

Wood County Board of Developmental Disabilities

PROCEDURE

Procedure #: 02-ALL-ALL-0419 (MD)

Subject: The Giving and/or Administration of Medications, Performance of Delegated Nursing Task

Effective Date: 08-30-94

Last Revision: 06-13-2024

Person Responsible: Registered Nurse  
Children's Services Nurse

Approvals/Date: Brent Clow 6/14/24  
Superintendent, WCBDD Date

Jane Hayward 6/14/24  
Department Director/Coordinator Date

The following definitions will apply:

**Administration of Medications/Feedings** – Providing medications or nutrition to enrollees per physician’s orders and established procedures by a licensed nurse or trained unlicensed WCBDD employee with nurse delegation.

**Certified Employee**- A Wood County Board of Developmental Disabilities (WCBDD) employee who has been trained and certified by a **ODODD** approved RN Trainer and has received a **ODODD** approved certification (I, II, III).

**Delegated Nursing Tasks (Task)** - A task that is within the scope of practice of a nurse pursuant to Chapter 4723 of OAC and is delegated by a licensed nurse to a Wood County Board of DD Board employee. Include but are not limited to: Administration of oral/topical/inhaled/oxygen medication, administrations of medications through G/J tube, G/J tube feedings, Insulin and metabolic glycemic disorder medication administration, glucometer check, ostomy care, external catheter care, basic measurement of intake and output, oral suctioning, taking vital signs, applying compression hose, etc.

**Delegation** - The transfer of responsibility for the performance of a selected nursing activity or task from a licensed nurse to a trained unlicensed person working under nursing supervision in a selected situation.

**Designated Site** - A Wood County Board of Developmental Disabilities (WCBDD) where the primary purpose is other than health care or nursing care; or a Wood County Board of Developmental Disabilities facility or program of any size in which an individual attends for a portion of the day if that facilities or program’s primary purpose is other than health care or nursing care. A designated site may also include all vehicles, all activities, field trips, medical, and business appointments.

**Employee** - An employee of the Wood County Board of Developmental Disabilities, a person under contract with the board, or a volunteer, when such persons do not have a license as a health care professional acting within their scope of practice.

**Health Care Professional** – Registered Nurse or Licensed Practical Nurse; Optometrist; Pharmacist; Doctor of Medicine, Osteopathic Medicine, Podiatrist, Nurse Practitioner; Physician’s Assistant; Physical Therapist; Occupational Therapist or OT assistant; Registered Dietician; etc.

**Licensed Nurse** - A Registered Nurse or a Licensed Practical Nurse that has been licensed by the state of Ohio and has met all requirements set forth by OAC 4723.

**MAR** – Medication Administration Record

**Nursing Tasks That Are NOT Delegable** - Include but are not limited to: any veni-puncture procedures or the maintenance of IV lines; sterile catheterization; the giving of meds via Nasogastric tube or any unstable tube; any tasks requiring specialized knowledge or nursing knowledge, complex observations, judgment of skills; or tasks that significantly jeopardize the enrollee’s safety. Assistance with activities of daily living does not require delegation which includes but is not limited to: application of clean dressings/band-aid using first aid training; simple observations, assistance with hygiene including toileting, monitoring therapeutic diets, etc.

**OAC** – Ohio Administrative Code.

**OBN** - The Ohio Board of Nursing.

**ODODD**- Ohio Department of Developmental Disabilities.

**ORC** – Ohio Revised Code.

**Oral Medication** - Any medication that can be ingested through the mouth or a stable G/J tube, other than a Nasogastric tube.

**Over-the-Counter** – Nonprescription medication taken orally or applied topically which is not described in ORC 4729.02 and is not required to be taken pursuant to the instructions of health care professional who is authorized by law to prescribe drugs.

**OTC Topical/Musculoskeletal Topical medications** - OAC 5123:2-6 chapter grants the authority for OTC Topical/ Musculoskeletal topical medication could be given by unlicensed employees without prescription with training and/or certification.

**Prescription** – A written, electronic, or oral order for drugs or combinations or mixtures of drugs to be used by a particular individual and is issued by a licensed health professional and/or pharmacy order/label authorized by law to prescribe drugs, and as described in ORC 4729.02.

**RN Trainer** – A registered nurse who has met the requirements set forth in OAC 5123:2-6, has successfully completed a “Train the Trainer Program” and has been certified from **ODODD** to instruct unlicensed DD personnel how to administer medications and perform health related activities listed in **ODODD** approved curriculum.

**Self-Administration of Medications (Self-Med)** -. The enrollee is responsible for the administration of his/her own medications without assistance from certified employees.

**Self-Administration of Medications with Assistance** - The enrollee is responsible for the administration of his/her own medications but has determined a need for assistance.

**Topical Medication** - Any medication that is applied to the outer skin, or eye, ear or nose or mucous membranes. Topical medication may

include trans-dermal, vaginal, or rectal suppositories/medication.

1. School: Send no more than one (1) month supply of medication at a time. The container will be returned to you for a refill once it is empty. Medications at the school will only be removed from locked storage cabinet and given by a licensed nurse or certified Wood County Board of DD employee under nursing delegation.

Special Olympics and Recreation Events: bring enough medication for the duration of the trip. Participants may keep their medications according to Self-Administration results. WCBDD staff may secure medications for those who are unable to self-medicate and for those participants requesting staff to secure their medications.

2. Prescribed medications and delegated nursing tasks will be administered/given/performed only with a current written order signed by a licensed health care professional or pharmacy order/label authorized by law to prescribe medication. A faxed/scanned and emailed copy will be accepted. Parent/guardians/direct care staff may provide a copy of the original written prescription or have the following forms filled out and signed by the licensed health care profession with prescriptive authority then returned to the registered nurse:

- A) Medication Authorization Form 03-ALL-ALL-1058
- B) Signed Physician orders 03-ALL-ALL-1059
- C) HSPR Nursing Delegation Approval Form 03-ALL-ALL-1060
- D) Request form for the Administration of Physical Health Care Service form 03-ALL-ALL-0404
- E) Order for Tube/Button Feed form 03-WLS-ALL-0228

3. These written and signed orders must include but are not limited to: A) The name of the enrollee; B) The name of the medication or task and the dosage of medication to be given or applied; C) The times or intervals for administration or performance and routes at which the medication is to be given or applied; D) The date the medication is to begin and to cease (only short-term orders need ending dates), E) Parameters for task ordered if applicable; and if the health care professional wishes to indicate; F) Instructions, side effects and comments if any.

4. Written orders are in effect for one year contingent on the enrollee/family/guardian/care provider's written agreement to submit new written orders should any changes occur.

5. Trained and certified WCBDD employee (s) must have access to these signed orders at the site where the delegation of medication administration is to occur. The original orders or original faxed copy of the written order will be maintained in the appropriate nursing department.

6. Annually, enrollees, parents, and/or guardians as appropriate and if applicable will grant permission/authorization for the administration or giving of prescribed medications and/or delegation (03-ALL-ALL-1059)

7. All orders for medications and tasks will be transcribed by the appropriate licensed nurse/pharmacist to medication administration documentation records; treatment/task documentation records; flow charts, as appropriate.

- These medication administration records (MAR) will include but is not limited to: the enrollee's name; the name of the medication ordered or description of task to be performed; dosage as appropriate; time/frequency to be given or performed; route by which medication is to be given; parameters for reporting; any known allergies; current month and year; and, if applicable, a discontinued date, side effects and any special instructions.
- All medications given/administered, or tasks performed by a nurse or trained certified employee will be documented on a medication administration record by the employee signing or initialing in the appropriate place for that date and time. If initials are used the full signature or name and initials must appear on the MAR.
- If medications are not given or tasks not performed as ordered, the appropriate documentation must be placed in the space for that date and time this includes initialing and circling the space and with a further explanation in the appropriate place and UIR written.
- All documentation of medications/tasks are to be completed in blue or black ink. No erasures or correction fluid is to be used. Corrections are to be done in such a way that the original information is not obliterated, then initialed, dated, the word "error" indicated and further explanation in the appropriate place.
- MAR's should be kept according to current record retention procedures.

8. The registered nurse will meet with the delegated employee and provide individual specific training, return skills demonstration if applicable, written step-by-step skill directions and written education pertaining to the medication or delegated task. Current ODODD approved written step-by-step skill directions can be found in DODD category I, II, III curriculum manual and skill checklist. Refer to 02-ALL-ALL-0417 (MD) about Delegation of Nursing Tasks.

9. Medications being received by Wood County Board of Developmental Disabilities from enrollees/families/pharmacies, etc. MUST be packaged in the original pharmacy container, over the counter packaging or unit dosage wrappers.

A) Within the Wood County Board of Developmental Disabilities program medications can be re-packaged by a licensed nurse to send to other departments, or for outings, etc. These medications must be placed in medication envelopes and labeled with the following but is not limited to: the enrollee's name; the medication name, dosage, frequency and route of the medication; expiration date, the dates and times which the medications are for and instructions for giving.

10. Medications prepared but not given, or contaminated in some way are to be returned to the delegating nurse in a closed plastic bag. The nurse will dispose of this medication per procedure.

11. Medications that are discontinued or outdated, are to be sent home or disposed of by the Registered Nurse per procedure.

12. Medications are to be stored according to proper conditions of temperature and light, pharmacy/manufacture's recommendations and secured.

13. All scheduled/controlled substance(s) must be counted at end of each shift or after administration then documented on appropriate count

sheet that has been generated by the pharmacy or a licensed nurse. When a scheduled substance is received at WCBDD facilities, two certified employees must count, verify, and document on the appropriate count sheet with a date received.

14. Assistance with the self-administration of medication shall not constitute the practice of nursing and is therefore not subject to any regulations regarding delegated nursing tasks. Self-administration or assistance with self-administration of medication is based upon a uniform formal assessment from ODODD and documented in the individual's ISP. The ISP will indicate the type of assistance required and any measures taken to ensure safety. Refusals do not indicate inability to self-administer medication.

15. Employees should encourage enrollees to allow certified employee to maintain medications in a secure area for transport and store while involved in Wood County Board of Developmental Disabilities Service programming or activities or maintained personally if identified in the ISP. At any time that the department's nursing staff and/or administration feels that self-medication creates an unsafe situation for the enrollee it will be temporarily discontinued until the ISP team can address it. Whenever possible alternative procedures, training, etc. will be pursued to permit the individual maximum independence while maintaining a safe environment.

References: OAC 3301-37; 4723-13; 5123-6-01  
ODODD Category I, II, III curriculum manuals and skills checklists.

Procedures: 02-ALL-ALL-0417 (MD)  
02-ALL-ALL-0418 (MD)

Forms: 03-ALL-ALL-0205  
03-WLS-ALL-0404  
03-WLS-ALL-0228  
03-WLS-ALL-0874  
03-ALL-ALL-1058  
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