

Appendix II

Practice Information

Delivery of Medications to Individuals in Community Settings such as Adult Homes, Assisted Living and Congregate Facilities

To: Interested Parties

From: Barbara Zittel, Executive Secretary

Re: Medication Administration by Unlicensed Persons

Date: August 18, 2008; *Revised January, 2011*

In the current climate of economic restraint and the search for newer and less expensive ways to provide health care, there has been a suggestion that the delivery of medication to individuals in community settings such as adult homes, assisted living, and congregate facilities such as senior housing, juvenile homes, and a variety of group homes, could be carried out by unlicensed individuals. This memorandum seeks to guide the field for those situations and individuals who might benefit from such a proposal as well as those for whom such a plan might constitute a danger to health and well-being.

Millions of individuals safely self-administer their own medications. However, legal limitations have been imposed for many years in New York regarding the administration of medications by others. Those limitations, are based on the principle that the administration of medications is a task that involves not only the correct identification of the medication and the accurate implementation of instructions from an authorized prescriber, such as a physician or nurse practitioner, but the task also involves the critical process of identifying when an individual's response to the medication or change in condition requires the medication to be held until further consultation takes place with the prescriber. As such, the administration of medication by others has been restricted to appropriately licensed professionals, with limited exceptions. *

It is understood that in some select circumstances, individuals who are self-directed and thus capable of self-assessment in relation to their own conditions, may not be able to physically manage to administer their own medications. For example, they may have physical challenges in gathering their medications in the proper dosage at the proper time, in reading labels, or having strength enough to open the medication containers. Except for these physical limitations, however, self-directed individuals would be capable of verbalizing the names of the medication that they take, the time that they are to take the medication, the appropriate dose, the side and untoward effects of the medication, whether or not such effects are occurring and whether the medication was a different shape, color or texture than that usually taken.

In such circumstances, unlicensed persons may assist self-directed individuals in taking their medications in community settings such as adult homes. It is expected that training would be provided to unlicensed persons, with written materials that can be referenced, to ensure that all unlicensed persons approach self-directed individuals in a consistent manner when assisting them to take their medication. The following list enumerates functions expected of unlicensed persons in such situations:

Skill Set Required for an Unlicensed Person to Assist Self-Directed Individuals in Taking Their Own Medications

- Read the label of a bottle to a sight impaired person who is otherwise functional;
- Remind an otherwise functional individual that it is time to take a dose of medication;
- Take the cap off of a bottle of medicine for a person whose hands are too arthritic to handle the cap;
- Pour medication at the direction of the self-directed individual who does not have the dexterity to do so;
- Fill a syringe of insulin for a self-directed individual who is otherwise cognizant of the appropriate dosage;
- Identify early signs that indicate that a self-directed individual may no longer be capable of directing her/his own care and seek professional intervention for additional assessment of the individual's abilities.

Administration of medications to non-self-directed persons is a licensed task that requires professional decision-making as it involves a different set of skills, for a different set of individuals, and has the potential for significant risk to the individuals involved. Non-self-directed persons cannot identify the names of their medications, cannot consistently describe the medications' identifying characteristics, do not know when they are scheduled to take the medications, and cannot describe what the medication is intended to accomplish. When an unlicensed person administers medication to such individuals, the unlicensed person is not assisting individuals in taking their own medications but is, in fact, administering the medications. In contrast, professionals who are licensed to administer medications to non-self-directed individuals are persons who, by education and licensure, can identify when the individual is showing signs of receiving too much, or too little medication, can recommend to the prescriber when the medication may need changing, can identify the early signs of toxicity or side effects of a medication, and can identify when the individual's mental or physical status has changed in such a way that the scheduled medication may need to be "held" pending further instructions from a duly authorized prescriber. In addition, licensure laws and regulations coupled with ethical constraints provide a safety net that assures that when accepted professional standards of practice are ignored or violated, disciplinary action will occur to deter the continuation of the unsafe practice.

A recent court decision allows unlicensed persons to administer medications to individuals in adult care facilities without making a distinction between self-directed and non-self-directed individuals. Since unlicensed persons are not capable of making the needed nursing discernments regarding medication administration as discussed above some individuals in these facilities may be at risk. Additionally, when licensed nurses are asked to oversee such practice they find themselves in the untenable position of delegating professional tasks to unlicensed persons which violates nursing standards of care and which exposes them to potential charges of professional misconduct.

We hope this guidance document is helpful. If questions arise, please contact Barbara Zittel, RN, Ph.D., Executive Secretary to the State Board for Nursing, by mail at the above address, by e-mail nursebd@nysed.gov or telephone 518-473-0134.

** Note: Article 139, section 6908(1)(a) of the NYS Education Law, permits the administration of medications to an individual by family members, household members or friends, or persons employed primarily in a domestic capacity who do not hold themselves out, or accept employment as persons licensed to administer medications. Section 6908(1)(b) permits attendants to administer some medication in institutions under the jurisdiction of or subject to the visitation of the state department of mental hygiene if adequate medical and nursing supervision is provided.*

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Source: <http://www.op.nysed.gov/prof/nurse/nurse-medscommunitysettings.htm>