



BEACON
Specialized Living

Medication

Administration In-Service and Evaluation

1936
2105
1982

Name of Facility/Home: Bridge

Employee receiving In-Service: Shannon Golden-Canute

Date of 1st In-Service: 02/10/22 Time: 4:00 pm L&D: Learning & Development-

Date of 2nd In-Service: 2/27/22 Time: 8:00 am / pm Medical: Mark O'Neil

Date of 3rd In-Service: 2/28/22 Time: 8:00 am / pm DMA TTT: Kenn Sutt

Date of 4th In-Service: 3/2/22 Time: 8:00 am / pm DMA TTT: K. Smith

Date of 5th In-Service: 3/6/22 Time: 8:00 am / pm DMA TTT: K. Smith

Date of 6th In-Service: 4/10/22 Time: 8:00 am / pm HM: K. Smith

Date of Final Evaluation: 4/11/22 Time: 8:00 am / pm DMA TTT: K. Smith
K. Sutt

All staff must complete DMA class, Medical class, Homework and DMA Test in LMS

along with In-Services and Final Evaluation for certification.

Code #1 NA 1936

Code #2 NA 2105

Code #3 NA 1982

| In-Service # | 1st | 2nd | 3rd | 4th | 5th | 6th | Eval. | Comments |
|---|-----|-----|-----|-----|-----|-----|-------|----------|
| 1. MEDICATION AREA- | | | | | | | | |
| a. Location of ample supplies before administration. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| b. Report medication that is 10 days or less. Check expiration dates on all medication (special attention to epi-pen, prn medication not commonly used). If a medication is not available contact management and medical to obtain medication or further direction. This must also be reported to recipient rights as medication error verbally and then followed up with an event report | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| d. Location of all medication: Internal, External, Refrigerated, Controlled Substances, PRN's. Medications are separated. Location of: High Alert Board, Sharp's container, Medication posting binder, Prescription Book, Medication Book. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| c. Area is clean, organized, and locked. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 2 DMA washes hands before administering medications and between each Resident when a sink is in the medication room. If not, wash hands before and between each 3 rd person, always sanitizing between each. Sanitizing and wearing gloves is never a substitute for handwashing. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |



| | | | | | | | | | |
|----|--|---|---|---|---|---|---|---|--|
| | g. Medication record is signed immediately after administration of same. Add initials to box on MAR and complete back page or on EMAR choose Pass selected. Choose exceptions if needed and document. Check for any blanks on MAR or EMAR and utilize a Late med pass or proper documentation. Any exception requires a misc. note to be completed. This should be completed at every shift change | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | h. Controlled substance record is signed immediately after administration of same. The controlled count is done at DMA change and when administering medication. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | i. Verify no additional MAR pages have been added, check the high alert board and shift change agenda. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | j. Infection control technique is reviewed, Handwashing and Universal Precautions. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 9 | Medication via gastric tube administered per facility policy and procedure. If applicable Medical will provide hands-on education, support, and training. ▪Resident is properly positioned, at a 45° sitting angle ▪Tube is checked for placement and patency ▪Tube is flushed before between and after medications are administered | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 10 | Injections are administered by the Resident if there is a physician and psychiatrist order present, or DMA, per facility policy and procedure | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | a. Syringes and needles are disposed of in a sharps container, by the person giving the injection (should be the resident, unless otherwise ordered by PCP) without recapping. Sharp's container must be dated 90 days out for expiration once you begin using. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results. Still must remain with resident and verify accurate information and document. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | c. Insulin Pen and vials are to be dated 28 days out once they are open or used. Pay special attention to storage instructions. Pens are refrigerated before first use. Vials are refrigerated. Bottles and pens must be labeled with the expiration dates | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 11 | DMA crushes medication according to facility policy and procedure ONLY with written physician's orders. Note: Does it specify in pudding, yogurt, applesauce, and follow orders. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 12 | DMA administers eye and ear medication according to facility policies and procedures. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 13 | Inhalers should be disinfected between use. If multiple inhalers are used separately by 5 minutes. Always swish and spit after steroid inhalers to prevent infection. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 14 | Medication prescription, label, and MAR should all match. Generic and Brand Names should be on the label. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |



BEACON
Specialized Living

Medication

Administration In-Service and Evaluation

| | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|--|
| | substances are disposed of in the Dead drug box, all other medication is disposed of in the Rx destroyer jug. | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 27 | 2nd Staff Verification, what it is, when it is needed, and how to document it. (Med disposal, Insulin verification, Med reconciliation, controlled substance count) | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 28 | Refusal of Medication procedures (prompt 3 times, then complete IR/ER as applicable) If medication has been popped, store in a sealed baggie labeled with their initial, time, and date in their medication folder. If medication is not administered per approval as applicable dispose at end of shift. | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 29 | For questions or concerns contact your Regional Nurse during business hours. Follow After hours On-Call procedure as applicable. If a medical emergency contact 911 before Medical. Must know the on-call process and the phone numbers | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |

FOLLOW UP CONCERNS

Specify the time frame for completion: _____ X N/A

I have received the above In-services and have read the Organizations' **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Home Manager or Regional Nurse at my Site during open office hours and to the On-Call person after hours.

S Jordan _____ 4/13/22 _____
 Employee Signature Date

Kim Salt _____ 4/15/22 _____
 Home Manager Signature or DMA Title Date