix, dilute, or reconstitute two or more drug products, with the exception of insulin or glucagon;

4. Administer by intramuscular or intravenous routes or medications via a nasogastric or percutaneous endoscopic gastric tube; or

5. Administer by subcutaneous route, except for insulin medications, glucagon, or auto-injectable epinephrine.

18VAC90-60-120. Disciplinary provisions for medication aides.

The board has the authority to deny, revoke or suspend a registration issued, or to otherwise discipline a registrant upon proof that he has violated any of the provisions of §54.1-3007 of the Code of Virginia. For the purpose of establishing allegations to be included in the notice of hearing, the board has adopted the following definitions:

1. Fraud or deceit in order to procure or maintain a registration shall mean, but shall not be limited to:

- a. Filing false credentials;
- b. Falsely representing facts on an application for initial registration, reinstatement or renewal of a registration; or

c. Giving or receiving assistance in taking the competency evaluation.

2. Unprofessional conduct shall mean, but shall not be limited to:

a. Performing acts beyond those authorized by the Code of Virginia and this chapter for practice as a medication aide.

b. Assuming duties and responsibilities within the practice of a medication aide without adequate training or when competency has not been maintained

c. Obtaining supplies, equipment or drugs for personal or other unauthorized use;

d. Falsifying or otherwise altering client or drug records relating to administration of medication;

e. Falsifying or otherwise altering employer records, including falsely representing facts on a job application or other employment-related documents;

f. Abusing, neglecting or abandoning clients;

g. Having been denied a license, certificate or registration or having had a license, certificate or registration issued by the board revoked or suspended.

h. Giving to or accepting from a client property or money for any reason other than fee for service or a nominal token of appreciation;

i. Obtaining money or property of a client by fraud, misrepresentation or duress;

j. Entering into a relationship with a client that constitutes a professional boundary violation in which the medication aide uses his professional position to take advantage of a client's vulnerability, to include but not limited to actions that result in personal gain at the expense of the client, an inappropriate personal involvement or sexual conduct with a client;

k. Violating state laws relating to the privacy of client information, including but not limited to § 32.1-127.1:03 of the Code of Virginia;

l. Failing to follow provisions of the Medication Management Plan for the assisted living facility in which the aide is employed; or

m. Violating standards of practice as set forth in 18VAC90-60-110.

3. For the purposes of interpreting provisions of subdivision 5 of § 54.1-3007 of the Code of Virginia, a pattern of medication errors may constitute practice that presents a danger to the health and welfare of clients or to the public.

Module 1 in Detail

LEGAL AND ETHICAL ISSUES

OBJECTIVES

- 1.1 Identify legal and ethical issues in medication management
- 1.2 Recognize the implication of client's rights regarding medications, treatment decisions, and confidentiality

1.3 Identify laws and regulations relating to administration of medication in Virginia assisted living facilities

1.4 Identify permitted practices and identify acts prohibited by Medication Aides in Virginia

1.5 Identify legal requirement to report client abuse, neglect or exploitation

Curriculum for Registration of Medication Aides has been approved by the Board of Nursing. The laws and regulations require that all medication aides working in Assisted Living and other Facilities must be registered with the Board of Nursing by July 1, 2008 (extended to **December 31, 2008, then to Aug 1, 2009**).

This is a 68-hour curriculum.
Sixty-eight (68) hours is the minimum
number of hours required to train
medication aides for registration
with the Board of Nursing, to work in
Assisted Living and other Facilities.
It is at the discretion of the instructor
to determine if more hours are
required to train the students in each
individual class...

Additional hours can be added to
meet the needs of the students
The minimum 68-hour requirement
includes: 40 hours in the classroom,
teaching
8 hours of diabetic-specific training.
20 hours of clinical training is
required and there should be no
more than 10 students per instructor

The content of this curriculum is written in clear and simple language and reflects current recommended best practices in medication administration.

The curriculum is divided into eight Modules/chapters/Lessons

At the end of every lesson, there is a test/student evaluation.

CHAPTER 1 OR LESON ONE

LEGAL AND ETHICAL ISSUES.

Provides information on laws issues and regulations governing medication management in Virginia's Assisted Living and other Facilities.

Legal and ethical issues include:
Confidentiality. client rights. and issues regarding abuse. and neglect.

CHAPTER 2 – LESSON TWO

PREPARING FOR SAFE ADMINISTRATION OF MEDICATION

Topics include:

International Time and the Five
Rights of Medication
Administration

This may be new material for some
students.

The Five Rights of Medication Administration

The Right Clients

The Right Medication/Drug

The Right Dose

The Right Route & The Right Time

CHAPTER 3 - LESSON THREE.

INTRODUCTION TO PHARMACOLOGY.

This lesson Provides elementary information on basic pharmacology. Topics include:

How drugs are classified, purposes and effects of drugs, medical terminology and abbreviations related to drug administrations, and how to use drug information resources.

CHAPTER 4 – LESSON FOUR.

ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS.

This topic Describes:

The procedures for administering medications by various routes, including inhalation therapy and the administration of epinephrine in emergency situations.

CHAPTER 5 LESSON FIVE.

DOCUMENTATION.

This lesson Provides information on the different types of medication orders.

Explains how to receive oral orders from health care providers.

How to transcribe the orders onto the Medication Administration Record **MAR**

Also, explains on how to document:

- Medications administered
- Medication exclusions,
 - Medication errors.

CHAPTER 6 – LESSON SIX.

STORAGE AND DISPOSAL OF MEDICATIONS.

This topic introduce the guidelines:

- ✓ For Storing Medications.
- ✓ Securing and Disposing of Medications, including controlled substances.

CHAPTER 7 – LESSON SEVEN.

SPECIAL ISSUES IN MEDICATION ADMINISTRATION

This topic provides information on special issues related to the care of the elderly and of the cognitively impaired client.

Also included in this lesson is basic information on the use of psychotropic drugs. The ‘Beer’s List’ of medications, and how to avoid the use of chemical restraints. Issues related to over-the-counter medications and herbal preparations are also addressed.

A psychotropic drug or psychoactive drug, or psychopharmaceutical drug, is a chemical substance that changes brain function and results in alterations in the perception of the person, the mood, the consciousness, the cognition, or behavior.

These substances may be used medically; or recreationally; to either improve the performance of the client or alter the client's consciousness; Some categories of psychoactive drugs, with therapeutic value, are prescribed by physicians and other healthcare practitioners.

Examples include anesthetics, analgesics, anticonvulsant and antiparkinsonian drugs as well as medications used to treat neuropsychiatric disorders, such as antidepressants, anxiolytics, antipsychotics, and stimulant medications.

The Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, commonly called the Beers List, are guidelines for healthcare professionals to help improve the safety of prescribing medications for older adults.

They emphasize deprescribing medications that are unnecessary, which helps to reduce the problems of polypharmacy, drug interactions, and adverse drug reactions, thereby improving the risk–benefit ratio of medication regimens in at-risk clients.

CHAPTER 8 – LESSON EIGHT

INSULIN ADMINISTRATION.

This eight hour module provides:

- Descriptions of the types of diabetes,
- Complications related to diabetes,
- The types of insulin available for diabetic patients.

Instruction is provided on how to perform finger-stick for glucose monitoring and how to administer insulin by injection.

Insulin is a peptide hormone, produced by beta cells of the pancreas; it is considered to be the main anabolic hormone of the body.

It regulates the metabolism of carbohydrates, fats and protein by promoting the absorption of carbohydrates, especially glucose from the blood into liver, fat and skeletal muscle cells

The use of this curriculum does not ensure eligibility for registration as a medication aide by the Virginia Board of Nursing unless use is by a Board-approved program provider.

CHAPTER 1 - LESSON ONE

LEGAL AND ETHICAL ISSUES

OBJECTIVES

1.1 Identify legal and ethical issues
in medication management

1.2 Recognize the implication of
client's rights regarding medications,
treatment decisions, and
confidentiality

1.3 Identify laws and regulations relating to administration of medication in Virginia assisted living facilities

1.4 Identify permitted practices and Acts prohibited by Medication Aides in Virginia

1.5 Identify legal requirement to report client abuse, neglect or exploitation

PERFORMANCE OBJECTIVE

Upon completion of Chapter One, the student will be able to, Define Legal terms, Identify ethical and legal issues, and Understands the laws and standards relating to administration of medications in Virginia Assisted Living Facilities, other Facilities, and the implication of these standards for Medication Aides

Students will also be able to demonstrate understanding of this lesson by completing a written test with 80% accuracy.

There will be a class quiz and online test for performance record and evaluation

KEY TERMS

- Abuse
- BOP
- Exploitation
- Neglect
- ALF
- CE
- ISP
- Resident's Bill of Rights
- APS
- DSS
- Legal standards
- UAI
- BON
- Ethical standards
- Liable

Information for this chapter comes directly from the Department of Social Services and the Board of Nursing Regulation that govern registered medication aides in assisted living facilities and other facilities, where they may be fortunate to be employed.

Students must have access to the course materials at the beginning of each course to assure the most up-to-date *and accurate information*.

Each student should be provided with a copy of the Board of Nursing regulations that will regulate their practice

1.1 Identify Legal and Ethical Issues in Medication Administration and Implications for Medication Aides

INTRODUCTION OF CHAPTER ONE:

Medication Aides may be faced with making decisions about the consequences of an action or behavior.

Some decisions involve the moral right or wrong of an action.

Others involve the legality of the action.

At times decisions may
have both
Ethical
and
Legal
implications.

How do we deal with them???

Medication Aides should have the knowledge to distinguish between the two and make sound decisions about a particular action or behavior.

(Note: The terms “resident” and “client” may be used interchangeably throughout this chapter.)

TOPICAL OUTLINE

A. What are the Ethical and legal standards that must be followed?

1. To guarantee that residents receive safe and competent care.
2. To protect the Medication Aide.

B. Distinguish between ethical standards and legal standards

1. Ethical standards are guides to moral behavior. Examples:

a. Life is valuable; hence every person deserves respect. Every person has her/his own beliefs. Personal information is private.

b. The guiding principle of ethics in health care is, If we are unable to do good, we should at least do no harm.

Legal standards are guides to legal behavior.

Legal issues that important to
Medication Aides.

The Medication Aide:

1. Must work within her/his scope of practice.
2. Performs only those acts which she/he is trained to do.

3. Keeps skills and knowledge up-to-date.

4. Requests help before taking action in a questionable situation.

5. Always protects the safety and wellbeing of the resident.

6. Performs her/his job according to facility policy.

D. Violation of ethical or legal standards may result in:

A. Loss of registration

B Loss of eligibility to work in assisted living and other facilities.

C. Disciplinary action by the facility and/or the Board of Nursing

1.2 Recognize the Implication of Clients' Rights Regarding

- Medications,
- Treatment Decisions
- Confidentiality

INTRODUCTION TO CLIENT RIGHTS

Staff is required to know the Resident's
Bill of Rights.

The study of these rights is included in
both nurse aide and direct care staff
training programs. It is also required for
new employee orientation in all long-
term care facilities.

This section should serve as a general review with an emphasis on those rights that relate specifically to:

Medications,
Treatment Decisions and
Confidentiality.

It is important that Medication Aides know these particular rights and their implications for practice.

A. Client rights regarding medications and treatment decisions

- 1** Right to be informed of rights, responsibilities, policies and rules.
- 2** Right to participate in planning personal medical treatment.
- 3** Right to refuse medical treatment.

- 4 Right to privacy during medical treatment including the administering of medications.
- 5 Right to take only medications prescribed by personal HCP.
- 6 Right to refuse to participate in research or experimentation.
- 7 Right to choose physicians and other health care providers.

8 The right to move around freely.
(Free from chemical restraint).

B. Client rights regarding
confidentiality

1 Right that only staff members
providing care to a client may have
access to the clients' medical
records.

- a. Right to approve or refuse to release personal records to an individual outside the facility (except as otherwise provided by law).

Implications for facility staff

- 1. Must make rights decisions, take responsibilities & make all the rules known to the client.

Must not restrict any client rights.
Must train staff to implement client rights.

- a. Provide staff and client with a written statement of client rights and responsibilities.
- b. Encourage clients to exercise their rights.
- c. Discuss using a system for handling complaints.

1.3 Identify Laws and Regulations Relating to Administration of Medication in Virginia Assisted Living Facilities

INTRODUCTION TO REGULATIONS:

Persons who administer medications in Virginia are bound by the regulations and standards of different state agencies.

The Drug Control Act of Virginia authorizes the administration of certain medications by unlicensed personnel.

The Virginia Board of Nursing maintains
the Medication Aide Registry.

Those persons listed on the registry
must comply with the regulations of
the board.

The Department of Social Services, Division of Licensing Programs, is the licensing body for Virginia Assisted Living Facilities and has specific standards governing medication management.

There are also specific standards in the Virginia Board of Pharmacy regulations which apply to the practice of the Medication Aide.

The Drug Control Act of Virginia (§54.1-3408)

Authorizes unlicensed persons to administer medication in assisted living facilities (ALF's).

Requires the Board of Nursing to disseminate the regulations governing Medication Aides.

Requires the Board of Nursing to maintain a registry of Medication Aides.

Allows unlicensed persons to administer only those drugs that would otherwise be self-administered, to residents in an assisted living facility licensed by the Department of Social Services.

Prohibits the transmission, (by telephone or facsimile), of oral orders for new prescription drugs to a pharmacy by unlicensed persons.

Statutes and Regulations of the Virginia Board of Nursing (18VAC90-60-10 et seq.)

1. Defines requirements to be registered as a Medication Aide.
2. Establish the competency evaluation.
3. Renewal or reinstatement of registration requirements.
4. Continuing education for renewal requirements

**C. Regulations of the Virginia
Department of Social Services (22 VAC
40-72-630 et seq.)**

1. The medication management plan
2. Medication, diet and treatment orders
3. New orders for medications after hospital admission

4. Physician's orders
5. Physician's oral orders
6. Medication storage
7. Client self-administration
8. Administration of medication
9. Continuing education of
Medication Aides
10. Adverse drug reactions

11. Documentation of
medication administration

12. Disposal of medications

13. The use of PRN medications

14. The use of “stat boxes”

15. Drug regimen review

16. Oxygen Therapy

Regulations of the Virginia Board of Pharmacy (18VAC110-20-10 et seq.)

1. Pharmacy Services to Long-term Care Facilities
2. **Requirements for a prescription**
3. Transmission of a prescription
4. Medication storage
5. Disposal of medications
6. The use of “stat boxes”
7. Drug regimen review

Identify Permitted Practices and Identify Acts Prohibited by Medication Aides

INTRODUCTION:

This objective provides a summary of the role and responsibilities of the Medication Aide. Medication Aides should be encouraged to review specific details of the facility job description for their position.

It is important to note that the job description must comply with regulatory requirements of each agency reviewed in this chapter.

What are the Practices Allowed

1. May administer medications in assisted living facilities licensed by the Department of Social Services.
2. May administer medications which the client would normally self-administer.

3. May administer insulin injections as ordered by prescriber and as would normally be self-administered by the client.

4. May administer EpiPens® and Glucagon as ordered by prescriber, in emergency situations only.

B. Acts Prohibited by the Board of Nursing

1. May not administer medications in a nursing home.
2. May not transmit oral orders for new prescription drugs to a pharmacy.
3. May not make an assessment of a client.
4. May not deviate from the medication regime ordered.

5. May not mix, dilute, or reconstitute two or more drug products (except insulin and glucagon).
6. May not administer intramuscular or sub cut injection medications. The only exceptions are insulin or other subcutaneous injections for the treatment of diabetes such as glucagon, and the use of the Epi- Pen.

7. May not administer intravenous medications. Other sub q injection for the treatment of diabetes.

8. May not give medication by way of percutaneous endoscopic gastric (PEG) tubes.

Acts Prohibited by the Board of Pharmacy

1. Medication Aides may not transmit oral orders for new prescription drugs to the pharmacy.
2. Medication Aides may not remove drugs or administer drugs from an emergency or “stat” box provided by the pharmacy. Refer to Board of Pharmacy regulations. (no floor stock allowed)

3. Medication Aides may not repackage or label medications of any kind. If half a pill is used, the other half must be wasted per Board of Pharmacy regulations regarding the wasting of medications.

Actions Prohibited by the Department of Social Services

1. May not administer medications in ALFs until registered with the Board of Nursing pursuant to regulations effective July 1, 2007.

2. Must meet all regulatory requirements within one year of the effective date of new regulations. Effective date in July 1, 2007, so must be compliant by August 1, 2009.

E. Other Prohibited Practices

1. Medication Aides may not give medications which have been poured by another person.
2. Medication Aides may not pour medication for another person to give.

3. Medication Aides may not pre-pour medications for anyone (self included).
4. Medication Aides may not label or change the label of a medication.
5. Medication Aides may not write prescriptions or order new medications.

6. Medication Aides may not administer medications to clients until all requirements for training and certification are met.

(Must meet all regulatory requirements within one year of the effective date of new regulations).

Medication Aides are not trained to perform wound care or dressing changes, as this is considered a skilled treatment and not a medication.

Identify Legal Requirements to Report Client Abuse, Neglect or Exploitation

INTRODUCTION MANDATED REPORTING:

Medication Aides are included among those persons designated as mandated reporters of abuse, neglect or exploitation/misappropriation of adults in the state of Virginia.

In addition, abandonment can be a major issue with this population. Mandated reporters are required by law to report any witnessed or suspected client abuse, neglect or exploitation/misappropriation. This objective focuses on the rights of mandated reporters and the penalty for failure to report as defined in § 63.2-1606(A).

Definitions Key Terms:

Abuse

Willful infliction of physical pain, injury or mental anguish or unreasonable confinement.

Neglect

Failure to provide services to maintain physical and mental health and well-being.

Exploitation/Misappropriation.

Illegal use of a client's resources for another's profit or advantage.

Abandonment

The term “patient abandonment” should be differentiated from the term “employment abandonment”, which becomes a matter of the employer- employee relationship and not that of the Board of Nursing.

It should be noted that from a regulatory perspective, in order for patient abandonment to occur, the nurse or Health Care Provider must have first accepted the patient assignment and established a nurse-patient relationship, then disengaged that nurse-patient relationship without giving reasonable notice to the appropriate person.

(supervisor, employer)

so that arrangements can be made for continuation of nursing care by others.

Mandated reporting is a legal requirement in Virginia (§ 63.2-1606.A)

Who is mandated to report as defined by law?

Any person licensed, certified or registered by health regulatory boards

Veterinary is an exception
Any guardian or conservator of an
adult.

Any person employed by or
contracted with a public or private
agency or facility, and working with
adults in an administrative,
supportive or direct care capacity.

Any person providing full, intermittent or occasional care to an adult for compensation, including but not limited to companion, chores, homemaker and personal care workers.

Any law-enforcement officer.

What specific facts are mandated to report?

The age of the abused individual (60 years or more, or 18 years or more and incapacitated).

The identity of the adult or location of the adult about whom the report is being made.

The circumstances about the risk or suspected abuse, neglect and/or exploitation.

Mandated reports should be submitted
or called in to:

Adult Protective Services unit of the
local Department of Social Services in
which the adult resides or in which the
abuse, neglect or exploitation
occurred.

If appropriate, to the law enforcement
and the medical examiner.

WHERE TO REPORT AND HOW TO REPORT

The 24 hour Virginia Department of Social Services Adult Abuse Hotline. 1
(888) 832-3858

Other responsibilities of the person reporting:

Report suspicion that an adult has died as a result of abuse or neglect.

Report suspected sexual abuse.

Report other criminal activity involving abuse or neglect that puts an adult in danger of death or harm.

What are Rights of the person reporting:

Immunity from civil and criminal liability unless the reporter acted in bad faith or with a malicious purpose.

Right to have identity kept confidential unless consent to reveal his/her identity is given or unless the court orders that the identity of the reporter be revealed.

The right to hear from the investigating local Department of Social Services confirming that the report was investigated.

What are the Penalties for failure to report:

Civil money penalty of not more than \$500 for the first failure and not less than \$100 not more than \$1000 for subsequent failures.

APS refers matters as necessary to the appropriate licensing, regulatory or legal authority for administrative action or criminal investigation.

1. To willfully inflict physical pain, injury or mental anguish or unreasonable confinement is:

- A. abuse
- B. neglect
- C. misappropriation
- D. abandonment

Abuse

2. Guides to moral behavior are:

- a. ethical standards
- b. legal standards
- c. regulations
- d. law

Ethical standards

3. A document that states the rights of clients living in long-term care facilities is called the Client's Rights or Resident's Bill of Rights.

A. True

B. False

True

4. Guides to legal behavior are called legal standards.

a. True

b. False

True

5. When one is legally obligated or responsible for an action he is not liable.

- a. True
- b. False

False

6. Which of the following would be considered ethical standards:

A. life is valuable

B. every person deserves respect

C. to perform only acts one is qualified for

D. a and b only

A and B only

7. Violation of ethical or legal standards could result in:

- a. loss of registration
- b. disciplinary action
- c. loss of employment
- d. all of the above

All of the above

8. Which of the following Resident's Rights are related to confidentiality:

- a. The right to move around freely
- b. The right to participate in research
- c. The right to privacy during medical treatment
- d. a and b only
- e. None of the above

The right to privacy during medical treatment

9. Ethical and legal standards are important because they:

- a. guarantee clients receive safe, quality care
- b. provide guidelines for legal behavior only
- c. protect Medication Aides
- d. both b and c
- e. both a and c **Both B and C**

10. Medication Aides in Virginia are maintained in a registry by

- a. the Virginia Board of Pharmacy
- b. the Virginia State Police
- c. the Virginia Board of Nursing
- d. the Virginia Department of Health

The Virginia Board of Nursing

11. Assisted Living Facilities in Virginia are licensed by the Department of Social Services.

a. True

b. False

True

12. Five occupations that are considered Mandated Reporters in Virginia are listed below. Which one is not included.

- a. Nurses
- b. Bus Drivers
- c. Social Workers
- d. Teachers
- e. Ministers

Social Workers

13. The Drug Control Act
Allows Medication Aides to
administer only those drugs
which the client could never
self administer.

a. True

b. False

False

14. Exploitation of a client means that someone helps him/her.

a. True

b. False

False

15. Suspected abuse, neglect, or exploitation must be reported to a family member.

a. True

b. False

False

16. Virginia Board of
Pharmacy regulates pharmacy
practice.

a. True

b. False

True

17. Virginia Board of Nursing
regulates nursing practice.

a. True

b. False

True

18. Competency examination is part of the Medication Aide registration process.

a. True

b. False

True

19. Intra-muscular injections are prohibited by Medication Aides.

- a. True
- b. False

True

20. The guiding principle of ethics in health care is, “If we are unable to do good, we should at least **do no harm.**”

a. True

b. False

True