

ACTION REQUIRED

AB 2609 (Evans), CHAPTER 615, STATUTES OF 2006

Affects: Residential Care Facilities for the Elderly (RCFEs)

Subject: RCFEs: Medication Training for Direct Care Staff

Summary: This new law, which is effective January 1, 2008, adds Section 1569.69 to the Health and Safety Code. It requires direct care staff in RCFEs, excluding licensed medical professionals, to meet specified training requirements, including passing an examination, in order to be able to assist residents with the self-administration of medications. It does not authorize unlicensed personnel to directly administer medications.

This law requires 16 hours of initial training on specified topics relating to medications (including eight hours of hands-on shadowing and eight hours of other training or instruction) for staff who assist residents with the self-administration of medications in facilities licensed with a capacity of 16 or more residents, and six hours (including two hours of hands-on shadowing and four hours of other training or instruction) for staff in facilities with a licensed capacity of 15 or fewer residents. The training material and exam for all RCFEs must be developed by, or in consultation with, a licensed nurse, pharmacist or physician. Each employee who received the initial training and passed the required exam, and who continues to assist with the self-administration of medications, must also complete four hours of in-service training on medication-related issues in each succeeding 12-month period.

RCFEs licensed to provide care for 16 or more residents must maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year.

Licensees must encourage pharmacists and licensed medical professionals to use "plain English" (no abbreviations, symbols, or Latin medical terms in instructions) when preparing labels on medications supplied to residents.

Implementation: As of January 1, 2008, licensing staff will use the statutory provisions in Health and Safety Code Section 1569.69 as the authority for citing and implementing this law until regulations are adopted. If there are questions concerning statute, then decisions will be made on a case-by-case basis.

During the next regularly scheduled visit, or complaint visit, to an RCFE, Licensing Program Analysts (LPAs) must notify the administrator about the new requirements for medication training, documentation, and the medication management program review by a consultant pharmacist or nurse for facilities licensed for 16 or more residents.

Since LPAs cannot cite a facility until January 1, 2008, RCFE licensees will have additional time to find consultants and trainers, and to develop the training/exam component and submit it with their updated plans of operation to licensing for approval.

I. Plan of Operation Review Component:

Prior to January 1, 2008, LPAs must review updated plans of operation to ensure that they reflect changes to the medication training programs in RCFEs required by AB 2609. Every RCFE licensed after that date must also include that information. In the plan of operation, licensed RCFEs and newly licensed RCFEs must:

- Show that the training material and the accompanying examination have been developed by, or in consultation with, a licensed nurse, pharmacist, or physician.
- Ensure that the following medication topics are covered in the training:
 - 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.
- Include an examination component with the training that tests the employee's comprehension of, and competency in, the subjects specified above.

II. Training Requirements/Examination Component:

Effective January 1, 2008, direct care staff in RCFEs, excluding licensed medical professionals, must complete and pass the training requirements/examination component of AB 2609, in order to be allowed to assist residents with the self-administration of medications. Direct care staff who are already assisting residents with the self-administration of medication must also comply with the requirements.

LPAs must review the following to ensure that the licensee is in compliance:

- Number of hours of medication training that direct care staff (who assist with the self-administration of medication) have taken, based on capacity of facility, and whether direct care staff must repeat this training;
- Examination component of the training;
- Acceptable means of training;
- Trainer experience/licensure and education requirements; and
- Documentation requirements for direct care staff, trainers, and consultants.

A. Training – for Direct Care Staff who will Assist with the Self-Administration of Medication

- In RCFEs licensed with a capacity of 16 or more persons, the direct care staff must complete 16 hours of initial training. This training must consist of eight hours of hands-on shadowing training, which must be completed prior to assisting with the self-administration of medications. Eight hours of training or instruction, described under the plan of operation (above), must be completed in its entirety within the first two weeks of employment.
- In RCFEs licensed with a capacity of 15 or fewer persons, direct care staff must complete six hours of initial training. This training must consist of two hours of hands-on shadowing training, which must be completed prior to assisting with the self-administration of medications. Four hours of training or instruction, described under the plan of operation (above), must be completed in its entirety within the first two weeks of employment.
- The training requirements are not intended to replace or supplant the two hours required in the policies and procedures regarding medications for all RCFE staff who assist residents with personal activities of daily living specified in RCFE Regulation Section 87565(c)(2)(D).
- Training must be repeated by direct care staff if either of the following occur:
 - 1) An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days; or
 - 2) An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.
- Regardless of the licensed capacity of the RCFE, AB 2609 requires that each direct care staff who received training and passed the required exam, and who will continue to assist with the self-administration of medications, take an additional four hours of in-service training on medication-related issues in each succeeding 12-month period.

B. Examination (Part of Training Component)

As part of the training component, direct care staff who assist with the self-administration of medications must pass an examination that tests the employee's comprehension of, and competency in, the training topics (see topics under plan of operation above). The LPA must look in the personnel file for certification from the instructor that verifies that the employee has successfully completed the training and passed the exam. (See "D" below.)

C. Acceptable Means of Training

Each RCFE that provides employee training, as specified by this law, must use training material and an accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. Except for hands-on shadowing, the required training may be provided offsite, and may use various methods of instruction, including, but not limited to, all of the following:

- Lectures by presenters who are knowledgeable about medication management;
- Video instruction tapes, interactive material, online training, and books; and/or
- Other written or visual materials approved by organizations or individuals with expertise in medication management.

D. Direct Care Staff Documentation

During compliance visits, LPAs must check personnel files of direct care staff who assist residents with the self-administration of medication for a document signed by the trainer verifying that the staff have completed the required training. Licensees must be cited if direct care staff have not had the required hands-on shadowing training prior to assisting residents with the self-administration of medication. Also, licensees must be cited if direct care staff have not completed the required training that is in addition to the hands-on shadowing, and/or have not passed the required exam, within the first two weeks of employment. The licensee shall maintain documentation pertaining to staff training in the personnel records as specified in Regulation Section 87566(c)(2), and meet the other regulatory requirements in Sections 87566(f), (g), and (h). For on-the-job training, documentation must consist of a statement or notation, made by the trainer, of the content covered in the training.

E. Trainer Documentation

As required by AB 2609, the LPA must ensure that the RCFE maintains the following documentation on each person who provides employee training:

- The person's name, address, and telephone number;
- Information on the topics or subject matter covered in the training; and
- The time, dates, and hours of training provided.

The LPA must review RCFE files to look for notations that indicate which criteria for practical experience or licensure requirements the trainer meets, as indicated below. In

addition, the LPA must look for proof of completion of the educational requirements, which may include a copy of a transcript or official grade slip showing a passing mark or a certificate of completion from the source where the education was received.

- Experience/Licensure Requirements

- 1) Two years of full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training required by this law; or
- 2) Two years of full-time experience, or the equivalent, within the last four years, as an administrator for an RCFE, during which time the individual has acted in substantial compliance with applicable regulations; or
- 3) Two years of full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for an RCFE, during which time the individual has acted in substantial compliance with applicable regulations; or
- 4) Possession of a license as a medical professional.

- Education

- 1) A minimum of five hours of initial, or certified continuing, education; or
- 2) Three semester units, or the equivalent, from an accredited educational institution on topics relevant to medication management.

F. Consultant Documentation

The LPA must review facility files to ensure that the licensee has maintained the following documentation for the consultant(s) (licensed nurse, pharmacist, or physician) who developed, or were consulted about, the medication training material and the accompanying examination.

- The name, address, and telephone number of the consultant;
- The date when consultation was provided;
- The consultant's organization affiliation, if any, and any educational and professional qualifications specific to medication management; and
- The training topics for which consultation was provided.

III. Medication Review Component for RCFEs Licensed for a Capacity of 16 or More Residents:

LPAs must review facility files to ensure that RCFEs licensed for a capacity of 16 or more residents have maintained documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year. LPAs are required to verify that the review has taken place, but are not to make judgments regarding the content of the review.

