

Introduction

Assisted Living Medication Training



UPDATED January 2016

When using this program, please consider the following important points:

The guidelines and procedures outlined in the manual and videos will never supersede current regulation. To the best of our knowledge, these guidelines reflect current regulation; nevertheless, they cannot be considered universal recommendations. For individual application, all recommendations must be considered in light of the resident's condition. The authors and publishers disclaim responsibility for any adverse effects resulting directly or indirectly from the suggested procedures, from any undetected errors, or from the reader's misunderstanding of the text or video content.

Regulations and interpretations will change and it is your responsibility to ensure that the assisted living or residential care community is operated under the guidelines outlined in current regulation. Review regulations, policy, procedures and instructions to ensure compatibility with the regulations your community is obligated to abide by.

The guidelines outlined in this manual will never supersede a state regulatory agency's directive, physician order, or direction from a licensed medical professional.

Hands-on resident care of any kind should always be in accordance with physician orders. The interventions in this manual are not intended to be personalized plans of care.

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TERMINOLOGY

Various terms related to resident care are used throughout this training kit. While most of these terms are commonly accepted in the industry, there is some variation from state to state, and within different organizations. To clarify these terms and to improve your understanding of their meaning, a brief explanation is provided below:

Community The care setting is referred to as an assisted living or residential care community. Although the term "facility" is often used in state regulations and by some in the industry, we feel it is important to distinguish an assisted living or residential care residence as a home, rather than strictly a clinical facility.

When the word "community" is used in this manual it is referring to the care setting, not the community at large. Clarification will be provided if necessary. In some cases, such as when quoting from regulations, the term facility will be used.

Caregiver This is the person providing care. Although there are exceptions, typically this person is not a licensed medical professional.

Trainer This is the person providing and/or overseeing training. This may be a supervisor, or a professional trainer hired to conduct training.

Learner This is the individual being trained.

Med Aide There are many titles given to a person who assists with medications. Medication Technician, Medication Supervisor, Med Aide or simply Caregiver are commonly used. For clarity, this program will use the title Med Aide, when referencing a staff person who assists with medication.

Resident The resident is the individual receiving care. In other healthcare settings the term "patient" or "client" are more common, but to foster a homelike atmosphere the term resident is used in the assisted living and residential care industries.



INSTRUCTIONS FOR USING THIS TRAINING KIT

This training kit is designed to assist you in complying with training requirements for persons who will assist residents with medications. This program is divided into six modules, each containing the following materials to assist you in completing the training:

Training DVD

There is a separate training DVD that corresponds to each module of the learner workbook. It is recommended that learners view the DVD for each module separately, rather than in one long viewing session. Ensure that the DVD viewing area is comfortable and quiet.

Learner Workbook

The learner workbook contains additional information to be reviewed during the training, as well as important learning activities that reinforce key points.

Final Exam

After reviewing all material, the learner should take the final exam and have it graded by the instructor.

It is recommended that you instruct your learner(s) to complete one module at a time. For example, instruct the learner to read the first module and view the corresponding DVD before moving on to the next module.

After viewing the video, the learner and instructor will review the key information as outlined in the workbook. Next, the learner performs the instructor activities as outlined in this workbook. These activities may include discussion with the instructor and/or participation in supervised resident care or supervised discussion with residents. The instructor will sign the learner workbook appropriately upon successful review of the key information and successful completion of each activity.

When the learner has completed the entire program, the instructor/supervisor will sign the training checklist verifying successful completion. Make sure to maintain a copy of the training checklist in each employee's individual personnel record.



ASSISTED LIVING MEDICATION TRAINING PROGRAM DEVELOPER QUALIFICATIONS

Sandra Flores, RN

Sandra Flores, RN is a respected educator, consultant, and published author for the Assisted Living industry. Sandi is past president of the American Assisted Living Nurses Association representing the organization in Washington, DC as a board member of the Center for Excellence in Assisted Living. She serves as a consultant on resident care with over 3000 beds under clinical management. She also provides expert witness for legal review to industry providers. As an educator, Sandi has instructed more than twenty thousand residential care administrators and caregivers throughout the western United States. Sandi is the co-author of a monthly column in *Geriatric Nursing*.

Josh Allen, RN

Josh Allen is a Registered Nurse with over 15 years experience in the Assisted Living industry. Josh has served as a corporate consultant to numerous assisted living providers on issues of staffing, clinical services, policies, and regulation compliance. He is the past Executive Director of the American Assisted Living Nurses Association and currently serves on the Advisory Council of the Center for Excellence in Assisted Living and the Advisory Board for AL Consult.



Instructor Guide

Assisted Living Medication Training



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INSTRUCTOR GUIDE

IMPORTANT:
The trainer must meet the requirements outlined in the medication training policy in the CCL Policy section of this manual.

Using the Training Kit

1. Have the Med Aide in training view Video 1. After viewing, the qualified trainer should discuss the key components of the video and answer any questions. Incorporate community-specific policies into the discussion. Document that Video 1 has been viewed on the Training Verification form included in this kit.
2. Repeat step one for each video. It is recommended that you allow time between viewing each video for the Learner to adequately comprehend the content of the video and post- video discussion.
3. Photocopy the Learner Workbook section of the enclosed binder and distribute to each participating learner.
 - a. Go through each section of the Learner Workbook with the learner, covering all the information. As the trainer, you must ensure that the learner successfully comprehend the information.
 - b. Review any areas that you feel are needed.
 - c. As you complete each section, review the key points that you have covered.
 - d. Have the learner complete the Exercises included in each section. Once the Exercises are completed, review them with the learner. Exercise keys are included later in this section.
 - e. Document that the workbook has been successfully completed on the Training Verification form included in this kit.



4. Work with the learner to complete the hands-on shadowing portion of the training.
 - a. This includes successfully completing the Competencies at the end of the Learner Workbook.
 - b. Document on the Competency Forms that the Competencies have been successfully completed and document that the hands-on shadowing has been successfully completed on the Training Verification form included in this kit.

5. Document on the Training Verification form that the all training has been successfully completed. Maintain all training documentation for each Learner in his/her individual personnel file for review by licensing.

Final Exam

A final exam is included in the Exam section of this manual. Successful completion of a final exam is required by statute. This exam is designed to test the med aide's comprehension of the basic principles of medication assistance.

1. Make a copy for the Med Aide in training to use, however, do not allow any person to keep his/her test. Maintain the integrity of the exam by keeping it in a secure area.

2. Do not allow any person to take the exam unsupervised. It is not meant to be an "open book exam." The Learner Workbook, notes, etc. are not to be used when taking the exam.

3. Always update the exam, as CCL regulations and interpretations change.

4. A passing score is determined by the trainer. However, due to the sensitive nature of assisting with medications, it is recommended a passing score be 80% or better.



Certificate of Completion

When a staff member successfully completes the training program (including the hands-on shadowing), the qualified trainer may sign and present to the Med Aide the enclosed Certificate of Completion.

Presentation of the certificate does not replace accurate documentation that the staff member has completed the individual components of the training. Use the enclosed training verification forms and maintain them in the staff member's individual personnel file.



EXERCISE AND FINAL EXAM KEYS

The following are answer keys for the *Learning Exercises* located in the *Learner Workbook*.



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Learning Exercise KEY:

Understanding Your Community Specific Responsibilities

Sit down with your supervisor. In addition to listing your essential duties, there are some specific areas you will want to clarify.

My essential duties as a Med Aide include:

1. Coordinating quality care by communicating with the resident's health care providers, your supervisor, family members/significant others, and the resident regarding health conditions, and both prescription and non-prescription medication needs.
2. Dispensing medications and assisting the resident to consume medications.
3. Assuring that the available medications coincide with what the provider has prescribed.
4. Storing medications safely.
5. Ordering and refilling medications, never allowing a resident to run out of a medication.
6. Documenting medications.
7. Destroying medications as needed and in accordance with state and community procedures.
8. Documenting all communication with providers, family/significant others, and the resident according to your community policy.
9. Continual observation of each resident for potential adverse reactions to medications and/or signs/symptoms indicating the need for a change to the medication regimen.

Who is my immediate supervisor?

This is community-specific and must be determined by your own policies and procedures.



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In the event of an emergency, how do I reach my supervisor when my supervisor is not in the building?

This is community-specific and must be determined by your own policies and procedures.

Who do I contact if I am unable to reach my supervisor?

This is community-specific and must be determined by your own policies and procedures.










Learning Exercise KEY:
Allowable Med Aide Duties

Discuss the following common medication-related duties and procedures with your trainer. Clarify who may perform each duty, and place a check mark in the appropriate column next to each. Ensure your answers conform to both your community policy and your state regulations.

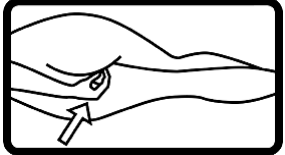


LMP = Licensed Medical Professional

| | | |
|---------------------|--|-------------------------------------|
| Oral medications | | <p>X Med Aide may ASSIST</p> |
| Inhalers | | <p>X Med Aide may ASSIST</p> |
| Transdermal patches | | <p>X Med Aide may ASSIST</p> |



| | | |
|---|---|---|
| Topical medications (e.g., ointments, creams, etc.) |  | X Med Aide may ASSIST |
| Eye drops |  | X Med Aide may ASSIST |
| Ear drops |  | X Med Aide may ASSIST |
| Nose drops |  | X Med Aide may ASSIST |
| Injections |  | X Other: Must be administered by the resident or LMP |



| | | |
|--|---|---------------------------------|
| Suppositories |  | X Med Aide may ASSIST |
| Enemas |  | X Med Aide may ASSIST |
| Titrate (decide how much of a medication to give) based on vital signs |  | X Only a LMP may perform |





Learning Exercise KEY:
Terminology and Abbreviations

Write the correct complete word(s) for each abbreviation:

| | |
|-----------|---|
| AC | <u>Before meals</u> |
| BM | <u>Bowel movement</u> |
| \bar{c} | <u>With</u> |
| BID | <u>Two times daily</u> |
| gtt | <u>Drop, drip</u> |
| DC | <u>Discontinue</u> |
| DNR | <u>Do not resuscitate</u> |
| PO | <u>By mouth</u> |
| QD | <u>Every day</u> |
| QH | <u>Every hour</u> |
| QHS | <u>Every hour of sleep, bedtime</u> |
| QID | <u>Four times a day</u> |
| QOD | <u>Every other day</u> |
| NKDA | <u>No known drug allergies</u> |
| NSAID | <u>Non-steroidal anti-inflammatory drug</u> |
| OD | <u>Right eye</u> |
| OS | <u>Left eye</u> |
| OTC | <u>Over-the-counter</u> |
| Rx | <u>Prescription</u> |
| URI | <u>Upper respiratory infection</u> |
| UTI | <u>Urinary tract infection</u> |
| < | <u>Less than</u> |
| TID | <u>Three times a day</u> |





Learning Exercise KEY: Drug Names

The drugs listed below are the generic or trade names for several common drugs. Match the correct generic and trade names by drawing a line to connect them

Trade Names

Generic Names

| | | |
|------------|------------------|---------------|
| Meticorten | ----- | furosemide |
| Lasix | ----- | lorazepam |
| Paxil | ----- | paroxetine |
| Ativan | ----- | prednisone |
| Risperdal | ----- | acetaminophen |
| Tylenol | ----- | risperidone |



Final Exam Key

Assisted Living Med Aide Training

1. A resident may store and consume his own medications if:
 - a. The resident does not have a diagnosis of dementia.
 - b. The family signs a statement which is maintained in the resident's chart
 - c. Never.
 - d. There is written physician approval.**

2. Which statement is not true about allergies?
 - a. An allergic reaction should be reported immediately to your supervisor and the resident's physician.
 - b. A resident may develop an allergic type reaction to a medication, even though he took it successfully in the past.
 - c. Allergic reactions would never be life threatening.**
 - d. None of the above.

3. All of the following are considered reasons for medication errors, except:
 - a. Transcribing information incorrectly onto the MAR.
 - b. Checking the medication label with the MAR.**
 - c. Relying on your expertise and experience in remembering the medications your resident takes.
 - d. All of the above.

4. Orthostatic hypotension, confusion, drowsiness, and nausea are all examples of:
 - a. Adverse drug reactions**
 - b. Medication synergistic effects
 - c. Medication use
 - d. Medication underuse



5. Which statement best describes your responsibility as a Med Aide?
- a. Med Aides are only responsible for giving meds.
 - b. Med Aides are responsible for ensuring meds are not left unattended.
 - c. Med Aides are responsible for ensuring medications and supplies are available, assisting with medications in a safe manner and monitoring the resident for a change in status.**
 - d. Med Aides are responsible for prescribing the correct dose of medication.
6. If there is a physician order and the physician has indicated on the PRN authorization form that the resident may not determine his need for a PRN medication, but the resident may communicate symptoms that would warrant the use of a PRN medication:
- a. The Med Aide may give a prescription medication, according to the physician orders.
 - b. The Med Aide may not give a prescription or an OTC medication without first calling the physician before each dose.
 - c. The Med Aide may give an OTC medication, according to physician orders and upon the resident communicating the symptoms which would warrant the use of the medication, without calling the physician before each dose.**
 - d. The Med Aide must first call her supervisor before giving a PRN medication.
7. A routine medication is given:
- a. As requested by the resident.
 - b. On a regularly scheduled basis.**
 - c. Whenever the resident wants it.
 - d. Only by a registered nurse.



8. If a resident requires his medication be crushed, what does Community Care Licensing require you to have on file?
- Signed consent to crush medications signed by the resident or his conservator, if conserved, an order to crush signed by a physician or registered nurse, verification the medication can be mixed in applesauce.
 - A physician order, proof of training on med crushing by an RN or LVN and documentation of a telephone call with a pharmacist indicating what the medication may be mixed in safely.
 - A physician order and proof of training on crushing meds.
 - A signed consent to crush the medication, signed by the resident or his conservator if conserved, a physician order to crush the medication, documentation of a conversation with a physician or pharmacist to determine what foods the medication may be mixed in.**
9. A Med Aide may:
- Never draw up an injection.**
 - Insert a non-medicated suppository, such as a glycerin suppository.
 - Insert a suppository with proof of training by an RN or LVN, and only when the resident is on hospice.
 - Perform any medication administration procedure without supervision or training.
10. According to Community Care Licensing, a licensed vocational nurse may:
- Give insulin to a resident**
 - Not give insulin to a resident
11. A resident may refuse medication:
- Unless she has dementia and does not know what medications do for her.
 - Only with permission of the family.
 - Anytime.**
 - Only when the medication is a PRN medication.



12. After initial training upon hire, a med aide is required to complete:
- 12 hours of continuing education a year.
 - 4 hours of continuing education related to medications each year.**
 - No further training as long as he remains employed at the same community.
 - None of the above
13. Your resident, Mrs. Jones is taking hydrochlorothiazide 25mg. This is an important medication for the treatment of her blood pressure. You ran out of this medication because the family did not drop off the prescription yesterday. You do not have any to give this morning. What should you do?
- Call the son and tell him he is not taking proper care of his mom's refills.
 - Notify the resident's physician.**
 - Give her extra of her atenolol to make up for this missing hydrocholorthizide.
 - All of the above.
14. You received a STAT order at 2:00 pm for Avelox, an antibiotic. You should:
- Do nothing.
 - Let the med aide on the next shift arrange for delivery.
 - Ask the resident when they want to take the medication.
 - Contact the pharmacy to ensure immediate delivery of the medication.**
15. DOXYCYCLINE is the generic name for VIBRA TAB. How would you expect these drugs to be written on a medication label?
- Doxycycline generic for vibra tab
 - Doxycycline generic for Vibra Tab
 - doxycycline generic for Vibra Tab**
 - doxycycline generic for vibra tab



16. Mr. Fritz's new order reads Atenolol 25mg by mouth every morning. You have on hand his original Atenolol which is 12.5 mg. How many tablets will you give to match his new order?

- a. **2 tablets.**
- b. One half tablet.
- c. 3 tablets.
- d. None of the above

17. The physician has ordered:

"ibuprofen 200 mg. Give 2050 mg every night at bed time."

The tablets you have on hand are coated. What is your best action with this order?

- a. Carefully cut one tablet in half and in half again using a pill cutter. Then give the quarter tablet along with 10 tablets to equal the correct dose.
- b. Ask your supervisor to cut the tablet in half and in half again, as she has more experience and then give with 10 tablets to equal the dose.
- c. Refuse to give the medication, since you cannot cut coated unscored tablets.
- d. **Call the doctor to verify the dose. This is an unusual dose.**

18. When preparing a resident's medication, how many times should you check the label?

- a. 1 time
- b. **3 times**
- c. 2 times
- d. None of the above

19. If a resident refuses his medication, it is best to:

- a. Gently force the resident's mouth open using a gloved hand.
- b. Don't bother to give the medication, as it will only upset him more.
- c. **Try to find out why the resident does not want to take the medication.**
- d. Immediately call 9-1-1.



20. If you make a medication error:

- a. Do not panic.
- b. Immediately report the error to your supervisor.
- c. Make sure the physician is contacted and orders are followed.
- d. All of the above.**

21. You have two residents who both take Coumadin 2 mg. One resident runs out of the medication. Is it permissible to borrow a Coumadin from the other resident, if you return it once the refill comes in?

- a. Yes
- b. No**

22. An expired medication may be given:

- a. If it is expired less than 7 days.
- b. If it is an over-the-counter medication.
- c. Both a and b are correct.
- d. Never.**

23. When assisting with a sublingual medication it is important to:

- a. Crush it in applesauce before giving.
- b. Ask the resident to place it in his cheek.
- c. Ask the resident to place it under his tongue.**
- d. Make sure the resident swallows it with plenty of water.

24. When assisting with eye drops:

- a. Hold the medication dropper 8-10 inches above the eye.
- b. Hold the dropper above the conjunctival sac.**
- c. Gently rest the dropper on the eye, so no medication is missed.
- d. None of the above



25. A PRN medication is given to the resident:

- a. As needed, according to physician orders.
- b. Every morning and evening.
- c. Every other day.
- d. Whenever the resident wants it.

26. The six rights are:

- a. The right: resident, drug, response, time dose, and documentation.
- b. The right: medication, drug, dose, time, documentation, and resident.
- c. The right: drug, dose, route, time, and documentation.
- d. The right: resident, drug, dose, time, route, and documentation.

27. The sequence for assisting with inhalers is as follows. The resident:

- a. Breathes in, presses inhaler, holds, and breathes out.
- b. Breathes out, presses inhaler as he is breathing in, holds, and breathes out.
- c. Presses inhaler, breathes in, and breathes out.
- d. Breathes out, holds, presses inhaler, holds, and breathes in.

28. It is permissible to leave a medication cup with a resident:

- a. If he has a private room.
- b. If he agrees to take the medication within a half an hour.
- c. If his family is present.
- d. Never.

29. When pouring medication:

- a. Only pour one resident's medication at a time.
- b. Check the six rights three times.
- c. Make sure you have the correct dose.



d. All of the above.

30. BID is a common abbreviation for

- a. Once a day
- b. Twice a day**
- c. Three times a day
- d. None of the above

31. Before giving a medication to a resident you must:

- a. Have a physician order.**
- b. Conduct a service planning meeting.
- c. Perform a head to toe assessment.
- d. All of the above.

32. It is important to wear gloves when assisting with topical medications:

- a. Because it looks more professional.
- b. Because you could absorb the medication you are assisting the resident to apply.**
- c. Because gloves are worn at all times when we approach the med cart.
- d. All of the above.

33. Discontinued is often abbreviated:

- a. Disc.
- b. D/C**
- c. Discon.
- d. None of the above



34. When a medication is discontinued it must be destroyed or returned to the pharmacy, depending upon your facility protocol. What statement best describes the correct procedure for destroying a medication?
- a. One staff member may complete the destruction, as long as he or she is a trained medication aide.
 - b. Two staff members must witness the destruction.**
 - c. Medications are expensive and if the family wants to take the medication, it is permissible, as long as you document the amount of discontinued medication the family is picking up.
 - d. None of the above.
35. When assisting with medications, the main reason you do not leave a medication unattended is because:
- a. It could cause the resident to become agitated.
 - b. The meds could get dirty.
 - c. The resident may not take the medication or someone else may.**
 - d. Medications are very expensive.
36. Which of the following may be an example of an adverse drug reaction?
- a. Fatigue
 - b. Confusion
 - c. Dizziness
 - d. All of the above**
37. OTC is an abbreviation for:
- a. An urgent drug order.
 - b. On the Coumadin.
 - c. Over-the-counter.**
 - d. Out of treatment category.



38. The abbreviation for teaspoon is:
- a. TBS
 - b. gm
 - c. tsp**
 - d. None of the above
39. An order is written for metoclopramide 10 mg three times a day. The solution of metoclopramide on hand is 5mg/5ml. How many milliliters per dose should the resident receive?
- a. 5 ml
 - b. 10 ml**
 - c. 15 ml
 - d. None of above
40. You have received an order for a liquid medication. You are not sure how much to give to equal the number of mg ordered. Your supervisor is not in the building. What should you do?
- a. Do your very best to calculate and err on the side of giving too little rather than too much.
 - b. Hold the order until tomorrow and there is appropriate supervision.
 - c. Call the pharmacy and ask for assistance from a pharmacist.**
 - d. Go to online and search for the answer.
41. The physician has ordered a liquid oral medication for your resident. It is best to use:
- a. A plastic med cup with measurements.**
 - b. A tablespoon, since the resident is most familiar with this.
 - c. An eye dropper.
 - d. None of the above.



42. When assisting a resident to apply a transdermal patch, you should:
- a. Use duct tape to hold it in place.
 - b. Remove the old patch as ordered.**
 - c. Pierce the underside of the patch to be sure the medication is delivered to the skin.
 - d. Cleanse the area where the patch will be applied with betadine first, to avoid an infection.
43. "Ambien 5mg po as needed for sleep" would be considered...
- a. a complete order.
 - b. an incomplete order.**
44. When working as a Med Aide you must:
- a. Follow Title 22 regulations from Community Care Licensing.
 - b. Follow your facility systems for documentation.
 - c. Follow instructions from your supervisor.
 - d. All of the above.**
45. Unless otherwise indicated by the physician, medications may be given:
- a. One hour before or one hour after the scheduled time.**
 - b. Only at the time scheduled.
 - c. Within two hours after the scheduled time.
 - d. All of the above.
46. Having more than one resident's medications out at a time for pouring:



a. Must never be done.

- b. May be done as long as you are following a neat orderly system.
- c. Helps ensure efficiency and that all meds are given on time.
- d. Both b and c are correct.

47. It is best to use a _____ when writing on the MAR.

- a. pencil
- b. red pen
- c. black pen**
- d. marker

48. The medication label and the MAR are compared:

- a. When removing the medication from the storage area.
- b. When pouring the medication.
- c. When returning the medication to the storage area.
- d. All of the above.**

49. When a resident is going to be gone all week with their family, it is best to:

- a. Give all of the prescribed medications in the original container from the pharmacy to the family along with any special instructions.**
- b. Place the pills for the day carefully in envelopes and label each envelope.
- c. Give the meds when the resident returns at the end of the day.
- d. Do whatever the family asks.

50. If you have an uneasy feeling about the medications you are about to give a resident, it is best to:

- a. Give it anyway; you are experiencing something called "new med aide jitters."
- b. Consult with your supervisor.**
- c. Ask the resident if the medications seem correct.
- d. Call the resident's family.





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MEDICATION TRAINING VERIFICATION

For communities with 15 beds or less - 10 hours

Med Aide in Training: _____

| STAFF TRAINING VIDEOS | | |
|--|------|--------------------|
| | Date | Trainer's Initials |
| Viewed <i>Introduction to Medication Management</i> | | |
| Viewed <i>Medication Orders and/ Working with Pharmacies</i> | | |
| Viewed <i>Medications and Documentation</i> | | |
| Viewed <i>Assistance with Medication Administration</i> | | |
| Viewed <i>Side Effects, Adverse Reactions, and Medication Errors</i> | | |
| Viewed <i>Understanding California Medication Regulations</i> | | |

| WRITTEN/CLASSROOM INSTRUCTION | | |
|--|------|--------------------|
| | Date | Trainer's Initials |
| Successfully completed learner workbook | | |
| Successfully completed competency demonstrations | | |
| Successfully completed final exam | | |

| HANDS-ON SHADOWING (Must total at least 6 hours) | | | |
|---|------|-------|--------------------|
| | Date | Hours | Trainer's Initials |
| Successfully completed hands-on shadowing session | | | |
| Successfully completed hands-on shadowing session | | | |
| Successfully completed hands-on shadowing session | | | |
| Successfully completed hands-on shadowing session | | | |
| Successfully completed hands-on shadowing session | | | |
| Successfully completed hands-on shadowing session | | | |

Qualified Trainer Signature: _____ Date: _____

Learner Signature: _____ Date: _____



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MEDICATION TRAINING VERIFICATION

For communities 16 beds or larger - 24 Hours

Med Aide in Training: _____

| STAFF TRAINING VIDEOS | | |
|--|------|--------------------|
| | Date | Trainer's Initials |
| <i>Viewed Introduction to Medication Management</i> | | |
| <i>Viewed Medication Orders and/ Working with Pharmacies</i> | | |
| <i>Viewed Medications and Documentation</i> | | |
| <i>Viewed Assistance with Medication Administration</i> | | |
| <i>Viewed Side Effects, Adverse Reactions, and Medication Errors</i> | | |
| <i>Viewed Understanding California Medication Regulations</i> | | |

| WRITTEN/CLASSROOM INSTRUCTION | | |
|--|------|--------------------|
| | Date | Trainer's Initials |
| Successfully completed learner workbook | | |
| Successfully completed competency demonstrations | | |
| Successfully completed final exam | | |

| HANDS-ON SHADOWING (Must total at least 16 hours) | | | |
|---|------|-------|--------------------|
| | Date | Hours | Trainer's Initials |
| Successfully completed hands-on shadowing session | | | |
| Successfully completed hands-on shadowing session | | | |
| Successfully completed hands-on shadowing session | | | |
| Successfully completed hands-on shadowing session | | | |
| Successfully completed hands-on shadowing session | | | |
| Successfully completed hands-on shadowing session | | | |
| Successfully completed hands-on shadowing session | | | |
| Successfully completed hands-on shadowing session | | | |

Qualified Trainer Signature: _____ Date: _____

Learner Signature: _____ Date: _____



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Certificate of Completion

THIS IS TO RECOGNIZE

FOR DEDICATION TO QUALITY RESIDENT CARE
THROUGH EDUCATION AND PROFESSIONAL DEVELOPMENT.

10 HOUR MEDICATION TRAINING PROGRAM
(4 HOURS OF INITIAL INSTRUCTION AND 6 HOURS OF HANDS-ON SHADOWING)

Instructor Signature

Date

Certificate of Completion

THIS IS TO RECOGNIZE

FOR DEDICATION TO QUALITY RESIDENT CARE
THROUGH EDUCATION AND PROFESSIONAL DEVELOPMENT.

24 HOUR ASSISTED LIVING MEDICATION TRAINING PROGRAM
(8 HOURS OF INITIAL INSTRUCTION AND 16 HOURS OF HANDS-ON SHADOWING)

Instructor Signature

Date

MEDICATION POLICY AND PROCEDURE INSTRUCTIONS

You are required to submit to CCL an updated policy on your medication training program. We have included a training policy (see CCL Policy Section of the manual) which outlines the requirements of CA H&S Code 1569.69.

We encourage you to customize the program to reflect your actual community policies and procedures. Include your community name, address, telephone number, and license number.

You may also want to include:

- Trainer name and qualifications.
- Location of training in your community.
- Tools or methods for training you may use in addition to this kit.

The policies in this section of the manual are also accessible on the enclosed Resource CD in Microsoft Word® format to allow for customization to your community policies.

Use the correct policy for the size of your community:

- 15 beds or less
- 16 beds or larger

MEDICATION TRAINING POLICY

(15 BEDS OR LESS)

This is our plan of operation related to medication training to comply with the staff training requirements of California Health and Safety Code 1569.69 in addition to the requirements in Title 22, Division 6, Chapter 8, Article 8, Section 87465.

Training Documentation

Documentation of all training shall be kept on file in the facility. Each personnel record file shall include documentation that the staff member has successfully completed the training outlined below.

Licensed Medical Professionals

The training requirements outlined below do not apply to persons who are licensed medical professionals.

Medication Training for New Staff (as required by CA H&S Code 1569.69)

Each employee of the facility who assists residents with the self-administration of medications shall complete the following training:

1. Four (4) hours of training utilizing the Advanced Healthcare Studies *California RCFE Medication Training Kit*. This training is to be completed within the first two weeks of employment.
2. Six (6) hours of hands-on shadowing training in the facility that shall be completed prior to assisting with the self-administration of medications.

The Care and Compliance Group's *California RCFE Medication Training Kit* was developed and approved by Sandra Flores, RN and Josh Allen, RN. Documentation outlining their qualifications and experience are kept on file in the facility. It is designed specifically to assist providers in meeting the requirements for medication training outlined in CA H&S Code 1569.69. Training is completed by the use of videos, lecture, exercises, questions and answers, competency tests, hands-on shadowing, and a final exam.

Note: The training required by CA H&S Code 1569.69 does not replace the training required by Title 22 Section 87465.

The training shall cover all of the following areas:

1. The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.
2. An explanation of the terminology specific to medication assistance.
3. An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.
4. An explanation of the basic rules and precautions of medication assistance.
5. Information on medication forms and routes for medication taken by residents.
6. A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.
7. An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.
8. A description of the processes used for medication ordering, refills, and the receipt of medications from the pharmacy.
9. An explanation of medication side effects, adverse reactions, and errors.

All staff who complete the training above shall successfully pass a final exam, indicating the staff member has successfully comprehended the training content and shows competency in assisting with self-administration of medications.

All training requirements outlined in this policy shall be completed for all staff who assist with medications even if they have completed the training while employed at another licensed facility. The training requirements outlined in this policy shall be repeated if an employee returns to work after a break of service of more than 180 consecutive calendar days.

Trainer Requirements

The trainer meets the following education AND experience requirements:

EDUCATION

A minimum of five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.

EXPERIENCE (WILL MEET ONE OF THE FOLLOWING)

- Two years full-time experience, within the last four years, as a consultant, with expertise in medication management.
- Two years full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
- Two years full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
- Possession of a license as a medical professional.

Annual Continuing Education

Each employee who received training and passed the exam and who continues to assist with the self-administration of medication shall also complete eight (8) hours of in-service training on medication-related issues each year.

MEDICATION TRAINING POLICY (16 BEDS OR MORE)

This is our plan of operation related to medication training to comply with the staff training requirements of California Health and Safety Code 1569.69 in addition to the requirements in Title 22, Division 6, Chapter 8, Article 8, Section 87465.

Training Documentation

Documentation of all training shall be kept on file in the facility. Each personnel record file shall include documentation that the staff member has successfully completed the training outlined below.

Licensed Medical Professionals

The training requirements outlined below do not apply to persons who are licensed medical professionals.

Medication Training for New Staff (as required by CA H&S Code 1569.69)

Each employee of the facility who assists residents with the self-administration of medications shall complete the following training:

1. Eight (8) hours of training utilizing the Advanced Healthcare Studies *California RCFE Medication Training Kit*. This training is to be completed within the first two weeks of employment.
2. Sixteen (16) hours of hands-on shadowing training in the facility that shall be completed prior to assisting with the self-administration of medications.

The Care and Compliance Group *California RCFE Medication Training Kit* was developed and approved by Sandra Flores, RN and Josh Allen, RN. Documentation outlining their qualifications and experience are kept on file in the facility. It is designed specifically to assist providers in meeting the requirements for medication training outlined in CA H&S Code 1569.69. Training is completed by the use of videos, lecture, exercises, questions and answers, competency tests, hands-on shadowing, and a final exam.

Note: The training required by CA H&S Code 1569.69 does not replace the training required by Title 22 Section 87465.

The training shall cover all of the following areas:

1. The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.
2. An explanation of the terminology specific to medication assistance.
3. An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.
4. An explanation of the basic rules and precautions of medication assistance.
5. Information on medication forms and routes for medication taken by residents.
6. A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.
7. An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.
8. A description of the processes used for medication ordering, refills, and the receipt of medications from the pharmacy.
9. An explanation of medication side effects, adverse reactions, and errors.

All staff who complete the training above shall successfully pass a final exam, indicating the staff member has successfully comprehended the training content and shows competency in assisting with self-administration of medications.

All training requirements outlined in this policy shall be completed for all staff who assist with medications even if they have completed the training while employed at another licensed facility. The training requirements outlined in this policy shall be repeated if an employee returns to work after a break of service of more than 180 consecutive calendar days.

Trainer Requirements

The trainer meets the following education AND experience requirements:

EDUCATION

A minimum of five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.

EXPERIENCE (WILL MEET ONE OF THE FOLLOWING)

- Two years full-time experience, within the last four years, as a consultant, with expertise in medication management.
- Two years full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
- Two years full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
- Possession of a license as a medical professional.

Annual Continuing Education

Each employee who received training and passed the exam and who continues to assist with the self-administration of medication shall also complete eight (8) hours of in-service training on medication-related issues each year.